

Atrium Medical Center

2012 Cancer Annual Report

with 2011 Statistics

Message from the Compton Infusion Center Medical Director & Cancer Committee Chair



I am pleased to present the Atrium Medical Center 2012 Cancer Program Annual Report. This report highlights the activities and accomplishments of the Cancer Program throughout 2011, along with statistical information on cancer patients cared for at Atrium. This report also outlines a focused study of the breast with analysis and comparison of data.

The continual focus on quality improvement in order to provide the best care for our patients has been possible due to the efforts of many dedicated professionals who work daily to provide outstanding care, as well as the support of the multidisciplinary cancer committee. The Atrium Medical Center Cancer Program has also consistently met the criteria for designation as a Community Cancer Program recognized by the American College of Surgeons Commission on Cancer. The Atrium Cancer Program has been accredited for 18 consecutive years with the most recent survey conducted in March 2010 resulting in Accreditation with Commendation.

As the Medical Director of the Atrium Medical Center Compton Infusion Center, I am committed to excellence in patient care in all aspects. Our highly trained staff of physicians, nurses and other health care providers strives to put the patient first in all we do. As chair of the Cancer Committee program, I would like to take this opportunity to showcase the activities and accomplishments the Atrium Cancer Program achieved in 2011.

On behalf of Atrium Medical Center, I would like to thank you for putting your trust in our facility.

Sincerely,

Albert Malcolm, MD

Medical Director, Compton Infusion Center & Cancer Committee Chair
Atrium Medical Center

Atrium Medical Center 2011

Accomplishments and Activities

- Atrium's Cancer Care services were featured in articles in the Middletown Journal, Dayton Daily News and The Western Star. The articles promoted our da Vinci Si HD robot and our advanced radiation oncology and infusion therapy services. Patient stories and interviews from our physicians and staff were included.
- Atrium sponsored the Middletown/Monroe Relay for Life held on April 30-May 1.
- Atrium hosted two skin cancer screenings; one with Wright State Physicians and one with Jennifer Ridge, MD. Both events were promoted via the Atrium website, in *Join Us* community magazine, *Focus* employee newsletter and a news release to the media.
- The American Cancer Society (ACS) implemented "The Road to Recovery" program for Butler County patients. This program provides transportation to and from treatment for patients who have cancer and who do not have a ride or are unable to drive themselves. The Wig Program was modified and they received brand new wigs to be provided to patients free of charge. Other programs which continue to be offered in Warren and Butler counties through ACS include Patient Navigation, Look Good...Feel Better, Cancer Survivors Network, Hope Lodge, Reach to Recovery, Cancer Resource Network and Man to Man.
- Free cancer screenings were offered during two days in May as part of National Skin Cancer Awareness Month. The screenings were coordinated by Wright State University Boonshoft School of Medicine Department of Dermatology, along with the American Academy of Dermatology, American Cancer Society, Atrium Medical Center, Good Samaritan Hospital, Miami Valley Hospital, Premier Community Health and Wright State University. The goals of the program were to help individuals find skin cancers, promote early detection and teach prevention of skin cancer.
- Albert Malcolm, MD, was awarded a Certificate of Appreciation from the Dayton Clinical Oncology Program (DCOP) as one of the top accruing physicians of the year. There were 15 hospitals in the Greater Dayton area that participated in the program, and Dr. Malcolm was third among 54 physicians who accrue to clinical trials in this area.
- Research Coordinators Sandy Fletcher, RN, BSN, CNOR, OCN, CCRP, and Joni Donisi, RN, BSN, CAPA, were each awarded a Certificate of Appreciation in recognition of their achievements as Top Cancer Control Accruing Nurses of the Year for the Dayton Clinical Oncology Program (DCOP).
- *Join Us* community magazine featured Sandi Bradbury, breast cancer survivor, and her treatment team, which included Hugh Hawkins, MD, Mridula Reddy, MD, Ryan Steinmetz, MD, and Phyllis Rudokas, BS, RN, OCN, CCRP.
- The Women's Center participated in Lakota's Volley for the Cure at Lakota High School.

Atrium Medical Center 2011 Accomplishments and Activities

Skin Cancer Screening May 2011

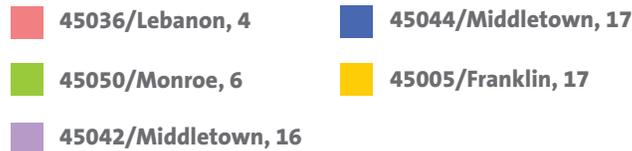
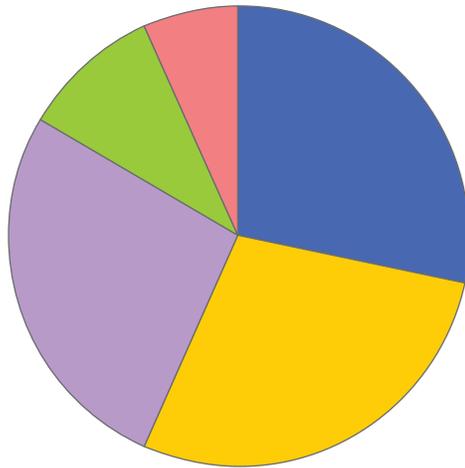
According to the American Cancer Society, skin cancer is the most common cancer. More than one million cases of skin cancer occur in the U.S. each year, a total that exceeds that of prostate, breast, lung, colon, uterine, ovarian and pancreas cancer combined. The incidence of skin cancer has risen steadily for the past 30 years.

To combat the growing concern of skin cancer, area dermatologists volunteer their time to offer free screenings each May as part of National Skin Cancer Awareness Month. The goals of the program are to help individuals find skin cancers, to promote early detection and to teach prevention of skin cancer.

Atrium Medical Center hosted two skin cancer screenings in May 2011. The first screening was provided by physicians from the Wright State University Department of Dermatology. The second screening was provided by Jennifer Ridge, MD, board certified dermatologist, and Nancy Hogan, certified nurse practitioner. Both screenings took place in the Women's Center on the fourth floor of the Professional Building at Atrium Medical Center.

Skin cancer screenings take approximately five minutes and involve a head-to-toe skin assessment. A health professional looks for suspicious areas, such as discolored or misshapen moles. People with possible skin cancer or precancerous conditions were referred either to their family physician or to a dermatologist for further tests. At Atrium, 77 people were screened and 18 of them were referred to a family physician or dermatologist.

**Atrium Medical Center
Top Five Zip Codes of Attendees**



2011 Cancer Committee Members

Name	Specialty/Dept
Mary Ellen Broadstone-Gaeke, MD	Medical Oncology
Leanne Budde, MD	Medical Oncology
Hugh Hawkins, MD	Radiology
David Kabithe, MD	General Surgery
Prasad Kudalkar, MD	Medical Oncology
Albert Malcolm, MD	Medical Oncology, Cancer Committee Chair, CLP
David Miller, MD	Urology
Stephen Moore, MD	Pulmonology
Thomas Morand, MD	Radiation Oncology
Mridula Reddy, MD	Medical Oncology
Jules Sherman, DO	Palliative Medicine
Cheryl Skinner, MD	Medical Oncology
Alan Prok, MD	Pathologist
Ryan Steinmetz, MD	Radiation Oncology
Nandagopal Vrindavanam, MD	Medical Oncology
Andrea Anderson	ACS- Health Promotions
Sharon Baker	Radiation/Radiology
Melissa Curtis	Imaging Manager
Joni Donisi, RN	Research/Clinical Trials
Monica DuShane	Outpatient Oncology Social Worker
Karen Feldmeyer, MSA, RD, LD	Patient Services Manager/Nutrition Services
Sandy Fletcher, BSN, RN, OCN, CCRP	Research/Clinical Trials
Debbie Gibson, BSN, RN, OCN	Compton Infusion Center, Manager
Lisa Gossett, CNO	Administration
Nancy Ray	Rehabilitation/Lymphedema Services
Dan Hummel, RPh	Pharmacy
Melissa Jesse, LSW	Social Services
Kim Marcum, MBA, BSN, RN	Quality Management Manager
Beth Mullins, RHIT, CCS	Medical Records Manager
Mary Noll	Radiation Oncology Manager
Sheri O'Flynn	Marketing/Communications Manager
Phyllis Rudokas, BS, RN, OCN, CCRP	Breast Care Coordinator
Rhonda Seidenschmidt	Medical Imaging Director
Roberta Taylor	Premier Community Health, A Premier Health Partners Agency-Community Educator
Susan Wetzel, RHIT, CTR	Cancer Registrar
Lisa White	Palliative Services
Marianna Sunderlin	Palliative Services
Jackie Mathews	Palliative Services
Chastity Woolf	Nursing, 4 North

