



2017



Cancer Program

ANNUAL REPORT ON 2016 DATA



Advocate Christ Medical Center

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Video Welcome Message



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EVERYTHING I NEED...
Close to Home

Clinical Programs

Breast Cancer Program

The NAPBC Accredited Breast Cancer Program is the largest and most mature program at Advocate Christ Medical Center, treating patients for the past 15 years. Over the years, [Barbara Krueger, MD](#), has worked with our partners in cancer care to develop a comprehensive approach to the management and treatment of the breast cancer patient, an approach often termed “multidisciplinary” or the team approach to treatment.

One of the centerpieces of this program is the multidisciplinary breast oncology clinic, which is held every Friday, where patients can each be seen by all

of their care providers in a single day. Patients are assured that they will leave with a comprehensive treatment plan encompassing all specialties involved.

At our weekly Breast Cancer Conference, patients benefit from the expertise of surgeons, oncologists, pathologists, radiologists, plastic and reconstructive surgeons, genetic counselors, oncology nurse navigators and research nurses. Instead of just a second opinion, each woman has an entire team of physicians working on her behalf. [Learn more about the breast cancer program.](#)



Video message from Dr. Barbara Krueger.

Gastrointestinal (GI) Cancer Program

An individual who chooses Advocate Christ Medical Center for treatment is actually choosing an entire team of doctors and cancer specialists. The multidisciplinary team has one goal in mind: for the patient to achieve outstanding outcomes while maximizing quality of life. Each patient's multidisciplinary team includes highly qualified, knowledgeable individuals experienced in surgery, medical oncology, radiation oncology, gastroenterology, interventional radiology, certified oncology nursing, patient navigation, genetics, oncology research, nutrition, palliative care and cancer survivorship. These specialists work intimately with patients, families and referring physicians to create an individualized treatment plan for each patient diagnosed with gastrointestinal or hepatobiliary cancer.

The use of cutting-edge technology—from endoscopic ultrasound for diagnosing and staging cancers of the esophagus, stomach, rectum, and pancreas to liver directed therapy—and our surgeons' expertise in minimally invasive and robotic surgery have positioned Advocate Christ as the leader in treating gastrointestinal cancers for the Southland region.

Following a pledge with the American Cancer Society to screen at least 80 percent of individuals eligible for colonoscopy by 2018, a new initiative of the [Direct Access Colonoscopy Program](#) introduced in 2016 allows individuals to call the Digestive Health Navigator directly and schedule their screening colonoscopy without adding an additional physician appointment. [Learn more about the GI cancer program.](#)

Thoracic Oncology Program

Lung cancer remains a leading cause of cancer-related deaths for American men and women. Early diagnosis offers hope for better patient outcomes. Advocate Christ Medical Center's [lung screening program](#) aims to increase the chances of early diagnosis and improved outcomes by identifying lung cancers before the patient is symptomatic.

Our thoracic oncology program is one of the largest and most comprehensive thoracic oncology programs in the state of Illinois. Its success is due to the skill of our thoracic surgeons led by cardiothoracic surgeon [Paul Gordon, MD](#), our interventional pulmonologist, and leading-edge technology. Utilizing minimally invasive techniques such as [Endobronchial ultrasound](#)

and navigational bronchoscopy gives us the opportunity to make a diagnosis from smaller nodules that are more difficult to reach and also allows for assessment of lymph node involvement and accurate staging.

Minimally invasive surgical techniques used by our surgeons, such as [da Vinci robotic surgery](#) and VATS ([video-assisted thoracoscopic surgery](#)), result in smaller incisions, less pain and a quicker recovery for our patients.

Weekly interdisciplinary lung conferences enable our team of specialists to review each case and to outline a course of treatment. Utilizing national guidelines, the team creates a customized plan for each patient. This highly skilled team also has been able to diagnose and plan treatments for a variety of chest cancers, including sarcoma, lymphoma and other cancers metastatic to the lungs. [Learn more about the thoracic cancer program.](#)

Gynecologic Oncology Program

From advanced diagnostics to multidisciplinary treatment approaches, to personalized care through Next-Generation Sequencing, Advocate Christ Medical Center offers powerful medicine to meet the needs of women challenged by cancer of the endometrium (uterus), cervix, ovaries, vagina, vulva or fallopian tubes. The multidisciplinary team consists of experts in surgery, pathology, medical/radiation oncology, interventional radiology, genetics, and certified oncology nurses. This comprehensive team comes together to design an individualized treatment plan for each patient.

