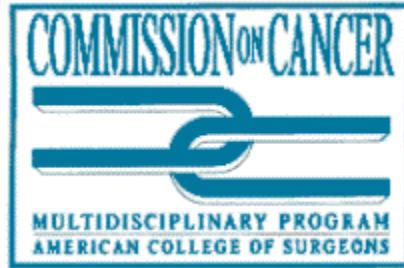


Pulaski Community Hospital

2004

Annual Report



Published by the Cancer Committee
2003 Statistics





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Mission/Vision

Above all else, we are dedicated to the care and improvement of health and human life. We will be the hospital chosen by the employees, physicians and our community.

Our Core Values

-  We recognize and affirm the unique and intrinsic worth of each individual
-  We treat all those we serve with compassion and kindness
-  We act with absolute honesty, integrity and fairness in the way we conduct our business
-  We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity

Our Promise

-  We help each other
-  We communicate. We listen
-  We earn trust by accepting and honoring agreements, keeping promises and discussing change
-  We learn about the hospital's goals and strategies and actively support them
-  We own problems. We continuously identify improvement opportunities and take an active role in their solutions
-  We are continuously learning

Our Service Statement

In all we do, our commitment is to be accurate, be timely and be kind

Chairman Statement

Over the last several years, we have seen tremendous changes in both incidence of cancer as well as strides in the control and care of cancer as a disease. Pulaski Community Hospital and the New River Valley Cancer Care Center have been able to adjust to the medical needs of our community and surrounding service area. We continue to build our Cancer Program, which has allowed the community and surrounding areas to receive State of the Art diagnostic testing as well as treatment. We continue to look at ways to make our patients as comfortable as possible with all treatment options. Our commitment for a Comprehensive Cancer Program remains a high priority with us. A consultant from the American College of Surgeons reviewed our Cancer Program, and we are planning on submitting our request for application for accreditation of our cancer program for the first part of 2004.

Pulaski Community Hospital's Cancer Committee provides leadership and direction in accomplishing goals set by the Cancer Committee at the beginning of each year. Our goals for 2003 are as follows;

- Obtain accreditation by the American College of Surgeons.
- Placement of AJCC Staging forms on charts

Our Cancer Program was reviewed in November of 2003, to ensure we were meeting all criteria set forth by the American College of Surgeons. Upon review of the program, the Consultant agreed our program was now ready for the approvals process.

We have made great strides over the last year to ensure our AJCC staging forms are being placed on the charts in a timely fashion and are still implementing ways to ensure the treating physician has access to the staging form.

It has been an honor and a privilege to serve as Chairman of the Cancer Committee at Pulaski Community Hospital. As we move into the future, we are even more determined that with the advances in technology and research, the diagnosis and treatment of cancer will be met with great success.

Sincerely
W. Abe Andes, M.D, F.A.C.P.
Cancer Committee Chairman

Summary of the Cancer Program

According to the American Cancer Society, millions of individuals are living with cancer. It remains a diagnosis that can devastate a person or an entire family. It is not a disease that we take lightly. Millions of dollars are spent each year in hopes of one day being able to cure people diagnosed with cancer. The medical and support staff at Pulaski Community Hospital knows the importance of providing Pulaski county and surrounding counties with State of the Art cancer care close to home. Understanding the needs of people that are living with cancer inspires the medical and support staff to continue to develop our cancer services and programs from year to year.

Our cancer services are evolving into a cancer program that our friends, families, colleagues and community can trust. The American College of Surgeons Commission on Cancer accredits our cancer program. Only about 1300 American hospitals are distinguished with this accreditation.

Commitment and dedication from the Pulaski Community Hospital/New River Valley Cancer Care Center staff and support from our community are the driving forces behind our accomplishments in diagnosing and treating cancer, upgrading our services, and monitoring our cancer program.

Each month, physicians and the health care team, meets to express their professional opinions on the selected cases of patients and current treatment options. Participants may include the patient's surgeon, radiologist, pathologist, medical oncologist, radiation oncologist, nursing staff, dietary and social worker to ensure the patient's needs are being met in every way and the best treatment options are being considered for the patient.