Meet our Oncologists



Albert S. Malcolm, MD, Medical Director, Compton Infusion Center

Dr. Albert S. Malcolm has been part of our team since 1991. He served as section head of Internal Medicine in 1996 and has been Chair of the Cancer Committee since 2001.

Dr. Malcolm earned his Bachelor's degree from Earlham College in Richmond, Indiana, in 1982, and his medical degree from The Ohio State University in 1986. He completed his Internal Medicine residency at Riverside Methodist Hospital in Columbus in 1989. Dr. Malcolm completed his fellowship in Medical Oncology at Penn State University Hospital and Hershey Medical Center in Hershey, Pennsylvania, from 1989 to 1991.

Dr. Malcolm served as a member of the Central Pennsylvania Oncology Group. He is board certified in Internal Medicine and Medical Oncology.



Thomas Morand, MD, Medical Director, Radiation Oncology

Dr. Thomas Morand is the Medical Director of Radiation Oncology. He earned his Bachelor of Science degree from the University of Notre Dame in 1975 and his medical degree from the University of Cincinnati in 1978. He completed his residency in Radiation Oncology at the University of Cincinnati Hospital in 1982.

Dr. Morand served as Assistant Professor of Radiation Oncology at the University of Cincinnati from 1982 to 1984. He is Medical Director of the InterCommunity Cancer Center at Mercy Franciscan Hospital Mt. Airy, a position he has held since 1984.

Dr. Morand is board certified in Radiation Oncology.



Mary Ellen Broadstone-Gaeke, MD, Medical Oncologist

Dr. Mary Ellen Broadstone-Gaeke has more than 30 years of experience in internal medicine, hematology, and oncology. Dr. Broadstone-Gaeke earned her Bachelor of Science degree from the University of Dayton in 1970 and completed medical school at the University of Chicago, Pritzker School of Medicine in 1975. She also completed her residency in Internal Medicine in 1978 and a fellowship in Hematology and Oncology in 1980 at the University of Chicago.

Dr. Broadstone-Gaeke is board certified in Internal Medicine, Oncology and Hematology.



Prasad R. Kudalkar, MD, Medical Oncologist

Dr. Prasad Kudalkar earned his medical degree from Seth G.S. Medical College, Mumbai, India, in 1993. He completed his residency in Internal Medicine at State University of New York at Buffalo in 2001 and his fellowship in Hematology and Oncology at North Shore University Hospital in Manhasset, New York, in 2004.

Dr. Kudalkar is board certified in Internal Medicine, Hematology and Oncology.



Mridula Reddy, MD, Medical Oncologist

Dr. Mridula Reddy earned her Bachelor in Medicine and Bachelor in Surgery from Osmania Medical College in Hyderabad, India. She served an internship as a House Surgeon at Osmania General Hospital (and affiliated hospitals) in India in outpatient, inpatient and acute care settings in the departments of Internal Medicine and Specialties, Surgery, Orthopedics, Pediatrics, Obstetrics and Gynecology and Community Medicine. Dr. Reddy completed her residency in Internal Medicine and a fellowship in Hematology/Oncology at Wright State University in Dayton.

Dr. Reddy is board certified in Medical Oncology.



Cheryl A. Skinner, MD, Medical Oncologist

Dr. Cheryl Skinner earned her Bachelor of Science degree from the University of Dayton in 1973 and her medical degree from the University of Cincinnati College of Medicine in 1981. She completed her residency in Internal Medicine in 1984 and her fellowship in Hematology and Oncology at the University of Cincinnati in 1986.

Dr. Skinner is board certified in Hematology, Oncology and Internal Medicine.



Ryan D. Steinmetz, MD, Radiation Oncologist

Dr. Ryan Steinmetz received his Bachelor of Science degree in Biochemistry from the University of Cincinnati School of Medicine. He received his medical degree from the University of Cincinnati College of Medicine in 2002 and completed his residency in Radiation Oncology at the University of Cincinnati Hospital in 2007. His areas of expertise include 3-D CRT and IMRT, stereotactic radiosurgery, intracavitary and interstitial brachytherapy.

Dr. Steinmetz is board certified in Radiation Oncology.



Nandagopal S. Vrindavanam, MD, Medical Oncologist

Dr. Nandagopal Vrindavanam earned his medical degree from Madurai Medical College, T. Nadu, India in 1990. He completed his residency in Internal Medicine at Medical University of South Carolina in 2000 and his fellowship at the University of Cincinnati Hospital in Medical Oncology in 2003.

Dr. Vrindavanam is board certified in Medical Oncology.

Statistical Summary of Cancer Registry Data
Page 1 of 2

Site	Total Classes	Gender		AJCC Stage Group								
		Male	Female	0	I	II	III	IV	None/N/A	Unknown	% of Occurrence	
Head and Neck												
Tongue	1	1	0	0	0	1	0	0	0	0	0	0.18%
Salivary Gland	2	0	2	0	0	2	0	0	0	0	0	0.36%
Nasopharynx	1	1	0	0	0	0	0	1	0	0	0	0.18%
Tonsil	2	1	1	0	0	0	1	1	0	0	0	0.36%
Oropharynx	1	1	0	0	0	0	0	1	0	0	0	0.18%
Digestive System												
Esophagus	3	2	1	0	1	0	1	1	0	0	0	0.54%
Stomach	8	4	4	1	3	1	0	3	0	0	0	1.45%
Small Intestine	5	4	1	0	0	0	3	2	0	0	0	0.90%
Colon	41	18	23	2	16	8	4	8	0	3	3	7.41%
Rectosigmoid Junction	4	1	3	0	2	0	1	1	0	0	0	0.72%
Rectum	4	3	1	0	3	0	1	0	0	0	0	0.72%
Anus/Anal Canal	4	1	3	0	1	1	1	1	0	0	0	0.72%
Liver	5	4	1	0	1	0	1	3	0	0	0	0.90%
Gallbladder	4	2	2	0	0	2	1	1	0	0	0	0.72%
Other Biliary	5	2	3	0	0	2	0	3	0	0	0	0.90%
Pancreas	6	0	6	0	0	0	0	6	0	0	0	1.08%
Retroperitoneum	1	0	1	0	0	0	0	1	0	0	0	0.18%
Respiratory System												
Nose, Nasal Cavity, and Middle Ear	3	2	1	0	0	1	1	1	0	0	0	0.54%
Larynx	9	7	2	0	2	2	3	1	0	1	1	1.63%
Lung/Bronchus	112	54	58	0	17	2	32	59	0	2	2	20.25%
Soft Tissue Including Heart												0.00%
Soft Tissue Including Heart	1	0	1	0	1	0	0	0	0	0	0	0.18%
Skin												
Melanoma	7	3	4	2	0	4	0	0	0	1	1	1.27%
Breast												
Breast	122	0	122	23	40	37	15	5	0	2	2	22.06%
Female Genital System												
Cervix	1	0	1	0	0	0	1	0	0	0	0	0.18%
Uterus	10	0	10	0	8	0	2	0	0	0	0	1.81%
Ovary	5	0	5	0	2	0	1	2	0	0	0	0.90%