The team—guided by [Patrick Lowe, MD](#); [Nikki Neubauer, MD](#); and [Alfred Guirguis, DO, MPH](#)—are leading experts in minimally invasive advanced robotic surgery and advanced radical surgical debulking. [Learn more about the gynecologic oncology program.](#)

Genitourinary (GU) Cancer Program

When a patient is diagnosed with a genitourinary cancer, experience matters. The fellowship-trained urologists at Advocate Christ Medical Center's Cancer Institute see more newly diagnosed cases and perform more procedures—robotic prostatectomies, laparoscopic nephrectomies and cystectomies—than most medical centers in this area. High volumes translate into better patient outcomes.

Experience and volume are not the only factors that set this program apart. The Cancer Institute provides patients with access to the full spectrum of treatment for genitourinary cancers, including prostate, kidney, testicular, penile and bladder cancers. [Learn more about the GU cancer program.](#)

Neurologic Oncology Program

In collaboration with Advocate Christ Medical Center's highly advanced Neurosciences Institute, the Cancer Institute's neurologic oncology program offers a unique combination of advanced diagnostics, evidence-based care, clinical trials and cutting-edge treatment technology. The program's exceptional interdisciplinary team of neurologists, neurosurgeons, medical oncologists, radiation oncologists, advanced practice nurses in oncology, and a neuropathologist treats a wide range of neurologic cancers in both adult and pediatric patients—from primary and metastatic brain tumors to spinal cord and nervous system

cancers, as well as the neurologic complications of cancer. [Learn more about the neurologic oncology program.](#)

Radiation Oncology Program

The Radiation Oncology Department at Advocate Christ Medical Center offers a truly comprehensive technologically state-of-the-art facility providing the most advanced therapeutic treatments available: external beam radiation therapy; 3-D conformal radiation therapy; image guided and intensity modulated planning and treatments; stereotactic and stereotactic body radiotherapy; high dose and low dose rate brachytherapy; intra-operative radiation therapy; and numerous advanced radiopharmaceutical procedures. Treatment planning information is taken from a dedicated radiation oncology CT scanner.



Video message from Dr. Faisal Vali, Chair of the Department of Radiation Oncology

Clinical Research/Trials

Clinical research plays an important role in advancing the body of knowledge in cancer medicine and making a difference in the lives of cancer patients.

Because Advocate Christ Medical Center's Cancer Institute participates in clinical trials covering a vast number of disease sites and cancers, its patients can access a wide range of new, experimental drugs and treatments without having to leave the community for cancer care.

The Cancer Institute's involvement in clinical trials is supported by qualified and dedicated research staff who work with physicians and nurses throughout the entire process.

The Cancer Institute strives to use research as a tool to increase its patients' options through clinical trials and to enhance the level of care through the development of evidence-based practice.

[Click here to view cancer clinical trials in progress at Advocate Christ.](#)

Patient Centered Care and a Multidisciplinary Approach to Cancer Treatment

Decisions about cancer treatment present a difficult challenge for patients, primary care physicians and specialists. It is at this time that our multidisciplinary approach and treatment planning become important to our patients, their families and physicians. This team approach and patient-professional partnership assures quality care thus, reducing the anxiety level of the patients and families going through this challenging journey. All efforts are made to ensure timely appointments and a multidisciplinary evaluation that includes diagnosis confirmation, staging of disease and evidence-based treatment plan options tailored to your needs. Our physicians collaborate to deliver outstanding care within a committed and caring atmosphere.



Video message from Dr. Amar Hamad

Nursing Excellence in Cancer Care

We have a dedicated team of oncology nurses who work at each patient's bedside to deliver compassionate, safe, holistic cancer care. The range of services provided by our nurses goes beyond medication administration, encompassing thorough assessments, symptom management, patient and family education, and emotional, spiritual, and psychosocial support.

