



**Fairview Hospital
Lakewood Hospital**

Cleveland Clinic hospitals



CANCER ANNUAL REPORT *2010-2011*



Chairman's Report



**Timothy P. Spiro,
MD, FACP**

Dear Colleagues, Patients and Friends,

The Cleveland Clinic Cancer programs at Fairview and Lakewood hospitals are fully integrated into the Cleveland Clinic Taussig Cancer Institute rated the #9 cancer program in the nation, and the top cancer program in Ohio by *U.S. News and World Report*. These programs are widely recognized as “centers of excellence” for cancer care on the west side of Cleveland. Since establishing this network cancer program four years ago, we have consistently been rated among the top cancer programs in the nation by the American College of Surgeons Commission on Cancer. In April 2011 we again completed a highly successful survey. The program had no deficiencies, and received eight commendations (the maximum possible) for the excellence of care in important components of the survey. In addition, the surveyors complimented our staff for unique ideas and practices in the way we care for patients.

As part of our search for excellence, we were one of the first networks in the United States to achieve certification under the American College of Surgeons National Accreditation Program for Breast Centers. In our ongoing quest to provide state-of-the-art care, we recently upgraded our mammography equipment to an all digital mammography system. In February 2012, we will undergo our triennial survey for re-certification of the Breast Health Center at Fairview Hospital.

Progress in cancer care can only occur in an environment where research is encouraged. Clinical research of new treatments is important in saving lives and prolonging survival in cancer patients. All of our clinical trials are integrated with the Cleveland Clinic Taussig Cancer Institute, and the Case Comprehensive Cancer Center, a National Cancer Institute (NCI) designated comprehensive cancer center program. There are fewer than 50 such NCI-designated cancer programs in the United States.

This year, we completed the purchase and installation of a new CT simulator for radiation therapy planning for our patients. This ensures that we have the most up-to-date technology to enhance visualization and localization of the treatment area. This will further improve patient outcomes and the patient experience.

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Progress in cancer care can only occur in an environment where research is encouraged. Clinical research of new treatments is important in saving lives and prolonging survival in cancer patients.

At present, it is estimated that there are 12 million cancer survivors in the United States. There is increasing concern that treatments that result in cure may have long term consequences. As such, we have developed new programs to follow patients closely to detect long term complications of therapy.

Cancer care involves more than just medical treatments. Patients suffering from cancer have many social, financial, and emotional needs. These needs involve the families of patients as well. This year, we introduced a survey instrument that detects distress in our patients, so that we can appropriately refer them for additional support.

Finally, good cancer care can only occur in the right environment. We are truly fortunate to have Cancer Center staff who are dedicated to the care of our patients, and show unparalleled concern for the welfare of our patients.



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In-depth Study: A Look at Lymphoma

Lymphoma is a cancer in the lymphatic cells of the immune system. Typically, lymphomas present as a solid mass of lymphoid cells. Treatment might involve chemotherapeutic drugs and in some cases radiation and/or bone marrow transplantation. This is a curable malignancy depending on the histology, type, and stage of the disease. These malignant cells often originate in lymph nodes, presenting as a painless enlargement of the node. It can also affect other organs in which case it is referred to as extranodal lymphoma. Extranodal sites include the brain, skin, bowels and bone.

Lymphomas represent 5.3% of all cancers (excluding simple basal cell and squamous cell skin cancers) in the United States and 55.6% of all blood cancers. Hodgkin lymphoma in particular accounts for less than 1% of all cases of cancer in the United States.

Treatment modalities include chemotherapy and radiation therapy. Surgery is rarely used except as a diagnostic modality. Lymphomas are staged with CT scans, PET/CT and bone marrow biopsies. Lymphomas can be localized (stages I and II) or advanced (stages III and IV).

The National Cancer Data Base (NCDB) is considered the standard reference to which a particular cancer center is compared.

Looking first at the nodal non-Hodgkin lymphoma (NHL) cases seen in the Fairview/Lakewood Network Cancer Program, the results are quite similar with 5-year survival of 36.1% Network versus 47.9% NCDB.