Statistical Summary of Cancer Registry Data
Page 2 of 2

Site	Total Classes	Gender		AJCC Stage Group								
		Male	Female	0	I	II	III	IV	None/N/A	Unknown	% of Occurrence	
Male Genital System												
Prostate	64	64	0	0	11	38	12	3	0	0		11.57%
Other Male Genital Organs	1	1	0	0	0	1	0	0	0	0		0.18%
Urinary System												
Bladder	23	14	9	4	4	4	5	5	1	0		4.16%
Kidney/Renal	21	11	10	0	15	1	2	2	0	1		3.80%
Ureter	1	0	1	0	0	0	0	1	0	0		0.18%
Brain and CNS												
Brain	12	6	6	0	0	0	0	0	12	0		2.17%
Endocrine												
Thyroid	4	1	3	0	1	0	0	2	0	1		0.72%
Lymphoma												
Hodgkin's	1	0	1	0	0	0	0	1	0	0		0.18%
Non-Hodgkin's	20	11	9	0	3	9	1	5	1	1		3.62%
Myeloma	11	7	4	0	0	0	0	0	11	0		1.99%
Leukemia												
Chronic Lymphocytic												
Leukemia	5	2	3	0	0	0	0	0	5	0		0.90%
Acute Myeloid Leukemia	8	2	6	0	0	0	0	0	8	0		1.45%
Chronic Myeloid Leukemia	1	0	1	0	0	0	0	0	1	0		0.18%
Mesothelioma/Kapasi Sarcoma												
Mesothelioma	1	1	0	0	0	1	0	0	0	0		0.18%
Miscellaneous												
Miscellaneous	13	5	8	0	0	0	0	0	13	0		2.35%
Total:	553	236	317	32	131	117	89	120	52	12		100.00%

Newly Diagnosed and/or Treated Cases Seen at Atrium Medical Center

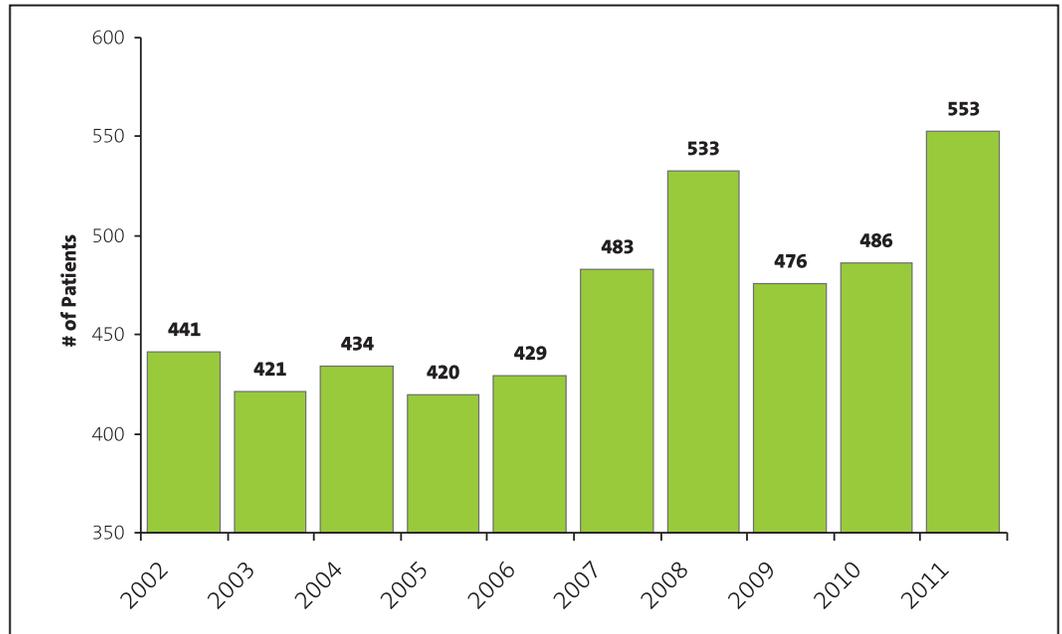


Figure 1

Figure 1 shows a comparison of newly diagnosed and/or treated cases seen at Atrium since 2002. Of note, Atrium Medical Center moved into its new facility December 9, 2007.

Comparison Between Top Five 2011 Estimated U.S. Cancer Cases by Sex Distribution

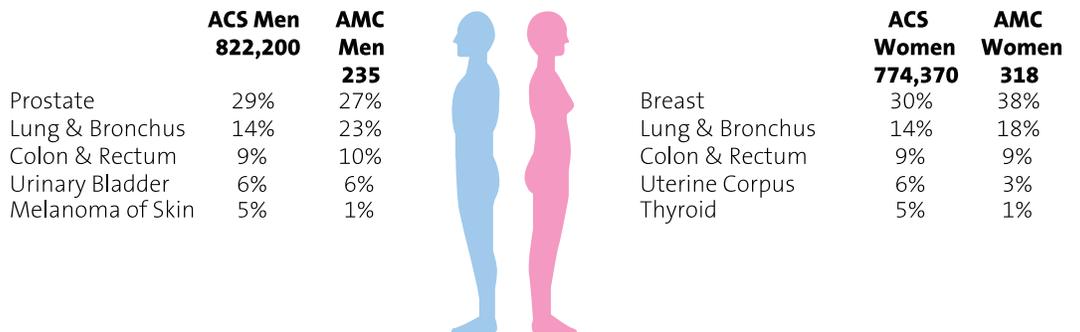


Figure 2

Figure 2 shows a comparison between the five 2011 estimated U.S. cancer cases by sex distribution for the American Cancer Society (ACS). Atrium Medical Center had a higher percentage for colon & rectum (men), breast (women), and lung & bronchus (women).

Atrium Medical Center Top Five Site Comparison 2010 to 2011

Breast	122 Cases	(Male – 0)	(Female – 122)
Lung	112 Cases	(Male – 54)	(Female – 58)
Prostate	64 Cases	(Male – 64)	
Colon/Rectum	53 Cases	(Male – 23)	(Female – 30)
Bladder	23 Cases	(Male – 14)	(Female – 9)

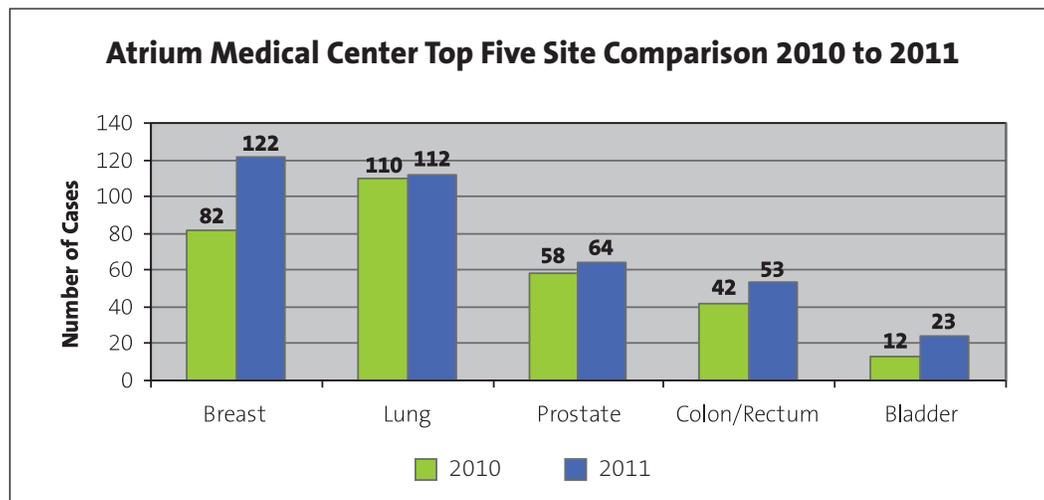


Figure 3

Figure 3 shows a comparison of Atrium Medical Center’s top five primary sites from 2010 to 2011.