Under the direction of a highly experienced oncology nursing leadership team, the nurses integrate standards of best practice with each patient's individualized needs. The commitment of our nurses to cancer care is demonstrated through the specialized education and training in radiation oncology and administration of chemotherapy and biotherapy, their certification as oncology nurses, and their retention rate in this specialty. For inpatient and outpatient settings combined, 88 percent of our staff nurses are qualified to administer chemotherapy and biotherapy, 70 percent of eligible staff nurses are certified as oncology nurses, and 40 percent of staff nurses have 10+ years of oncology experience.

Nurse Navigation

Oncology Nurse Navigators help coordinate care and lessen the burden that patients and families may experience throughout the cancer continuum. These highly qualified, knowledgeable patient navigators and oncology-certified nurses provide disease-specific focus to their patients, as well as one-on-one support to help patients navigate the cancer experience.

[Click here for additional information and to contact a nurse navigator.](#)

Genetics Cancer Risk Assessment Program

Genetics plays a powerful role in preventing and treating cancer. Most cancer occurs as the result of an interaction between environment, lifestyle and genetic factors. Approximately 5 percent to 10 percent of all cancers are caused by an inherited genetic change. Identifying individuals and their family members with an inherited predisposition toward cancer helps establish tailored treatment, surveillance and prevention. Knowing that an individual has an increased risk of cancer based on personal/family history or genetic test results can improve that person's health and quality of life.

Advocate Christ Medical Center's Cancer Institute established a Genetics Cancer Risk Assessment Program in 2008 to support our cancer patients and their family members. This program offers hereditary cancer risk assessment, genetic counseling and genetic testing performed by our board-certified and licensed genetic counselors.

In 2016, the genetic counselors provided consultation to more than a thousand new patients. They attended the breast, gynecology oncology, and GI case conferences and offered expert opinions during case reviews. The genetic counselors are active members of Advocate Christ's Cancer Committee. In addition, they provide numerous educational offerings throughout the year to a variety of audiences, including medical students, residents, physicians, nurses, support groups and the community at large.

The genetic counselors have expanded their services to include seeing patients at Advocate Good Samaritan, South Suburban and Trinity Hospitals. They attend cases conferences, are a part of these hospitals' Cancer Committees, and provide educational opportunities to physicians, nurses, patients, and the community.

Advocate Christ's genetic counselors:

- Deborah Oleskowicz, MS, CGC
- Cristina Ruiz, MS, CGC

[Learn more about the genetic counseling program.](#)

Cardio-Oncology Services

Early detection and advances in cancer treatment mean more people are surviving cancer than ever before. While this is certainly good news, it is tempered by the growing evidence of treatment-induced cardiomyopathy—a condition in which damage to the heart muscle inhibits the heart’s ability to pump blood through the body—and possible heart failure.

At Advocate Christ Medical Center, cardio-oncologist [Sunil Pauwaa, MD, FACC](#), and his team in the Cardio-Oncology program help to reduce heart risks.

The [Cardio-Oncology service](#) supports patients who are being treated for cancer by providing education and monitoring during and after treatment, with the goal of preventing or minimizing heart damage.



Video message from Dr. Sunil Pauwaa

Palliative Care

The Palliative Care Team at Advocate Christ Medical Center provides a consultative service for patients and families living with cancer and other chronic diseases or serious illnesses. These patients may have significant physical, psychological, social and spiritual needs that can be overlooked in an acute care setting that is focused more on curative measures than comfort care.

The purpose of the Palliative Care team is to provide symptom management and to assist patients and families define clear goals of care that improve the patient’s quality of life.

The Palliative Care Team consists of specialized clinicians, including board-certified palliative medicine physicians, advanced practice nurses, registered nurses, medical social workers, and chaplains.

Gilda's Club

Gilda's Club Chicago (GCC) is delighted to be a part of the Advocate Christ Medical Center campus. In 2016, the Clubhouse hosted almost 700 people for more than 5,600 free visits. GCC at Advocate Christ has a full Clubhouse on the ground floor of the Outpatient Pavilion and is a resource not only to the medical center, but also to the entire Southland.

GCC supports all those living with cancer—men, women, teens and children—along with their families and friends, as well as those who have lost someone to cancer. Their innovative program is an essential complement to medical care and offers support groups, educational lectures, healthy lifestyle workshops, resource referrals, and social opportunities.