STAGE	CASES		1 YEAR		2 YEAR		3 YEAR		4 YEAR		5 YEAR	
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB
I	7	3297	85.7%	87.6%	71.4%	82.4%	71.4%	79.0%	57.1%	75.4%	42.9%	72.0%
II	14	2907	71.4%	82.4%	71.4%	74.9%	71.4%	71.3%	64.3%	68.3%	64.3%	64.9%
III	23	3334	91.3%	78.9%	82.6%	70.3%	78.3%	65.9%	73.9%	61.7%	65.2%	58.0%
IV	36	6355	63.9%	68.9%	58.3%	60.2%	44.4%	55.3%	38.9%	51.0%	36.1%	47.9%

*Oncology Data Services 2004 & 2005 cases
NCDB 2003 cases*

Nodal NHL is rare in younger patients and becomes more prevalent in the older population both in the Network and in the NCDB. Of a total of 105 cases in the Network, 10 patients were younger than 50. Older age is more likely to be associated with advanced stage. For example, in patients in the age 70-79 years group, stage IV was noted in 34.9% (Network) and 23.8% (NCDB) as compared to the age 50-59 years group where the prevalence of stage IV was 11.6% (Network) and 18.8% (NCDB).

AGE AT DIAGNOSIS	STAGE I		STAGE II		STAGE III		STAGE IV		STAGE NA/UNK		TOTALS	
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB
UNDER 20	0.0%	1.4%	7.1%	1.9%	0.0%	1.2%	0.0%	1.1%	0.0%	2.1%	1	417
20-29	0.0%	2.6%	0.0%	3.6%	0.0%	1.5%	0.0%	2.1%	0.0%	1.7%	0	658
30-39	0.0%	4.4%	7.1%	5.0%	0.0%	3.4%	2.3%	3.8%	0.0%	3.4%	2	1169
40-49	18.2%	9.5%	7.1%	9.1%	0.0%	10.0%	4.7%	9.6%	0.0%	8.8%	7	2808
50-59	4.5%	17.4%	14.3%	17.7%	36.0%	18.3%	11.6%	18.8%	0.0%	15.7%	17	5308
60-69	22.7%	22.7%	7.1%	22.0%	20.0%	24.5%	23.3%	24.2%	0.0%	23.5%	21	6987
70-79	36.4%	23.8%	28.6%	22.1%	20.0%	23.7%	34.9%	23.8%	0.0%	23.5%	33	6964
80-89	18.2%	16.2%	21.4%	16.4%	20.0%	15.8%	23.3%	14.9%	0.0%	18.5%	22	4734
90+	0.0%	1.9%	7.1%	2.2%	4.0%	1.6%	0.0%	1.8%	0.0%	3.0%	2	593
Total	100%	100%	100%	100%	100%	100%	100%	100%	0%	100%	105	29638

*Oncology Data Services 2009 & 2010 cases
NCDB - 2008 data*

Stages I and II are generally treated with a combination of chemotherapy and radiation. In stage I nodal NHL, chemoradiation was administered to 18.2% (Network) versus 5.5% (NCDB). More advanced stages are less likely to receive radiation in addition to their systemic therapy; 9.3% were administered radiation in the Network versus 2.5% in the NCDB. This data is consistent with accepted guidelines including those of the National Cancer Centers Network (NCCN).