- Breast cases showed a significant increase by 40 cases.
- Lung cases increased by 2 cases.
- Prostate cases increased slightly by 6 cases.
- Colon and rectum cases increased slightly by 11 cases.
- Bladder cases increased by 11 cases.

Atrium Medical Center Top Five Primary Sites Compared to United States and Ohio 2011

Site	Estimated New Cases United States	Estimated New Cases Ohio	Reported New Cases Atrium
Breast	232,620	8,970	122
Lung	221,130	10,060	112
Prostate	240,890	9,190	65
Colon/Rectum	141,210	5,850	53
Urinary Bladder	69,250	2,890	23
TOTAL	905,100	36,960	375

Figure 4

Source: American Cancer Society Facts & Figures 2011 for the United States and Ohio statistics

Figure 4 illustrates a comparison of estimated cases throughout the United States and Ohio compared to reported cases for Atrium Medical Center for 2011. There were a total of 553 for Atrium Medical Center in 2011; 375 or 67.8% of our total cases make up the top five primary sites of cancer.

Atrium Medical Center Breast Statistics

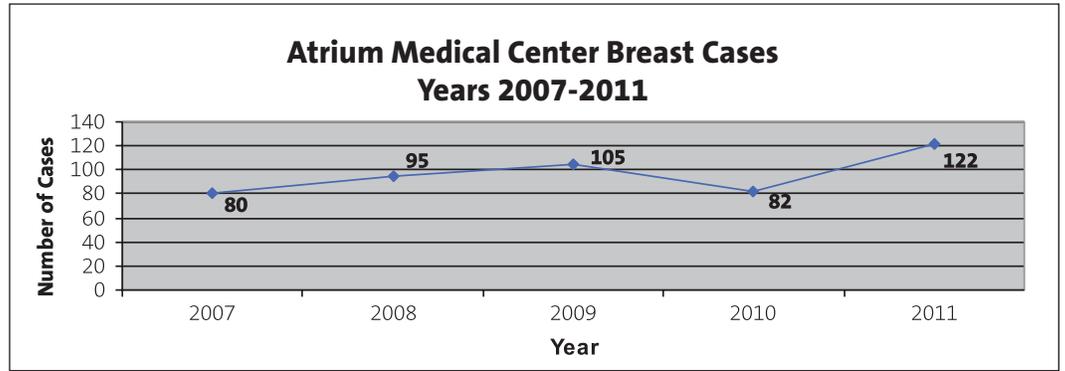


Figure 5

Figure 5 demonstrates the number of breast cases reported for the past five years, from 2007 to 2011. The numbers have stayed relatively constant with a significant increase in 2011.

Atrium Medical Center Breast Comparisons

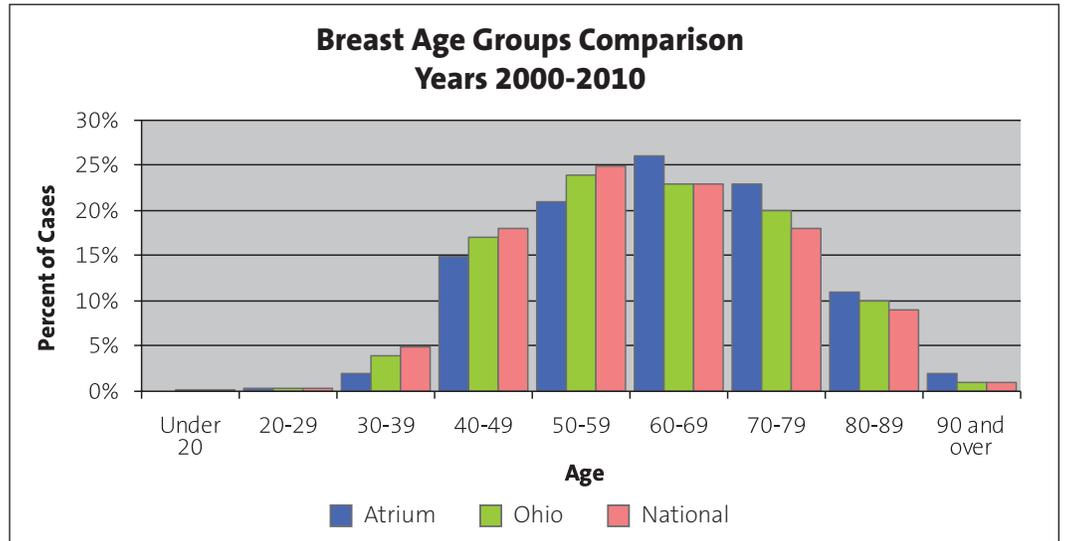


Figure 6

Figure 6 depicts the age groups at diagnosis of breast cancer as a comparison between National, Ohio and Atrium Medical Center. Atrium has a somewhat higher rate at the 60-69 and 70-79 age groups than both National and Ohio.

Atrium Medical Center Breast Comparisons

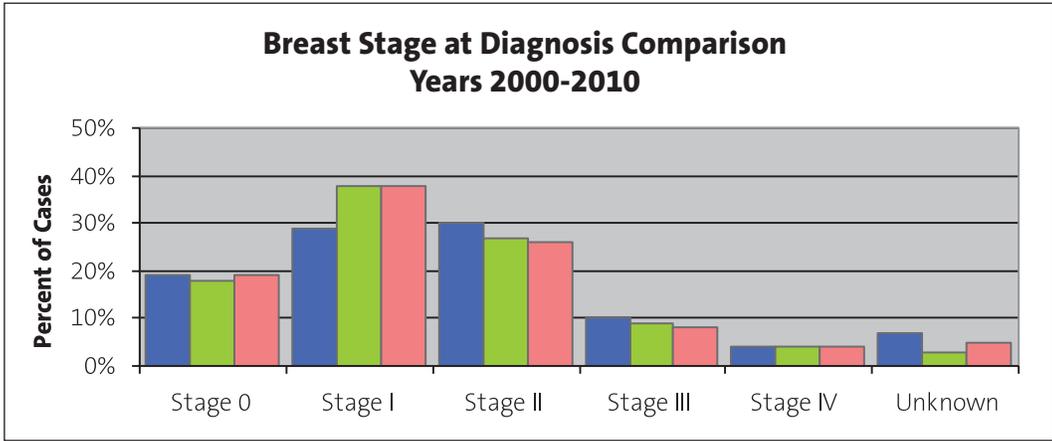


Figure 7

Figure 7 demonstrates a breakdown of breast cases by stage for years 2000-2010 in comparison to National, Ohio and Atrium Medical Center cases. Atrium compares equally in most stages with the exception of Stage I. Atrium's percent of cases for Stage I is 29% whereas both Ohio and National are 38%.