GCC offers more than 350 free activities each month across five locations, including the downtown Clubhouse on Wells Street and GCC at Advocate Christ. GCC's mission is to ensure that all people impacted by cancer are empowered by knowledge, strengthened by action and sustained by community.

American Cancer Society

Advocate Christ Medical Center hosts an American Cancer Society (ACS) Patient Navigator on-site to assist with identifying and removing barriers to care with the overall goal of providing positive health outcomes. The ACS Patient Navigator can provide patients, families and caregivers with tools and resources to meet their evolving needs along their cancer journey and empower patients to take an active role in their treatment and life after treatment.

There are many resources available through The American Cancer Society and additional community organizations. Some frequently provided services

include distributing literature on cancer-related topics including treatment options and side effects, coordinating transportation and/or lodging for treatment, talking over financial concerns, locating support groups, and providing programs to counteract appearance-related side-effects including free wigs.

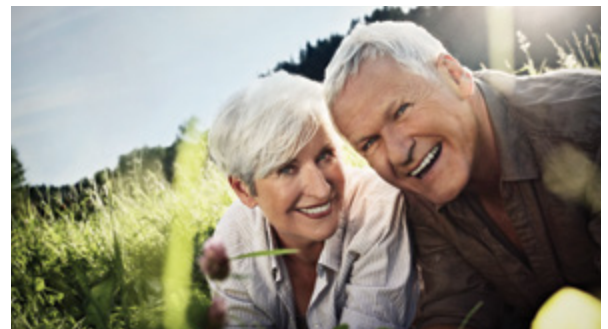
Call 708.684.3780 to speak with Alexandria Gorgosz, Advocate Christ Medical Center's ACS Patient Navigator.

To learn more about The American Cancer Society, please visit www.cancer.org

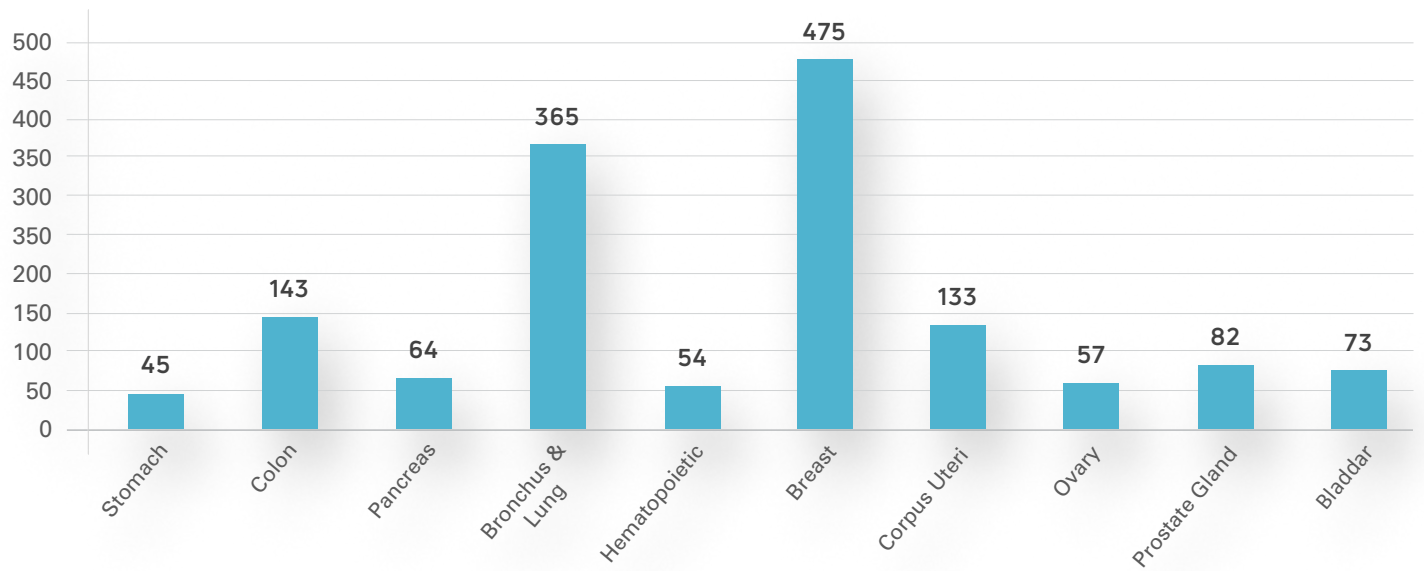
Cancer Registry and 2016 Cancer Data Summary