TREATMENT			STAGE 1		STAGE 2		STAGE 3		STAGE 4		STAGE NA/UNK	
	CASES		%		%		%		%		%	
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB
CHEMO & RADIATION	12	979	18.2%	5.5%	28.6%	5.3%	0.0%	1.9%	9.3%	2.5%	0.0%	2.3%
SURGERY & CHEMO	10	2077	4.6%	6.5%	14.3%	7.7%	12.0%	9.5%	9.3%	6.1%	0.0%	5.7%
SURGERY, CHEMO & RADIATION	3	0	9.1%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CHEMO, RADIATION & HORMONE	2	0	9.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SURGERY, CHEMO & HORMONE	0	1326	0.0%	2.9%	0.0%	5.4%	0.0%	6.6%	0.0%	4.5%	0.0%	2.3%
CHEMO & HORMONE	5	5381	4.6%	6.8%	0.0%	18.1%	8.0%	23.6%	4.7%	24.1%	0.0%	9.2%
RADIATION	4	0	13.6%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	0.0%	0.0%
CHEMO	35	7933	13.6%	18.5%	28.6%	24.5%	32.0%	29.8%	46.5%	31.0%	0.0%	24.7%
SURGERY	5	2366	0.0%	16.0%	0.0%	7.6%	16.0%	6.4%	2.3%	4.1%	0.0%	10.5%
NONE	28	6335	27.3%	22.3%	28.6	17.3%	28.0	16.6%	25.6%	19.1%	0.0%	38.4%
OTHER	0	3241	0.0%	21.6%	0.0	14.3%	0.0	5.7%	0.0%	8.6%	0.0%	7.0%
	104	29638	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%

Oncology Data Services 2009 & 2010 cases
NCDB - 2008 cases

When looking at the extranodal NHL data, it becomes evident the general treatment principles are similar. Furthermore, the 5-year survival data is comparable. For example, the 5-year survival for stage IV extranodal NHL was 33.3% in the Network and 44.9% in the NCDB as compared to similar figures for nodal NHL: 36.1% in the Network and 47.9% in the NCDB.

STAGE	CASES		1 YEAR		2 YEAR		3 YEAR		4 YEAR		5 YEAR	
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB
I	9	2706	77.8%	87.3%	77.8%	82.1%	77.8%	78.8%	77.8%	75.3%	77.8%	71.1%
II	4	1022	75.0%	81.3%	50.0%	73.8%	50.0%	69.7%	50.0%	66.3%	25.0%	62.7%
III	0	336		74.0%		66.2%		60.7%		57.5%		54.3%
IV	6	1558	83.3%	63.1%	66.7%	55.5%	50.0%	51.7%	33.3%	48.3%	33.3%	44.9%

Oncology Data Services 2004 & 2005 cases
NCDB 2003 cases

Radiotherapy was more likely to be given in earlier stages of extranodal NHL (15.4% in Network and 12.5% in NCDB). Chemotherapy (with or without radiotherapy) is an option in all NHL stages. In stage III extranodal NHL, 50% of patients (Network) and 32.1% (NCDB) received chemotherapy alone. In stage IV extranodal NHL, 50% of patients (Network) and 30.1% (NCDB) received chemotherapy alone.

TREATMENT	CASES		STAGE 1		STAGE 2		STAGE 3		STAGE 4		STAGE NA/UNK	
			%		%		%		%		%	
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB
CHEMO & RADIATION	2	527	7.7%	6.5%	20.0%	6.1%	0.0%	2.8%	0.0%	3.8%	0.0%	4.1%
SURGERY & CHEMO	2	698	15.4%	6.4%	0.0%	10.0%	0.0%	10.6%	0.0%	6.5%	0.0%	4.1%
SURGERY, CHEMO & RADIATION	1	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
CHEMO, RADIATION & HORMONE	2	0	7.7%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%
SURGERY, CHEMO & HORMONE	3	396	15.4%	2.7%	0.0%	7.3%	0.0%	6.5%	10.0%	4.2%	0.0%	2.1%
CHEMO & HORMONE	1	1251	0.0%	7.2%	0.0%	15.9%	0.0%	21.3%	10.0%	19.1%	0.0%	6.9%
SURGERY & RADIATION	1	284	0.0%	5.4%	20.0%	2.2%	0.0%	0.4%	0.0%	0.3%	0.0%	1.8%
CHEMO	10	2162	15.4%	14.7%	20.0%	19.7%	50.0%	32.1%	50.0%	30.1%	0.0%	19.8%
SURGERY	2	1081	7.7%	14.3%	20.0%	10.4%	0.0%	5.8%	0.0%	4.5%	0.0%	13.4%
HORMONE	1	0	0.0%	0.0%	0.0	0.0%	25.0	0.0%	0.0%	0.0%	0.0%	0.0%
RADIATION	2	692	15.4%	12.5%	0.0	3.6%	0.0	1.4%	0.0%	2.1%	0.0%	4.9%
NONE	6	2135	15.4%	18.3%	20.0	11.1%	25.0	12.7%	10.0%	22.6%	100.0%	37.2%
OTHER	0	990	0.0%	12.0%	0.0	13.6%	0.0	6.3%	0.0%	7.0%		5.9%
	33	10216	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Oncology Data Services 2009 & 2010 cases
NCDB - 2008 cases