Upgrading the services of the cancer program is important in ensuring that we can give the best care within our service area. Last year, we were awarded a Certificate of Public Need (COPN) and we began expanding our Radiation Oncology unit to include another linear accelerator that will enable us to do IMRT, which stands for Intensity Modulated Radiation Therapy. Completion of the project will be early summer of 2005.

Annual Goals for 2003

- Obtain Accreditation by the American College of Surgeons
- Perform Sentinel node and Sterotactic Biopsy
- Review and Clean-up of Cancer Registry Data

Education Plan for 2003

- Provide Health Fairs and cancer related programs to the community
- Incorporate colon cancer awareness in all screening programs
- Provide physicians with information on changes in the TNM staging

Quality Management Priorities for 2003

- Become compliant with the College of American Pathology (CAP) guidelines
- Provide an updated policy and procedure manual reflecting up coming changes with FORDS and AJCC Staging
- Monitor AJCC staging for physicians compliance of completion of the staging forms
- Review data within the registry data base for accuracy and make necessary revisions on the top five sites.
- Review Coordinators role and develop policy and procedures to reflect their roles.

Cancer Committee

We were very pleased with our consultant visit from the American College of Surgeons and are prepared to go ahead with our survey in early 2004. The program has grown in the last several years, and the work done by the Cancer Committee, Physician Liaison and the Cancer Registry is reflected in the review of our Cancer Program by the American College of Surgeons.

In an effort to meet those standards set forth by the American College of Surgeons on AJCC staging, the Cancer Committee has put increased effort in ensuring all our charts are staged by the managing physician and that we place the AJCC staging forms on the chart in an appropriate time period. We have also looked at ways to make an AJCC staging flow sheet available to all Physicians that render care to a particular patient.

The main objective of the Cancer Program as a whole is to decrease the morbidity and mortality of patients with cancer in the New River Valley. This objective is achieved by striving to improve cancer control efforts through prevention, early diagnosis, pretreatment evaluation, staging, treatment, rehabilitation and surveillance for recurrent and multiple cancers, as well as enhancing the care of the terminally ill patient.

The Cancer Committee is a standing committee of multi disciplinary composition that is concerned with the entire spectrum of care for patients with cancer. The Cancer Committee acts as the governing body for the Cancer Program, oversees the policies and procedures for the Cancer Registry, conducts Patient Care Evaluations annually, and provides educational, supportive and consultative services hospital wide.

The goals set by the Cancer Committee in 2003⁴ are as follows:

- American College of Surgeons Accreditation
- AJCC Staging

During 2003, we will continue to strive to ensure proper programs are in place for early detection of cancer, to continuously improve all aspects of our Cancer Program and to deliver State of the Art health care for all patients with a diagnosis of cancer.

Cancer Committee Members

W. Abe Andes, MD, Medical Oncologist, Chairman
Karanita M. Ojomo, MD, Radiation Oncologist, Physician Liaison
Donald Schnell, MD, Pathologist
Stuart Goldstien, DO, General Surgeon
James Wienke, MD General Surgeon
Leena Grover, MD, Radiologist
Robyn Widelo, RN, ONC
Georgia Wallace, RN, ONC
Linda Gill, RN, ONC
Kathy Millirons, RN, Hospice
Sandy Flowers, American Cancer Society
Stephanie Wolfe, RD
Chanda Tracy, RD
Barbara Berry, In Patient Coder, Health Information
Bob Suddarth, Quality Management
Marsha Myers, RTT, Director of Radiation Oncology
Darlene Edwards, BSW, Social Worker
Cindy Smith, CTR, Cancer Registrar

Physician Liaison

In 2003, Dr. Karanita Ojomo, was reappointed to the position of Cancer Liaison. Dr. Ojomo is a Radiation Oncologist. Dr Ojomo graduated Eastern Virginia Medical School and was also an American Cancer Society Fellow at the University of Rochester. Dr Ojomo brings with her to this position the expertise and understanding of our goals as a Cancer Program.

Dr. Ojomo is responsible for maintaining and supporting the Cancer Program with the criteria and standards set fourth by the American College of Surgeons. Dr. Ojomo speaks at many events throughout the year such as Relay for Life, Women's Night Out, support groups as well as oversees the hospital efforts in keeping our community educated in various cancers. Dr. Ojomo gives guidance to the Cancer Registry and is a key player in guidance over an approved program.