Cancer Registrars are data information specialists that capture a complete history, diagnosis, treatment, cancer staging and health status for every cancer patient at Advocate Christ Medical Center. Data is transmitted to the Illinois State Cancer Registry monthly and National Cancer Database yearly during the Annual Call for Data. The data collected by the cancer registrars is essential information that is utilized by researchers, health care providers and public health officials to better monitor the effectiveness of the treatment that is administered by cancer site and stage of disease. Cancer patients are followed annually and their disease status is updated by the cancer registry staff annually in order to provide survival statistics.

Cancer registrars maintain their credentials by continually participating in educational seminars and workshops in order to increase their knowledge of treatment advancements and modalities.



Primary Cancer Sites – 2016



BREAST	ACMC (n=473)	NCDB (n=227,439)
Stage	(%) 2016	(%) 2014*
Stg 0	19.2%	20.6%
Stg I	44.0%	42.5%
Stg II	23.7%	24.0%
Stg III	7.0%	7.3%
Stg IV	4.0%	4.1%
N/A	0.2%	0.1%
Unknown	1.9%	1.5%

LUNG	ACMC (n=362)	NCDB (n=124,123)
Stage	(%) 2016	(%) 2014*
Stg 0	0.3%	0.5%
Stg I	32.6%	27.3%
Stg II	5.8%	9.4%
Stg III	15.7%	19.5%
Stg IV	40.9%	40.3%
N/A	1.4%	0.1%
Unknown	3.3%	2.8%

COLON	ACMC (n=143)	NCDB (n=69,396)
Stage	(%) 2016	(%) 2014*
Stg 0	11.9%	5.3%
Stg I	23.1%	19.7%
Stg II	21.0%	24.3%
Stg III	16.1%	25.5%
Stg IV	21.7%	20.2%
N/A	2.1%	0.2%
Unknown	4.2%	4.9%

CORPUS UTERUS	ACMC (n=142)	NCDB (n=42,297)
Stage	(%) 2016	(%) 2014*
Stg 0	0.0%	0.7%
Stg I	62.0%	68.1%
Stg II	4.2%	4.7%
Stg III	13.4%	11.8%
Stg IV	7.0%	6.8%
N/A	8.5%	0.2%
Unknown	4.9%	7.7%