Hodgkin lymphoma is far less common than NHL with 9 cases in the Network (2004, 2005) and 642 cases in the NCDB. Five year survival rates are closely related to stage. For stage II, the 5-year survival was 100% in the Network and 89.7% in the NCDB. For stage IV, 5-year survival is 60% in the Network versus 63.7% in the NCDB.

STAGE	CASES		1 YEAR		2 YEAR		3 YEAR		4 YEAR		5 YEAR	
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB
I	0	738	0.0%	95.8%	0.0%	91.8%	0.0%	90.0%	0.0%	87.3%	0.0%	87.3%
II	2	1715	100.0%	96.1%	100.0%	94.2%	100.0%	92.7%	100.0%	89.7%	100.0%	89.7%
III	2	793	100.0%	88.8%	100.0%	84.8%	100.0%	80.5%	100.0%	74.4%	0.0%	74.4%
IV	5	642	80.0%	78.2%	80.0%	72.5%	80.0%	69.1%	80.0%	63.7%	60.0%	63.7%

Oncology Data Services 2004 & 2005 cases
NCDB 2003 cases

All patients with Hodgkin lymphoma received chemotherapy. For stage I, 25% of patients (Network) versus 20.6% (NCDB) were treated with chemotherapy. For stage IV, 100% of patients (Network) versus 44.7% (NCDB) received chemotherapy as a sole modality. The difference is due to the small number of patients with stages III and IV treated in the Network. The Network treatments are in compliance with national recommendations (including NCCN) indicating that chemotherapy should be given to all stage IV Hodgkin lymphoma patients.

TREATMENT	STAGE 1		STAGE 2		STAGE 3		STAGE 4		STAGE UNK			
	CASES		%		%		%		%			
	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB	NETWORK	NCDB		
CHEMO & RADIATION	4	969	50.0%	18.3%	25.0%	23.6%	0.0%	7.7%	0.0%	5.9%	0.0%	9.8%
SURGERY & CHEMO	2	913	25.0%	10.0%	12.5%	13.5%	0.0%	18.8%	0.0%	16.9%	0.0%	11.9%
CHEMO	8	2205	25.0%	20.6%	50.0%	30.7%	100.0%	48.1%	100.0%	44.7%	0.0%	29.6%
SURGERY	1	275	0.0%	9.4%	12.5%	2.5%	0.0%	3.2%	0.0%	2.2%	0.0%	9.3%
SURGERY, RADIATION & CHEMO	0	355	0.0%	9.1%	0.0	8.5%	0.0	1.3%	0.0%	2.6%	0.0%	2.4%
CHEMO & HORMONE	0	368	0.0%	3.2%	0.0	4.7%	0.0	6.9%	0.0%	10.2%	0.0%	4.1%
OTHER	0	681	0.0%	17.0%	0.0	11.4%	0.0	7.3%	0.0%	9.4%	0.0%	7.2%
NO 1ST COURSE RX	0	565	0.0%	12.4%	0.0	5.0%	0.0	6.6%	0.0%	8.1%	0.0%	25.6%
	15	6331	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%