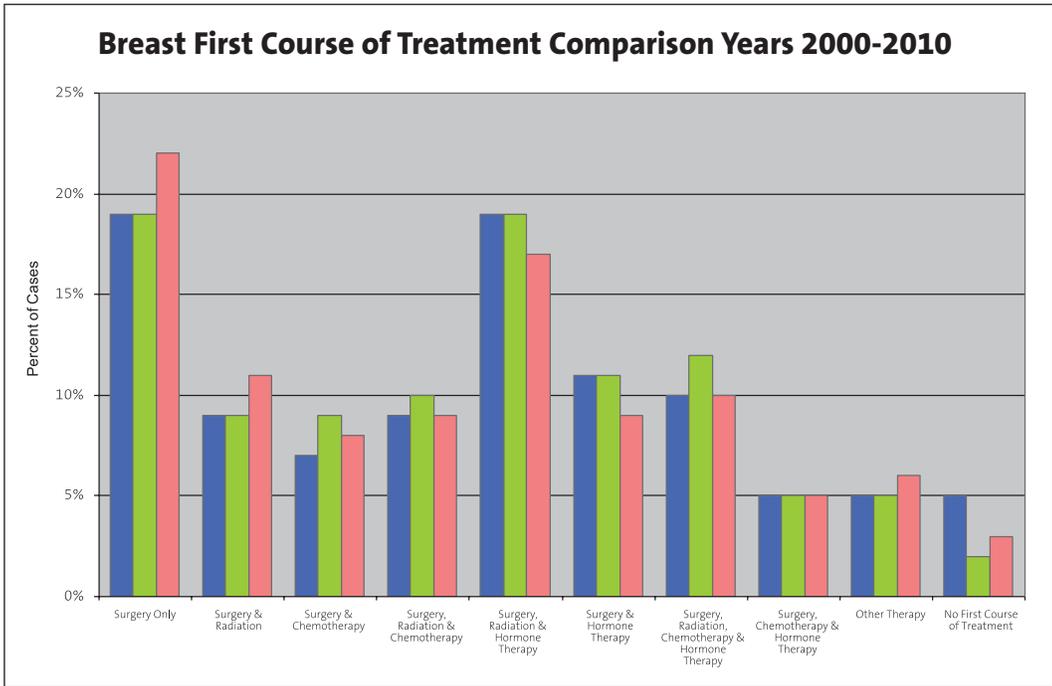


Figure 8

Figure 8 demonstrates a breakdown of first course of treatment for breast cancer cases for years 2000-2010 in comparison to National, Ohio and Atrium Medical Center cases. Atrium compares equally in most stages with the exception of the category "No First Course of Treatment."

Survival Statistics

Observed Survival For Breast 'C500', 'C501', 'C502', 'C503', 'C504', 'C505', 'C506', 'C508', 'C509'

Cases Diagnosed in 2003 – 2005 Data from 1486 Programs [National]

WARNING: This information within this graphic is not to be used for clinical decision making.

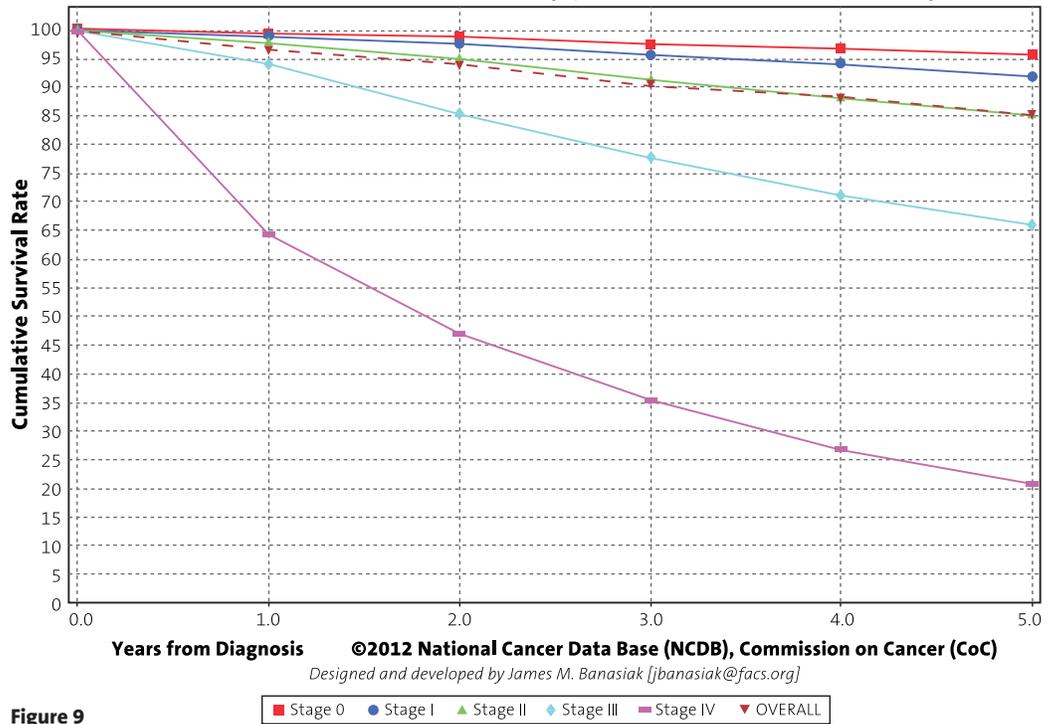


Figure 9

The graph in **Figure 9** represents the National Cancer Data Base observed survival of breast for diagnosis years 2003 to 2005.

Observed Survival For Breast 'C500', 'C501', 'C502', 'C503', 'C504', 'C505', 'C506', 'C508', 'C509'

Cases Diagnosed in 2003 – 2005 Data from 1486 Programs [National]

WARNING: This information within this graphic is not to be used for clinical decision making.

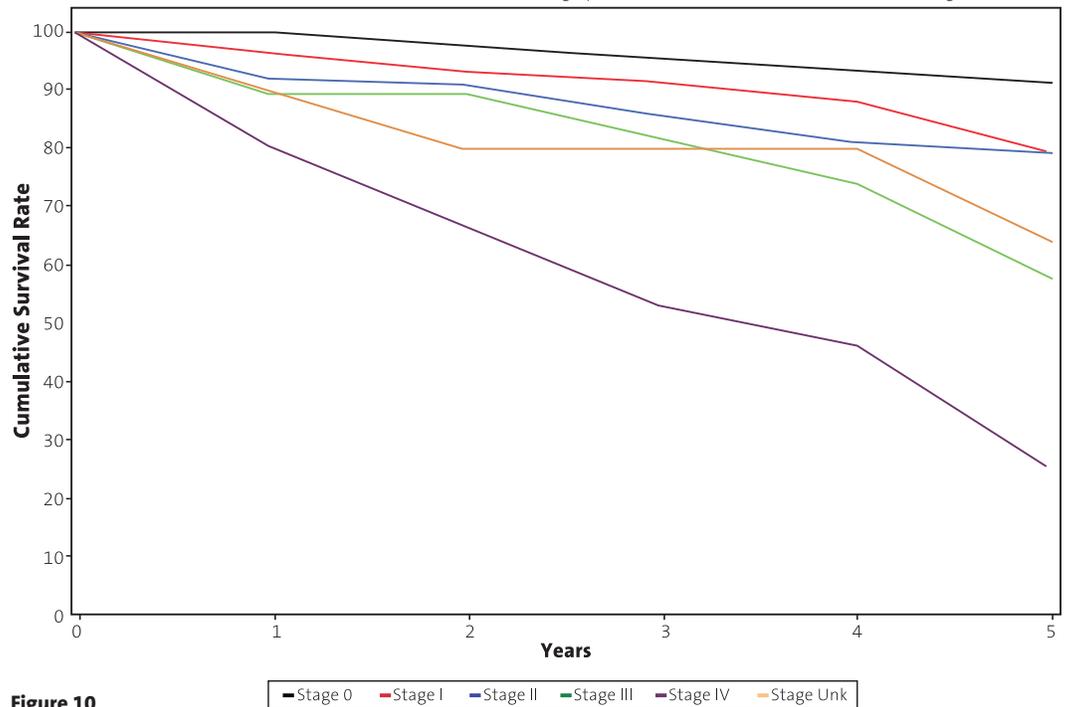


Figure 10

Figure 10 shows the five year survival rates for breast at Atrium Medical Center for diagnosis years 2003 to 2005.