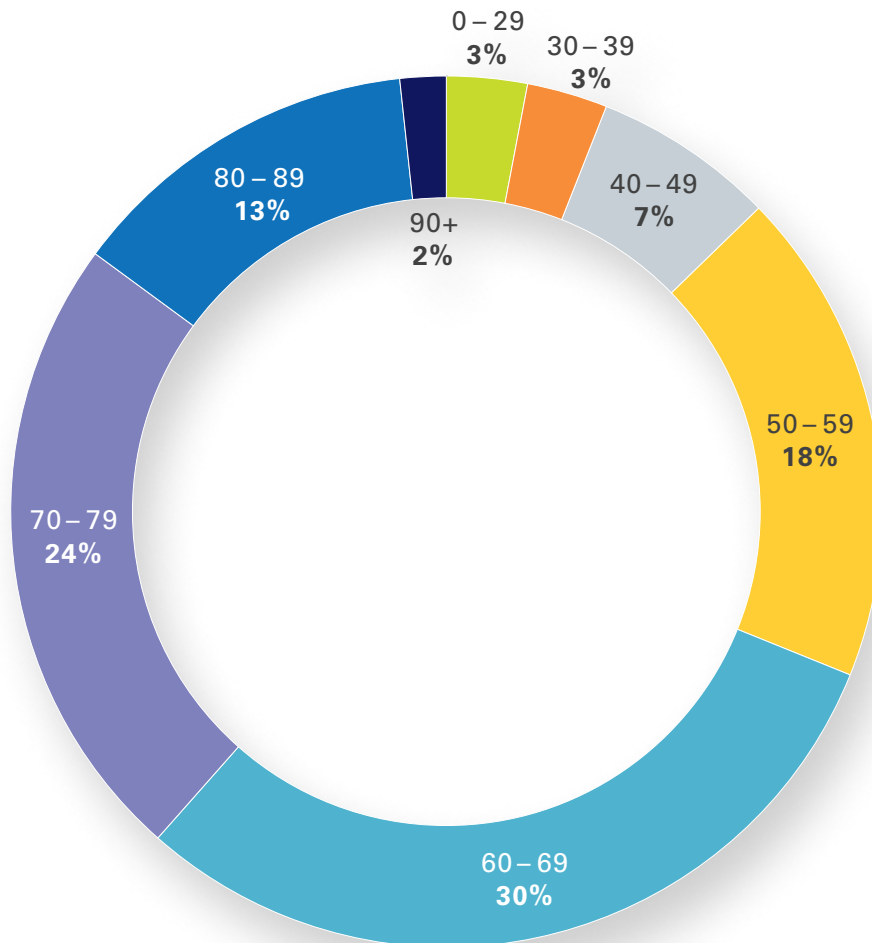
PROSTATE	ACMC (n=82)	NCDB (n=95,319)
Stage	(%) 2016	(%) 2014*
Stg 0	0.0%	0.0%
Stg I	8.5%	20.0%
Stg II	61.0%	54.5%
Stg III	12.2%	12.8%
Stg IV	14.6%	10.4%
N/A	0.0%	0.1%
Unknown	3.7%	2.4%

Source: 2014 NCDB, Commission on Cancer

*2014 is the latest data available from the NCDB as of 10/19/2017

Analytic Cases by Age at Diagnosis		
Primary Site	Total	Percentage
0 – 29	63	2.99%
30 – 39	63	2.99%
40 – 49	142	6.75%
50 – 59	387	18.38%
60 – 69	640	30.40%
70 – 79	496	23.56%
80 – 89	278	13.21%
90+	36	1.71%
Total	2,105	100.00%

Age at Diagnosis (in years) for 2016



Analysis of Pancreatic Cancer Statistics and Outcomes at Advocate Christ Medical Center

by Marc Mesleh, MD, FACS

Pancreatic Adenocarcinoma remains the fourth leading cause of cancer death in the United States. There are greater than 53,600 new patients diagnosed with Pancreatic Cancer annually. Additionally, the mortality rate remains between 8%-10% overall.

There are several risk factors which appear to be increasing the incidence. Studies have shown that cigarette smoking, obesity, chronic pancreatitis and possibly diabetes are some of the risk factors of pancreatic cancer.

Although there have been major advances with respect to early diagnosis (MRI/CT scan, Endoscopic Ultrasound), the prognosis remains poor. This aggressive cancer is often already quite advanced at the time it is first diagnosed. Studies of the National Database show that when patients are first diagnosed with pancreatic cancer, only 15%-20% of patients are candidates for surgical resection.

Across the country, survival rates remain poor. In the most favorable cases, when the tumor can be completely resected, and lymph nodes are negative for cancer, there is a 30% 5-year survival rate. Unfortunately, when cancer is found in nearby lymph nodes, the 5-year survival decreases to 11%. In cases

when the cancer has spread to other organs, the 5-year survival is only 3%. There have been major improvements in Chemotherapy and Radiation treatments, and we expect these numbers to improve in the next few decades.

Here at Advocate Christ Medical Center, we approach Pancreatic Cancer as a Multidisciplinary Team. All cases are presented and reviewed at a Tumor Board, where their workup and treatment options are reviewed by a team including Medical Oncology, Radiation Oncology, Radiology, Pathology, Gastroenterology, Genetics and Surgeons. In this format, the team decides if the patient is a surgical candidate, and if they are appropriate for Chemotherapy and Radiation.

Our group strictly adheres to the National Comprehensive Cancer Network (NCCN) Guidelines with respect to workup and treatment options. For example, all patients undergo a staging workup with CT scan or MRI with contrast. Also an Endoscopic Ultrasound (EUS) is typically performed to confirm the diagnosis and assess for vascular involvement. Patients are then categorized as Resectable, Borderline Resectable or Unresectable (**Table 1**).