Oncology Data Services 2009 & 2010 cases
NCDB - 2008 cases

In summary, 148 cases of NHL and 16 cases of Hodgkin lymphoma were reviewed. Overall, the outcomes of patients treated in the Network are similar to those in the NCDB. The only significant difference is in stage IV Hodgkin lymphoma where chemotherapy alone was utilized in 100% of patients in the Network but utilized with other modalities in 80% of patients in the NCDB. The significance of this finding is unclear because of the limited number of patients with advanced Hodgkin lymphoma in both the Network and NCDB. Comparisons of heterogeneous populations with different demographics and co-morbidities is difficult. However, the 5-year survival is the same. Treatment recommendations by stage were in compliance with national guidelines including those of the NCCN. It is important to continue to accurately stage patients with NHL and Hodgkin lymphoma to offer state of the art treatment and minimize long term treatment complications in survivors. Clinical trial enrollment remains a priority, in particular in unfavorable (stages I and II) and all advanced (stages III and IV) lymphoma patients.

ONCOLOGY DATA SERVICES

Cancer Registry Report

The cancer registry is an essential component of the Commission on Cancer (CoC) accredited cancer program. The Fairview/Lakewood Hospital Network Cancer Program is a strategic partner with CHAMPS Oncology Data Services (ODS) who staff the registry with Certified Tumor Registrars and CoC consultants. ODS personnel help programs achieve their goals by collecting and reporting quality cancer data in support of their business planning and outreach initiatives.

Data collected by the cancer registry is an invaluable tool in the fight against cancer. As an accredited CoC program the registry collects demographic and disease specific data elements on each cancer patient presenting for diagnosis or treatment. The information collected is utilized by physicians, administration, and other healthcare professionals. In 2010, there were 1,469 analytic and 117 non-analytic cases for a total of 1,586 cases accessioned. Analytic cases

are submitted monthly to the Ohio Cancer Incidence Surveillance System and annually to the National Cancer Data Base for use in statistical analysis. Data collection performed by oncology data specialists is a crucial element in research and the development of clinical trials. Cancer registry data is instrumental in resource allocation, production of survival data, and evaluating efficacy of treatment modalities.

Continuing education is a priority for the staff of the ODS staff. They are encouraged to attend all available educational venues to ensure the strengthening of their knowledge of cancer diagnosis and treatment, and the management of that data.

Heather Fisher, CTR
Tracy Funk, RHIA, CTR
Oncology Data Services

NETWORK CANCER PROGRAM 2010

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						
		Analytic	Non-Analytic	M	F	0	I	II	III	IV	UNK	N/A
ALL SITES	1586	1469	117	673	913	116	361	279	201	310	118	201
ORAL CAVITY	29	27	2	17	12	1	8	0	2	14	3	1
LIP	0	0	0	0	0	0	0	0	0	0	0	0
TONGUE	11	10	1	8	3	1	3	0	0	6	1	0
OROPHARYNX	4	4	0	3	1	0	2	0	0	1	0	1
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	14	13	1	6	8	0	3	0	2	7	2	0
DIGESTIVE SYSTEM	214	203	11	117	97	1	28	55	36	61	29	4
ESOPHAGUS	15	14	1	12	3	0	1	3	4	6	1	0
STOMACH	15	14	1	8	7	0	1	4	2	6	2	0
COLON	66	61	5	34	32	0	8	17	14	17	10	0
RECTUM	24	23	1	15	9	0	7	3	5	4	5	0
ANUS/ANAL CANAL	7	7	0	3	4	1	1	4	0	0	1	0
LIVER	9	8	1	7	2	0	1	0	2	3	1	2
PANCREAS	59	58	1	29	30	0	6	16	7	22	8	0
OTHER	19	18	1	9	10	0	3	8	2	3	1	2
RESPIRATORY SYSTEM	256	244	12	135	121	2	34	21	56	129	14	0
NASAL/SINUS	4	3	1	1	3	0	2	0	1	0	1	0
LARYNX	12	11	1	9	3	1	4	1	1	4	1	0
LUNG/BRONCHUS	237	227	10	123	114	1	28	20	53	124	11	0
OTHER	3	3	0	2	1	0	0	0	1	1	1	0