Dr. Ojomo works with the registry to gather statistics for evaluations and/or studies that are done throughout the year. Dr Ojomo participates, as a multi disciplinary team member at our monthly Cancer Conferences as well is an active member of the Cancer Committee. Dr Ojomo, as part as her role as physician liaison is also our Community Outreach Coordinator. Her duties are to ensure we educate our community on various cancers through screenings and lectures. All her efforts are brought before the Cancer Committee for suggestions and reports on outcomes of the screenings and/or lectures

Community Outreach

As part of our commitment to make the public aware of the benefits of early detection, in 2003 we offered the community three screening clinics. At our Health Fairs, our physicians and staff donate their time and effort in educating and screening for various types of cancers. We extend a big thank you for all that made the events listed below possible. The screenings we offered in 2003 are as follows:

- **Skin Cancer Screening:** 78 people within the New River Valley area attended. The American Cancer Society provided a skin analyzer to enable people to see the amount of sun damage done to their facial area over the years. Physicians examined individuals with suspicious areas and made recommendations accordingly.
- **Prostate Cancer Screening:** 53 men from the New River Valley area attended the screening clinic and we offered rectal exams to see if the prostate was enlarged as well as offering the men free PSA's. Blood pressure checks and glucose sticks were done and recommendations were done accordingly. We also instructed individuals on colorectal screenings and provided each participant with a free Hemoccult kit along with instructions and a self-addressed envelope for free results.
- **Women's Health Fair:** 68 women attended the Women's Health Fair. Colorectal screenings, pelvic exams with pap smears, breast exams, blood pressure checks and glucose checks were provided free of charge. Educational material was provided and further education was done on women's health issues.

New River Valley Cancer Care Center
Radiation Oncology

The New River Valley Cancer Care Center of Pulaski Community Hospital remains the primary radiation treatment center in Southwest Virginia. The radiation oncology program serves residents in Pulaski County as well as Wythe, Giles, Montgomery and Carroll Counties. Through the efforts of Dr. David Randolph and Dr. Karanita Ojomo, patients have access to state of the art radiation equipment for their treatment of cancer. State of the art equipment includes Siemens Mevatron MLC linear accelerator, Varian Simulator and ADAC treatment planning systems have been upgraded to provide a very high level of radiation therapy.

The Radiation Oncology team consists of Radiation Therapists, Medical Dosimetrists, Physicist, Social Worker, Dietician, Certified Oncology Nurses, Clerical staff, Director and a Certified Cancer Registrar.

We perform seed implants for men with prostate cancer. Dr. David Randolph and the area Urologist's have performed numerous prostate seed implants since 1998 at Pulaski Community Hospital.

Oncology & Hematology
Of
Southwest Virginia

Hematology/Oncology of SW Virginia is committed to the care of Oncology patients at Pulaski Community Hospital. Dr. W. Abe Andes and Dr. Robert Rotche are continuing the tradition of caring for Oncology referrals, both in the hospital and in the community and coordinating the care with Radiation Oncology services at the New River Valley Cancer Care Center where their office is located.

Chemotherapy, biological treatments, supportive agents and protective drugs are State of the art in our clinic, which is part of the New River Valley Cancer Care Center and adjoins the hospital. The clinic staff is dedicated to the care of patients and their needs. All of us involved in this endeavor have immensely enjoyed being a part of Pulaski Community Hospital as well as the surrounding communities.

Our goals in the clinic are providing the latest medical care for patients with oncologic or hematologic problems in a compassionate and comfortable community setting. Physicians, as well as the community, have made the endeavor possible and we are grateful for the continued opportunity to serve the Southwest Virginia area.

Oncology Nursing

New River Valley Cancer Care Center oncology nursing team provides patients with outstanding medical attention, as well as compassionate, psychological and emotional support for patients and families. Our oncology nursing team consists of three (3) oncology certified nurses to coordinate patients health care under the direction of the attending physician. Ongoing training assures that our patients receive the best possible care.

In November 2003, two (2) of our OCN nurses, Linda Gill and Robyn Widelo, attended training classes in Philadelphia Pennsylvania, sponsored by the Oncology Nursing Society, to become training facilitators on chemotherapy and radiation therapy. Our nurses now have the ability to teach the fundamentals of administration of chemotherapy and the nursing care of radiation therapy patients. To other areas of the hospital to better provide continuity of care. Future in services for our nursing staff hospital wide is being planned for 2004.