Resectable	Borderline Resectable	Unresectable
<ul style="list-style-type: none"> No Portal Vein (PV) or Superior Mesenteric Vein (SMV) Involvement No Superior Mesenteric Artery (SMA) or Celiac Artery Involvement 	<ul style="list-style-type: none"> PV/SMV Contact of >180 Degrees SMA Abutment of <180 Degrees 	<ul style="list-style-type: none"> Un-reconstructable PV/SMV Involvement SMA Abutment >180 Degrees Metastatic Disease

Table 1 - NCCN Guidelines for Classification of Pancreatic Cancer.

In following the NCCN guidelines, we typically offer surgical resection to patients with Resectable Pancreatic Cancer. For those with Borderline Resectable Pancreatic Cancer, we start with Neoadjuvant Chemotherapy and occasionally Chemoradiation. If the patient tolerates treatment well, and the cancer has a good response to treatment, we would then offer surgical resection.

This study presents our experience at Advocate Christ with Pancreatic Cancer from August 2013 to December 2016. We reviewed our pre-operative workup and classification as Resectable/Borderline Resectable according to NCCN guidelines. Finally, we analyzed our outcomes with respect to morbidity, survival data, and patients who went on to receive adjuvant chemotherapy.

RESULTS:

This study examined all patients diagnosed with Pancreatic Cancer at Advocate Christ over the time frame of August 2013 to December 2016. In total, there were 200 patients diagnosed at Advocate Christ. Data was extracted from the Cancer Registry, as well

as a physician-maintained database for patients who underwent pancreatic surgery.

In categorizing these patients according to NCCN guidelines, 53 patients were “resectable” and went on for surgical resection, 5 patients were “borderline resectable” and received neoadjuvant chemotherapy prior to surgery, and 142 patients were “unresectable” or not fit for surgery. Therefore, only 29% of patients at Advocate Christ were surgical candidates. This closely mirrors national data on resectability rates.

Preoperative staging workup included CT scan with Arterial and Venous Phase contrast, MRI with Contrast and Endoscopic Ultrasound. All of the patients in the study group had one or a combination of these tests to assess for metastatic disease and local vessel invasion.

The surgical characteristics are presented in (**Table 2**). In summary, there were several different pathologic diagnosis found at resection. Additionally, there are several different types of surgical resections included Whipple (Pancreaticoduodenectomy), Distal Pancreatectomy, and Total Pancreatectomy.

Characteristics	Number of Patients (%)
Pathology	
• Pancreatic Adenocarcinoma	38 (65%)
• Pancreatic Neuroendocrine Tumor	8 (14%)
• Ampullary Adenocarcinoma	6 (10%)
• Duodenal Adenocarcinoma	3 (5%)
• IPMN	3 (5%)
Surgical Resection	
• Pylorus Preserving Whipple	38 (65%)
• Standard Whipple	7 (12%)
• Distal Pancreatectomy	9 (16%)
• Subtotal Pancreatectomy	3 (5%)
• Total Pancreatectomy	1 (2%)

Table 2 - Characteristics of Surgical Resections at ACMC

Finally, we examined the survival data of patients diagnosed with Pancreatic Cancer here at Advocate Christ. Within the study period, the overall survival for these 200 patients was 53%. Dividing them into the 58 patients who underwent resection had a survival rate of 66%, compared to the 142 patients who were unresectable had a 48% survival rate.

CONCLUSION:

Advocate Christ Medical Center is a High-Volume Center for Pancreatic Cancer. In the study period of just over 3 years, 200 new patients with pancreatic cancer were diagnosed and treated. Additionally, 58 patients underwent surgical resection in this time period.

In presenting patients in a Multidisciplinary Tumor Board, we strive to follow NCCN guidelines for workup, staging and treatment. This analysis of the data shows that Advocate Christ provided high-volume and high-quality cancer care to our patients with Pancreatic Cancer. While the overall prognosis for Pancreatic Cancer remains poor, we have shown that the outcomes in our High-Volume Center are excellent.



 Advocate Christ Medical Center

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