NETWORK CANCER PROGRAM 2010 continued

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE						UNK	N/A
		Analytic	Non-Analytic	M	F	0	I	II	III	IV			
BLOOD & BONE MARROW	89	81	8	48	41	0	0	0	0	0	0	0	89
LEUKEMIA	40	36	4	27	13	0	0	0	0	0	0	0	40
MULTIPLE MYELOMA	16	13	3	8	8	0	0	0	0	0	0	0	16
OTHER	33	32	1	13	20	0	0	0	0	0	0	0	33
BONE	2	2	0	1	1	0	0	0	0	1	1	0	0
CONNECT/SOFT TISSUE	9	7	2	4	5	0	0	1	1	1	5	1	1
SKIN	43	36	7	20	23	9	10	4	2	9	8	1	1
MELANOMA	42	35	7	20	22	9	10	4	2	9	7	1	1
OTHER	1	1	0	0	1	0	0	0	0	0	1	0	0
BREAST	309	302	7	3	306	55	123	76	30	15	9	1	1
FEMALE GENITAL	159	149	10	0	159	9	65	13	25	28	18	1	1
CERVIX UTERI	15	15	0	0	15	0	5	3	3	4	0	0	0
CORPUS UTERI	80	78	2	0	80	0	49	4	7	8	11	1	1
OVARY	38	34	4	0	38	0	5	4	11	14	4	0	0
VULVA	22	18	4	0	22	9	6	1	2	1	3	0	0
OTHER	4	4	0	0	4	0	0	1	2	1	0	0	0
MALE GENITAL	148	101	47	148	0	0	21	84	16	10	16	1	1
PROSTATE	142	95	47	142	0	0	18	82	15	10	16	1	1
TESTIS	5	5	0	5	0	0	3	1	1	0	0	0	0
OTHER	1	1	0	1	0	0	0	1	0	0	0	0	0
URINARY SYSTEM	112	107	5	87	25	39	37	9	8	8	11	0	0
BLADDER	71	67	4	58	13	37	17	6	3	3	5	0	0
KIDNEY/RENAL	36	36	0	25	11	1	17	3	5	5	5	0	0
OTHER	5	4	1	4	1	1	3	0	0	0	1	0	0
BRAIN & CNS	49	49	0	16	33	0	0	0	0	0	0	49	49
BRAIN (BENIGN)	2	2	0	2	0	0	0	0	0	0	0	2	2
BRAIN (MALIGNANT)	17	17	0	8	9	0	0	0	0	0	0	17	17
OTHER	30	30	0	6	24	0	0	0	0	0	0	30	30
ENDOCRINE	36	36	0	15	21	0	14	8	3	3	2	6	6
THYROID	28	28	0	10	18	0	14	8	3	2	1	0	0
OTHER	8	8	0	5	3	0	0	0	0	1	1	6	6
LYMPHATIC SYSTEM	83	79	4	43	40	0	20	8	21	31	2	1	1
HODGKIN'S DISEASE	8	7	1	3	5	0	3	2	2	1	0	0	0
NON-HODGKIN'S	75	72	3	40	35	0	17	6	19	30	2	1	1
UNKNOWN PRIMARY	46	44	2	18	28	0	0	0	0	0	0	46	46
OTHER/ILL-DEFINED	2	2	0	1	1	0	1	0	1	0	0	0	0

Number of cases excluded: 9

This report EXCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases

Professional Education

by Hamed Daw, MD.



The 14th annual Moll Pavilion Cancer Symposium was held on April 6, 2011 at the Westlake Holiday Inn. The goal was to update physicians on the most recent treatment advances of certain cancers, pathogenesis, and screening tests to aid diagnosis. Prostate, kidney, colorectal, ovarian and lung cancers were discussed.

Breast cancer treatments were reviewed with a focus on infertility as a survivorship issue. The audience included 100 health professionals that were largely physicians, nurses, pharmacists, and social workers.