Our nursing team also provides educational information to patients and family members to better help them understand the disease process and how to care for themselves or a loved one, once they are released from the hospital or as they begin treatment. Our other resources include video, tapes, books, reference books and pamphlets.

Oncology

Social Services

The Oncology Social Worker, Darlene Edwards, BSW, provides a comprehensive psychosocial assessment for each patient as part of the center's holistic approach to cancer treatment. Counseling is provided for patients and families dealing with the emotional aspect of cancer as well as for advance directives and transportation needs. Referrals to local agencies are made as related to the plan of care.

Assistance through the Leukemia Society and the American Cancer Society help's provide grants for transportation reimbursements, pain and nausea medications. Patients are also assisted with Patient Assistance Applications for pharmaceutical assistance programs.

Darlene Edwards, BSW, facilitates and coordinates ongoing support groups, which include arranging for various speakers and setting meeting dates for each group meeting. New River Valley Cancer Care Center is proud to have in place the following support groups:

- Look Good Feel Better Program
- Reaching Out/All diagnosis Support Group
- Breast Cancer Support Group
- Man to Man/Prostate Support Group

Monthly informational support topic is a program developed to reach patients currently under treatment to provide educational material and support for the patients as they are receiving treatment for their cancer. Patients are provided with verbal and written educational materials along with products such as sunscreen, and other types of literature, as related to the cancer topic recognized by the American Cancer Society for that month.

Hospice

Hospice care is essential in providing a full continuum of health care. Hospice care includes nursing care, provisions for medications related to the terminal illness, treatment and supplies for palliative care, clinical social work for patients and family counseling and bereavement services.

Hospice is for the patient who has a terminal illness and is no longer receiving curative therapy. Hospice continues to grow and is a necessary component of the Cancer Program at New River Valley Cancer Care Center.

Home Health

Home Health Services provide a wide range of services for recovering, disabled, or chronically ill patients in need of skilled nursing services, rehabilitation services, or home health aide.

Typical services rendered include pain management, blood work, wound care, medication management and education regarding the illness and medications prescribed. Home Health provides services for patients with terminal illness, but are still seeking and receiving curative treatment, or for some reason are not eligible to participate in the Hospice Program.

Nutritional Therapy

New River Valley Cancer Care Center is dedicated to provide great quality of care for their cancer patients by recognizing the importance of nutrition throughout their course of treatment. Cancer patients can become nutritionally compromised and our goal is to reduce this risk.

Chanda Tracy, RD is available to address the nutritional needs of the patient and to provide counseling with dietary handouts, recipes and supplements along with support and encouragement to patients and family members during treatment. Cancer patients who remain well nourished can minimize the possibility of side effects during treatment.

Case Management

Case Management is responsible for inpatient insurance and authorization and discharge planning services. Case Management assists patients as they move to another level of care such as skilled nursing homes, Home Health and Hospice.

Case Management assists patients with ambulance transportation and medical equipment. This multi disciplinary team consists of case managers, social worker, dietitian and nursing

Laboratory Services

The Clinical Laboratory at Pulaski Community Hospital performs inpatient and out-patient testing for cancer patients including;

- Routine Chemistry
- Therapeutic Drug Monitoring
- Immunoassays
- Hematology
- Coagulation and monitor anticoagulant therapy
- Microbiology
- Blood Bank
- Surgical Pathology
- Cytology
- On site histology
- Urinalysis
- Clinical Microscopy

The Cancer Program at Pulaski Community Hospital / New River Valley Cancer Care Center is supported by clinical and anatomical services.

Ambulatory Services

Outpatient Services at Pulaski Community Hospital are available to all cancer patients. The outpatient services are as follows;

- Endoscopy
- Blood transfusion/Blood Products
- IV fluid therapy
- Laboratory
- Bone Marrow aspiration
- Thoracentesis
- Central Line Placement
- Central Line Flush
- Central line Blood drawn
- Various Biopsies

The Ambulatory Service Department is opened Monday through Friday and is closed for observed holidays. A staff member is on call staff is on duty 24 hours per day for emergencies.