Cancer Care Team

Lymphedema Services

Studies show between 10 and 50% of women treated for breast cancer develop lymphedema. Lymphedema is a condition where protein rich lymph fluid builds up in the body resulting in swelling. The swelling can cause pain, reduced movement of the affected area, infections, emotional problems, and it can negatively impact quality of life.

The swelling and associated symptoms can be lessened with early identification and diagnosis, skilled treatments by a certified lymphedema therapist and continued management via a home program.

The Lymphedema Program at Atrium Medical Center is housed within the Rehabilitation Center on the fifth floor. Therapists certified in lymphedema treatment provide assessments, develop individualized treatment plans, perform lymphedema reduction treatments and teach ongoing care and management. Our lymphedema specialists will assist with obtaining supplies and provide ongoing support to maintain positive outcomes.

By Nancy Ray, MA.Ed/CCC-SLP

Therapy Manager

Nutrition Services

Cancer diagnosis and treatment can lead to alterations in a patient's nutrition status, especially while in a hospital away from the familiarities of home.

Loss of appetite, differences in taste, and nausea are the most common changes reported. If gone unnoticed, these changes may lead to delayed recovery, increased susceptibility to infection, fatigue and weight loss, and an overall feeling of poor health.

Our registered dietitians are on staff to assist patients with managing these symptoms, minimizing treatment side effects on their nutritional status and improving their quality of life. This may include offering oral supplements or meal suggestions, plus strategies to deal with specific nutrition-related problems.

Atrium's Premier Cuisine Room Service offers increased food choice and control to the hospitalized cancer patient, offering a variety of entrées and side dishes, served both hot and cold, allowing them to customize their meals, as needed.

By Kathy Bere, RD

Nutrition Services

Palliative Care

A diagnosis of cancer brings a wide range of feelings. Patients may need help in understanding, coping with, and adhering to treatment plans. Palliative Care is focused on the holistic care and support of patients and their family members in cooperation with medical treatment for chronic or life limiting illness. Our goal is to prevent and relieve suffering. We offer co-management of symptoms from both disease and treatment, helping to maintain comfort and promote quality of life. Often we help to clarify medical information, which assists patients to align treatment decisions with their personal goals, values and beliefs.

Palliative Care consultations include symptom assessment, screening for depression, pain and spiritual distress, and identifying patient's goals for their care. We take time to reach out to family members, as well, helping them to understand the prognosis and treatment plan and encouraging them to participate and support their loved one. Palliative Care will take the time to support anticipatory grieving and aid in the transition to new goals when the time is right.

At Atrium Medical Center, our Palliative Care Team is made up of physicians and advanced practice nurses who are certified in Hospice and Palliative Care. This means that they have specialty training in providing comfort management, support and, if needed, end-of-life care. Our services are not offered only for the dying or those with DNR code status. We are available to any patient with a chronic disease or serious illness such as cancer. The American Society of Clinical Oncology and the American Cancer Society have recommended Palliative Care early in the treatment for cancer to help relieve symptom burden and improve quality of life.

By Marianna Sunderlin, MSN, ACNS-C

Innovative Care Solutions

Cancer Care Team

Inpatient Cancer Care

Atrium Medical Center nursing staff provides inpatient care specializing in medical and surgical care, chemo and radiation therapy, central venous access device management, palliative care and management of immunosuppressed patients.

We have a 48-bed medical unit and 48-bed surgical unit to take care of medical and surgical cancer patients. All of our rooms are private and are dedicated to care for our patients and their families. Nurses who administer chemotherapy have a Chemotherapy and Biotherapy Provider card from the Oncology Nursing Society. Many of our nurses are certified in Med-Surg and/or Oncology, as well.

Patients who need end-of-life symptom management and comfort may have the option of staying on the medical oncology unit as a Hospice patient.

Our inpatients have access to initial referrals to the Reach to Recovery Program, Look Good Feel Better program and the wig boutique while they are still in the inpatient program.

By Debra Padgett, RN, BSN, MS

Certified Nursing Administration, Advanced Nursing Director Behavioral Health, 4 North/4 South



Clinical Trials

Atrium Medical Center proudly offers patients access to participate in clinical trials so they may benefit from new or emerging treatments while staying close to home in their own community. Clinical trials are research studies, conducted with volunteer participants, which look for new and better ways to prevent, detect or treat cancer. Clinical trials look at many types of treatment such as new drugs, new approaches to surgery or radiation therapy or new combinations and methods of treatments. Study goals may include: cancer prevention, more effective cancer treatment, reduced recurrence and increased survival, improved symptom management and/or better quality of life.

There were 36 Atrium Medical Center patients enrolled in oncology clinical trials from January to December in 2011. The cancer-related clinical trials are supported through the Dayton Clinical Oncology Program (DCOP), which is a National Cancer Institute (NCI) funded program providing prevention, cancer control and treatment trials for most types of cancer.

To learn more about local clinical trials, call the Research and Cancer Clinical Trials office at **(513) 420-5674**. This office is located in the Compton Center on the north side of Atrium Medical Center. The office is open Monday through Friday from 8 a.m. to 5 p.m. You may also visit www.med.wright.edu/dcop to see a listing of cancer trials available. Information on all clinical trials available nationally can be found at www.clinicaltrials.gov.

By Sandy Fletcher, BSN, RN, OCN, CCRP and Caitlin Conaway, RN, MSN
Research/Clinical Trials

Cancer Care Team

The Infusion Center

The Infusion Center at Atrium Medical Center is a patient-focused center specializing in the treatment of oncology patients. The Infusion Center is located on the second floor of The Compton Center, with close, convenient on-site parking. The center features 12 infusion bays with comfortable patient recliners in private areas. Each infusion bay has an individual television and DVD player, along with room and seating for family members to sit with patients during their treatment. The Infusion Center also features five private rooms that are equipped with a hospital bed for our more acutely ill patients. Warm blankets are available so that our patients are always warm and comfortable during their treatments. Refreshments are available upon request.

The patients' and families' comfort during their treatment is just one of our priorities. The unit is staffed with registered nurses and patient care assistants who have the knowledge, skills and competency necessary to provide the highest quality care to oncology patients. Every Infusion Center nurse completes the Oncology Nursing Society chemotherapy/biotherapy course prior to treating patients, and every qualified nurse is oncology certified, demonstrating the commitment to education and excellence seen in the staff of the Infusion Center. The Infusion Center nurses act as the care manager, bringing all of the resources available to the patients while they are in the center receiving treatment. Patient satisfaction is extremely important to the dedicated professional staff.

The Infusion Center has a devoted social worker available daily to help our patients and families with their financial or social needs, helping to ease their worries so they can focus

on their healing. Dietitians are also available to work with patients and families, ensuring their nutrition needs are being met so that maximum healing can take place.

We have several resources available to patients and families, as well. Our wig boutique offers patients receiving chemotherapy a free wig, hats and scarves. Our resource library has pamphlets and brochures designed to help our patients navigate their treatment path. Computers are also available that may be used by our patients or families in case computer access is not available at their home.

Our Infusion Center is committed to providing excellent evidenced-based care while focusing on the patient and family.

By Debbie Gibson, RN, BSN, OCN
Manager, Compton Infusion and Treatment Center

Cancer Care Team

The Women's Center

The Wilbur & Mary Jean Cohen Women's Center at Atrium Medical Center provides a caring, soothing and supportive environment for women. Our physicians and staff provide comprehensive, personalized care and take pride in staying up-to-date on the latest women's health treatment and procedures. We offer an array of health services in one location, including screening and diagnostic mammography, breast ultrasound and both stereotactic and ultrasound breast biopsies.