The Hematology/Oncology Fall Lecture Series offered four enlightening discussions: new anticoagulants and their management; non-Hodgkin lymphoma; multiple myeloma; and ovarian cancer. The Asif A. Chaudhry, MD,

Lectureship supported Mark Crowther, MD, MSc, FRCPC, chair, Division of Hematology, McMaster University in Canada as the keynote speaker. Resident physicians attended a special session after the lecture to further converse with the speaker.

The nurses at Cleveland Clinic Cancer Center at Fairview Hospital, Moll Pavilion, were engaged in teaching the Oncology Nursing Society, Chemotherapy/Biotherapy course for nurses in northeast Ohio, and hosted the class in May. They were instructors in the ELNEC, end of life modules, and the Oncology Certification Review class.

Both medical and nursing staff participated in round table discussions throughout the year on topics specific to supportive care such as EGFR-associated cutaneous toxicities, infection prevention with growth factors, and palliative care.

Fairview and Lakewood Hospital Network Cancer Program Conferences

Under the direction of Hamed Daw, MD, the Fairview and Lakewood Hospitals Cancer Network held 63 weekly multidisciplinary Cancer Conferences between the two facilities discussing case management in 18.9% of the annual analytic case load. Cancer Conference physicians discussed staging and offered recommendations based on national guidelines in cancer patient management on all presented cases. The average weekly attendance was 26 attendees, which included medical and radiation oncologists, pathologists, diagnostic radiologists, surgeons, internists, residents, nurses and other allied health professionals.

SITE	#
BREAST	362**
LUNG	62*
LYMPH NODES	38
PROSTATE	18
UNKNOWN PRIMARY	13
COLON	11
PANCREAS	10
BONE MARROW	9
BLADDER	8
KIDNEY	8

**Includes breast conference cases
*Includes lung conference cases

Community Outreach

Cleveland Clinic Cancer Center at Fairview Hospital

Submitted by Rosemary Miles, RN

The Fairview/Lakewood Cancer Network has one of the most active community outreach programs in the Cleveland area related to cancer.

In 2011, the Fairview Hospital Community Outreach Subcommittee for Cancer established and met the following goals related to programming:

- 1. Blood Cancer Awareness:** The Cleveland Clinic has established a collaborative effort with the Leukemia and Lymphoma Society (LLS) to investigate blood cancers; and the Committee increased public awareness of these diseases through a community health talk.
- 2. Cancer Survivorship:** The planning committee recognized that there are 12 million cancer survivors in the United States today (American Cancer Society 2009). Many of these have undergone radiation or chemotherapy, both of which have the potential for causing long term side-effects. As a result, a successful “Life After Cancer” health talk was offered for long-term cancer survivors.
- 3. Obesity and Cancer:** In response to the National Cancer Institute report on obesity and the increased risk of cancer, the committee planned a community educational event related to women’s cancer issues and weight control.
- 4. Lung Cancer:** Lung cancer is the leading cause of cancer-related deaths in the United States, and is the second most-diagnosed and treated cancer at Fairview. Furthermore, the Cleveland Clinic has determined that smoking cessation and prevention will be one of its primary health initiatives for the community. The committee established that there are many new, more effective treatment options for patients who use tobacco, to aid in quitting. Therefore, a program for the community related to the current modes of treatment for tobacco users was hosted.

Survivorship Program

Jean Ellsworth-Wolk, MS, RN, AOCNS

The Cancer Survivorship program at Fairview Hospital continues to grow with new services and patient opportunities. The beginning of 2011 saw the implementation of a treatment summary document on the Electronic Medical Record. This document has been well received by the breast cancer population and provides an avenue for communication between health care providers within the Cleveland Clinic health system. Education continues to be a cornerstone of the program

with ongoing survivorship, nutrition/ weight loss, fitness and lymphedema patient education classes. Individual survivorship care planning visits are now available for patients who want more detailed information and assistance in developing a wellness plan. Increased focus on collaboration with other Cleveland Clinic oncology settings and community resources such as The Gathering Place has provided important links to resources for our cancer survivors following treatment.



Fairview Hospital Lakewood Hospital

Cleveland Clinic hospitals

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