Pathology

The diagnosis of cancer in patients seen at Pulaski Community Hospital and New River Valley Cancer Care Center is a team effort by family, physicians, nurse practitioners, and other health specialists. Our Pathologist, Dr. Donald Schnell, provides intra-operative frozen section diagnosis and reports on tissue biopsies and resection specimens of patients with suspected or known cancer. Standard staining and examination of fixed tissues are done on all tissues submitted as well.

In conjunction with the Radiology Department, Dr. Schnell has the ability to take very small samples of tissue via a narrow needle that is of particular value. Cytopathologists are able to provide physicians with a diagnosis on a suspicious deep lesion with just small fragments of tissue that obtained by the narrow needles. This reduces the need for invasive surgery and associated discomfort of surgery to the patient.

Radiology

The Radiology Department at Pulaski Community Hospital provides a full range of diagnostic and interventional services to cancer patients. Registered Technologist and support personnel staff the Radiology Department.

- MRI
- CT Imaging
- Mammograms
- PET Imaging
- Nuclear Medicine
- Ultra Sound

The Radiologist plays a vital role in our monthly Tumor Boards. The Radiologist's input into the cases that are being presented is very helpful to the managing physician and the care of the patient. The Radiologist is able to view the various films taken of the patient and be able to tell the managing physician if the cancer has metastasized or assist in interpreting the stage of disease.

Cancer Registry

The Cancer Registry is under the supervision of the Cancer Committee, and is maintained by Cynthia Smith, CTR. The Cancer Registry operates in accordance with the guidelines established by the American College of Surgeons and the Virginia Central Cancer Registry. The Cancer Registry maintains a complete database of all cases diagnosed and/or treated at Pulaski Community Hospital and/or New River Valley Cancer Care Center. The Registry is using Impath software and allows for quick data retrieval for research and evaluation purposes.

With a reference date of 2000, the Cancer Registry contains approximately 1,587 cases and a life long follow-up is maintained on all analytical cases. Follow-up benefits the patient and continued surveillance ensures early detection of a possible recurrence or a new primary malignancy. Follow-up is beneficial to the physician as well. The Cancer Registrar will send monthly follow-up letters to the physicians to act as a trigger to remind the physician's office that this patient is due for a check-up, if the patient has not already scheduled an appointment.

In 2003, the Cancer Registry accessioned 410 cases. The Registry data provides information needed for future community screenings or assists with various studies being performed throughout the year. The Registrar compiles patient abstracts, which include medical background, histology, AJCC staging and treatment.

The Cancer Registrar is responsible for coordinating Tumor Boards, Cancer Committee Meetings and ensuring the guidelines set forth by the American College of Surgeons and the Virginia Central Registry are being met, and that all parts of the Cancer Program run smoothly.

Continued education is vital to the Registry personnel. By attending workshops offered by the Commonwealth of Virginia, the Registrar is kept informed of any State or National standards that may have changed or been amended. The Virginia Central Registry offers the meetings twice a year. In 2003, Ms Smith attended a conference in Richmond Virginia.

Cancer Center Volunteers

The New River Valley Cancer Care Center is very fortunate to have a number of volunteers, who donate their time and effort to the Cancer Center on a daily basis.

Reece Ratcliff prepares and arranges refreshments on a daily basis for our patients to enjoy, he also ensures the treatment rooms have fresh towels and sheets.

Isley Quesenberry and Junior Black assist the nursing by assembling charts for future patients, filing of records and will assist the cancer registry with pulling charts for abstracting. They assist in mailings for Support Group functions or Health Screenings.

Students who volunteer in the afternoon from the local High School assist in various areas. They restock refreshments, run errands for nursing or the front desk as needed

Our volunteers are always friendly and courteous to the patients and are always ready to lend a hand. We are very grateful for the hard work and dedication they contribute to the Cancer Care Center.