Our Women's Center team is devoted to providing you with comprehensive, personalized care. Centralized scheduling, a convenient location and on-site parking make it easy to arrange an appointment that fits your busy lifestyle. Because waiting for results is often the most challenging aspect of any medical test, diagnostic mammograms and ultrasounds are reviewed and discussed with you before you leave the Women's Center. Reports may even arrive at your physician's office before you make it home.

We typically evaluate screening mammograms within two to four days and send normal results to your physician as soon as the images are reviewed. If the results are abnormal, we'll call your physician immediately and contact you directly by letter.

H. Hugh Hawkins, MD, MHSA, FACR, Medical Director of Breast Imaging Services, Radiologist



Nationally known radiologist Hugh Hawkins, MD, has been with the Women's Center since 2004. Understanding the need for quick answers, he personally meets with

women following diagnostic exams to discuss their results.

Dr. Hawkins earned his medical degree from the Loyola University Strathcona School of Medicine and a Master of Health Services Administration from Xavier University in 2003. He completed his residency in radiology at the University of Cincinnati. Dr. Hawkins is board certified and has more than 30 years of imaging, educational and research experience.

By Rhonda Seidenschmidt, BS, RT (R)(M)
Director, Medical Imaging

Cancer Care Team

Pathological Evaluation of Breast Cancer

Breast cancer is the most common type of cancer in women and is second only to lung cancer as the most common cause of cancer related death. Earlier diagnosis and better treatments have improved the chances of survival among women diagnosed with breast cancer. Some women have palpable breast masses that they or their physician have found, but more commonly a breast abnormality is identified by routine screening mammography. In either case, the findings require further evaluation which usually involves taking core biopsies of the abnormality. When core biopsies are obtained, the tissue is examined under a microscope by a pathologist for diagnosis.

Many core biopsies demonstrate benign findings; however, when the diagnosis is breast cancer, further evaluation and treatment is required. Broadly, breast cancer can be divided into carcinoma in situ and invasive carcinoma. Carcinoma in situ is confined to the ducts (ductal carcinoma in situ) or lobules (lobular carcinoma in situ) and does not invade into the surrounding breast tissue. It does not have the ability to metastasize. Invasive (or infiltrating) carcinoma has already spread beyond the ducts (invasive ductal carcinoma) or lobules (invasive lobular carcinoma) into the surrounding breast tissue. It has the ability to metastasize to lymph nodes or other parts of the body. The most common invasive carcinoma of the breast is invasive ductal carcinoma which account for approximately 80% of invasive breast cancers and the second most common invasive tumor is invasive lobular carcinoma which accounts for approximately 10-15% of invasive breast cancers. There are many other variants of breast cancer, but those are the most common.

Based on the microscopic appearance of the tumor, invasive carcinomas are given a grade from grade 1 to 3. Grade 1 tumors most closely resemble normal breast cells, and grade 3 tumors look very abnormal compared to normal breast cells. If a malignant tumor is present, additional studies are performed on the tumor. Hormone receptor tests for estrogen and progesterone receptors are

performed by immunohistochemical analysis on carcinoma in situ and invasive carcinomas. If the tumor is positive, it suggests that the tumor is more likely to be responsive to hormone therapy. If the tumor is negative, then hormone therapy is not likely to be helpful. In addition, invasive carcinomas are also evaluated for the HER2 gene. This test is done by fluorescence in situ hybridization and if the tumor demonstrates over-expression of the HER2 gene, then Herceptin may be beneficial for therapy.

When core biopsies contain carcinoma in situ or invasive carcinoma, surgery is usually required to remove the tumor. The surgeon will excise the tumor and adjacent breast tissue and the tissue is examined by a pathologist. The pathologist measures the size of the tumor, examines the tissue for any other lesions and determines how close the tumor is to the margins. If tumor is present at the margin, there is the possibility that residual tumor is present in the remaining breast tissue and additional surgery may be required to obtain clear margins. In cases of invasive carcinoma, the surgeon will usually remove at least one sentinel lymph node. The lymph node is evaluated by frozen section during surgery to identify if any metastatic tumor is present. If metastatic tumor is identified, the surgeon usually performs an axillary lymph node dissection. All of the lymph nodes obtained will be examined under the microscope to determine how many additional lymph nodes are involved by metastatic tumor. The information regarding the size of the tumor and whether or not there is lymph node involvement is used to provide the oncologist with staging information and help determine what treatment is necessary. All of the information regarding the type of tumor, grade, size, margin status, lymph node involvement, hormone receptor and HER2 gene status, and other features are summarized in a synoptic report to aid the surgeon, oncologist, radiation oncologist and other members of the medical team in appropriate treatment.

By Alan Prok, MD
Pathology

Cancer Care Team

Care Path of the Breast Cancer Patient

When a woman is diagnosed with breast cancer, her care requires the investment of a team of medical specialists. This begins with the primary care physician or gynecologist, who discovers or confirms the presence of an abnormality in her breast on physical examination. She is then referred to diagnostic radiology, where she is seen and examined with the most up-to-date technology. This may include mammography, ultrasonography and MRI. The radiology staff strives to decrease the time spent worrying about results of tests by expediting information transfer to the patient and to her physicians.

Breast biopsy may be done at the Women's Center or may be done surgically at the Southwest Ohio Ambulatory Surgery Center or Atrium Medical Center. Pathological review of the specimen reveals important prognostic and therapeutic information. This includes histology, the size and grade of the tumor, hormone receptor status, HER-2/neu status, presence or absence of lymphovascular invasion and proliferation rate.

The breast cancer patient then discusses her options for definitive surgery with her surgeon and medical oncologist. Genetic counseling may be employed to help her make her decision. Options include breast conserving surgery, which usually includes radiation therapy or mastectomy. Radiation therapy consultation often occurs at this time. Nodal status is determined through the sentinel node biopsy or axillary node dissection. The sentinel node procedure has reduced the incidence of lymphedema, which occurs more frequently with formal nodal dissection.

Definitive surgery can often be done as an outpatient or with a brief stay at the Atrium Medical Center.

After she heals from her definitive surgery, the patient and the medical oncologist finalize the treatment plan to prevent systemic recurrence of her breast cancer. This plan is based on multiple factors, including her overall health and comorbidities, the stage of the cancer, the number of lymph nodes involved with tumor, and the pathological information noted above. Treatment might range from no additional treatment to the full arsenal of chemotherapy, radiation therapy, hormonal manipulation and monoclonal antibody treatment. Oncotype DX testing may be helpful guide in deciding whether chemotherapy would be in the patient's best interest. Experimental trials may be offered at this juncture. Chemotherapy, given to prevent systemic recurrence, is usually completed before radiation therapy to the intact breast is undertaken and to prevent local recurrence.

The full engagement of the treatment team is insured by the prospective presentation of the patient at our multidisciplinary Breast Cancer Conference, held monthly in the Compton Center Radiation Therapy Conference Room. The caring, experienced team of medical specialists closely follow our breast cancer patients, providing a medical home for them at Atrium Medical Center.

By Mary Ellen Broadstone-Gaeke, MD
Medical Oncologist



Cancer Care Team

Breast Cancer

Breast cancer treatment includes local and regional approaches (surgery and radiation therapy) in addition to medical therapies designed to treat systemic disease. It is recognized that breast cancer is a heterogeneous disease and current treatment strategies take into account properties of the individual patient's tumor, as well as the size and location of tumor, to guide treatment.