Relay for Life

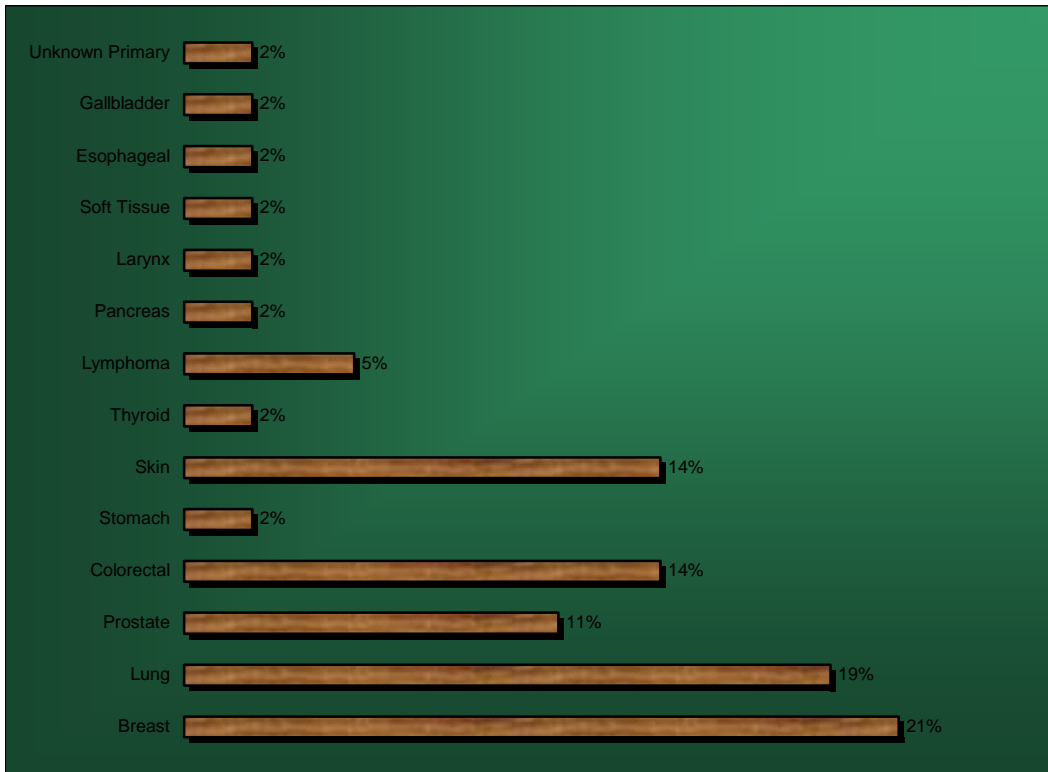
Each year the New River Valley Cancer Care Center along with the rest of Pulaski Hospital, participate in the relay for life.

In 2003, we held a square dance at the New River Community College with all proceeds going to the Relay for Life.

We also decorated pumpkins, raffled baskets, and sold bag lunches with all proceeds going to Relay for Life. Many thanks to the Cancer Center staff donated their time, efforts, and talents in putting together various events making it possible to have a successful fund raising year.