Once breast cancer is discovered—because of a palpable lump, nipple discharge or screening—it is best treated by a multidisciplinary team, including surgeons and a medical oncologist. Ongoing involvement of the primary physician is helpful for maintaining emotional support and to monitor the overall health of the patient. Treatment of early-stage breast cancer generally includes local therapy to treat the breast and regional lymph nodes as well as systemic therapy aimed at eradicating any occult disseminated cancer cells that have the potential to develop into overt metastatic disease over time.

Planning Surgical Treatments

It is critical to establish the diagnosis of breast cancer firmly prior to initiating definitive surgical treatment. Biopsy of a palpable or image-detected lesion with core needle biopsy is the approach of choice for diagnosis. Open surgical biopsy is reserved for lesions not amenable to core biopsy or when core biopsy has proved nondiagnostic. FNA biopsy can be useful for diagnosing breast lesions, although its high false-negative rate means that a negative result requires additional workup. FNA biopsy is also unable to distinguish invasive from in situ lesions reliably. Examination of biopsy material should provide information about tumor histologic type and grade, ER and PR status, HER-2 status, and presence of lymphovascular invasion.

A history and physical examination, in addition to appropriate imaging studies, are important to establish the extent of disease and assign a clinical stage. The

most common sites of distant metastases from breast cancer are the liver, lungs and bones. The National Comprehensive Cancer Network provides guidelines for the use of laboratory and radiologic testing in patients at initial diagnosis based on clinical stage. Computed tomography (CT) scans, bone scans and other imaging studies are generally reserved for patients with abnormalities on blood chemistry tests or chest radiographs and for patients with locally advanced or inflammatory breast cancer. Thorough imaging of the ipsilateral and contralateral breast is performed to look for additional areas of concern other than the index lesion. Breast MRI may be used in select cases to define the extent of tumor and look for additional breast lesions.

In the absence of metastatic disease, the first intervention for patients with early-stage breast cancer is surgery to excise the tumor and surgically stage the regional lymph nodes, when appropriate. Assessment of the primary tumor size and regional lymph nodes defines the pathologic stage and provides an estimate of the prognosis to inform systemic therapy decisions. Patients with locally advanced and inflammatory breast cancers should receive systemic therapy before surgery.

Local Treatment

Local therapy for breast cancer generally consists of surgery with or without radiation therapy. The primary tumor in the breast can be removed with a mastectomy or with breast-conserving surgery, also known as lumpectomy or partial mastectomy. An axillary dissection allows for pathologic evaluation of the axillary lymph nodes for regional spread of disease. This procedure is often replaced by the more limited sentinel lymph node procedures, which limit the extent of surgery required in the axilla by using a blue dye and a radioactive tracer to identify the lymph nodes that are first to drain the affected area and, therefore, believed most likely to contain metastases if present. The term modified radical mastectomy refers to a mastectomy with axillary lymph node dissection.

By David Kabithe, MD
Surgeon

Cancer Care Team

Radiation Oncology

When a patient receives information that they have a cancer diagnosis, it is devastating. They remember little to no information because their life has been shattered. Our compassionate staff in the Radiation Oncology department helps each patient get through this unfortunate experience by making every appointment to our department a positive experience.

It begins with our front desk receptionist. She quickly registers patients and answers questions about their initial consultation. Each patient is given a paper explaining the process and what to expect during their appointments. Our certified cancer nurse meets and assesses each patient. The radiation oncologist greets them and performs a comprehensive evaluation and informs them of their treatment options. If the patient agrees to radiation treatments, they are scanned and educated on their procedures by a radiation therapist. The patient returns for daily treatments which can be a hardship on their daily routine. The radiation therapists schedule patient appointments conveniently so they can make other doctor appointments without missing their radiation treatments. The devoted department staff are certified and registered in their area of expertise. Warm blankets are available for additional warmth and to keep the patient comfortable while receiving treatment. Our social worker and dietitian are available to assist patient's needs so they can focus on healing, feeling good and regaining strength to get through their treatment. Everything we do is about the patient experience.

The Cancer Resource Center is located in the Radiation Oncology waiting area. Educational booklets on specific cancers and supportive services are available to our patients and families. A computer is available for Internet information if a patient or family member does not have access at home.

The American Cancer Society "Look Good Feel Better" program takes place monthly in our conference room which is offered to patients currently under cancer treatment. "Healthy Steps" is a weekly program designed to aid in the physical and emotional recovery of cancer patients and survivors. The program benefits patients with lymphedema, fibromyalgia, Parkinson's, arthritis as well as senior citizens.

Mary E. Noll, BS, RT, (R) (T)
Radiation Oncology Manager

Cancer Care at Atrium Medical Center

Being diagnosed with cancer can be extremely overwhelming and confusing. At Atrium Medical Center, we understand this and our goal is to provide care and services for you and your family that make treatment as positive as possible while causing the least amount of disorder to your daily life.

Atrium's Cancer Program includes advanced imaging, chemotherapy, radiation therapy, surgery and clinical research breakthroughs—all close to home.

Our comprehensive scope of services are clinically and technologically advanced with the most current capabilities for cancer care in the Greater Cincinnati and Dayton region.

Most cancer care services are conveniently located in The Compton Center at Atrium. Full-field digital mammography is available in our Women's Center. Atrium Medical Center is in Middletown, easily accessible off I-75 at State Route 122 Exit.

From Dayton:

I-75 to State Route 122 (Exit 32). Turn left (east) on State Route 122.

Left on Union Road. Right at first light.

From Cincinnati:

I-75 to State Route 122 (Exit 32). Turn right (east) on State Route 122.

Left on Union Road. Right at first light.

Contact Information

Atrium Medical Center

One Medical Center
Middletown, OH 45005

Main number **(513) 424-2111**

Toll Free **(800) 338-4057**

Patient Information **(513) 705-4530**

Physician Referral **(866) 608-FIND (3463)**

The Compton Center

501 Atrium Drive
Middletown, OH 45005

Radiation Oncology **(513) 424-2021**

Infusion Center **(513) 420-5669**

Research and Cancer Clinical Trials Office **(513) 420-5674**

The Wilbur and Mary Jean Cohen's Women Center

200 Medical Center Drive
Middletown, OH 45005

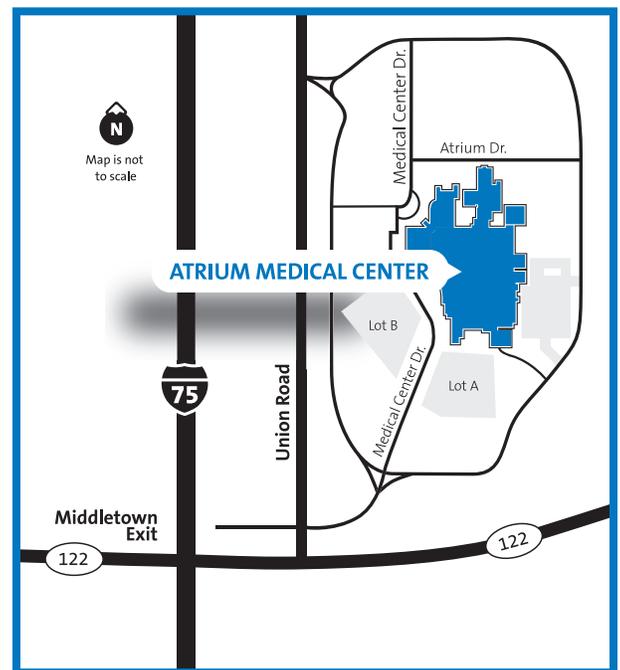
For general information, call **(513) 420-5237**.

To schedule an appointment, call **(513) 420-5222**.

Cancer Registry

(513) 420-5755 ext. 5203

(513) 420-5755 ext. 6186





Atrium Medical Center
Premier Health Partners

One Medical Center
Middletown, OH 45005