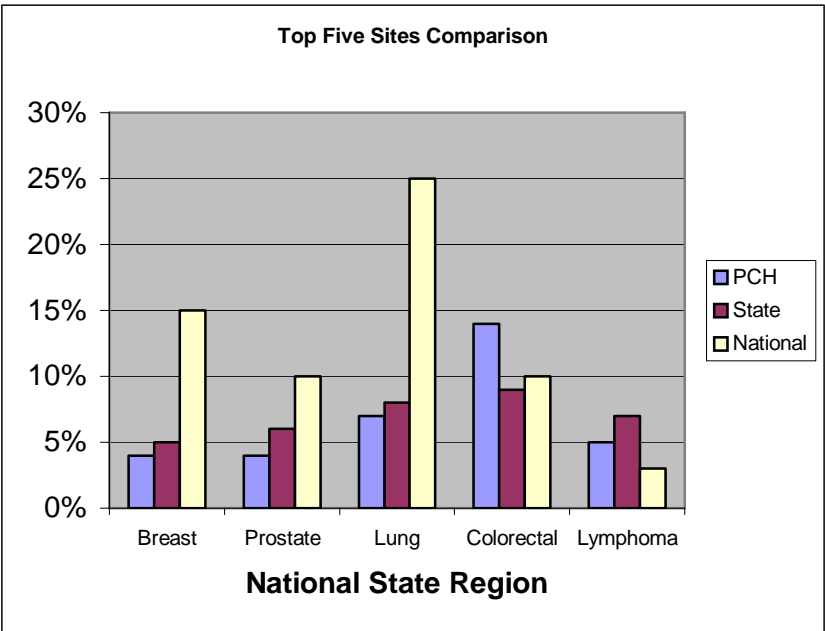
2003
Tumor Board Cases

Our Tumor Boards meet monthly to discuss various cases and treatment modalities. The surgeon presents a patient, usually with recommendations given by the Medical Oncologist, Radiation Oncologist, Diagnostic Radiologist, Pathologist and other allied Health Care individuals. Discussion is made on the best way to treat the patient and meet the patients needs based on the particular type of cancer.



Top Five Sites Pulaski Community Hospital/New River Valley Cancer Care Center

Breast	112 Cases
Prostate	112 Cases
Lung	62 Cases
Colorectal	29 Cases
Lymph Nodes	9 Cases



PRIMARY SITE TABULATION FOR 2003-CASES

PRIMARY SITE	TOTAL	CLASS		SEX		STAGE		REG	DIST	BEN	UNK
		A	N/A	M	F	INS	LOC				
ALL SITES	460	410	50	240	220	23	225	104	25	12	71
ORAL CAVITY	11	9	2	7	4	0	1	8	0	1	1
LIP	0	0	0	0	0	0	0	0	0	0	0
TONGUE	4	2	2	3	1	0	0	2	0	1	1
OROPHARYNX	1	1	0	0	1	0	0	1	0	0	0
HYPOPHARYNX	0	0	0	0	0	0	0	0	0	0	0
OTHER	6	6	0	4	2	0	1	5	0	0	0
DIGESTIVE SYSTEM	51	49	2	28	23	1	15	19	4	0	12
ESOPHAGUS	6	6	0	5	1	0	3	3	0	0	0
STOMACH	4	4	0	2	2	0	0	4	0	0	0
COLON	14	13	1	6	8	1	4	5	1	0	3
RECTUM	18	17	1	10	8	0	8	6	2	0	2
ANUS/ANAL CANAL	0	0	0	0	0	0	0	0	0	0	0
LIVER	0	0	0	0	0	0	0	0	0	0	0
PANCREAS	7	7	0	5	2	0	0	1	0	0	6
OTHER	2	2	0	0	2	0	0	0	1	0	1
RESPIRATORY SYSTEM	80	68	12	46	34	0	16	37	15	3	9
NASAL/SINUS	1	1	0	1	0	0	0	1	0	0	0
LARYNX	6	6	0	5	1	0	5	1	0	0	0
LUNG/BRONCHUS	73	61	12	40	33	0	11	35	15	3	9
OTHER	0	0	0	0	0	0	0	0	0	0	0
BLOOD & BONE MARROW	4	3	1	3	1	0	0	0	1	1	2
LEUKEMIA	0	0	0	0	0	0	0	0	0	0	0
MULTIPLE MYELOMA	4	3	1	3	1	0	0	0	1	1	2
OTHER	0	0	0	0	0	0	0	0	0	0	0
BONE	1	0	1	1	0	0	0	0	0	0	1
CONNECT/SOFT TISSUE	3	3	0	3	0	0	2	0	0	0	1
SKIN	5	3	2	3	2	0	2	1	0	0	2
MELANOMA	3	2	1	1	2	0	2	0	0	0	1
OTHER	2	1	1	2	0	0	0	1	0	0	1
BREAST	132	118	14	1	131	22	61	30	3	0	16
FEMALE GENITAL	11	9	2	0	11	0	4	4	1	0	2
CERVIX UTERI	2	2	0	0	2	0	1	1	0	0	0
CORPUS UTERI	6	5	1	0	6	0	2	2	1	0	1
OVARY	2	1	1	0	2	0	1	0	0	0	1
VULVA	1	1	0	0	1	0	0	1	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0
MALE GENITAL	124	116	8	124	0	0	116	1	0	0	7
PROSTATE	122	114	8	122	0	0	114	1	0	0	7
TESTIS	2	2	0	2	0	0	2	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0
URINARY SYSTEM	12	8	4	9	3	0	6	2	0	0	4
BLADDER	8	6	2	6	2	0	5	1	0	0	2
KIDNEY/RENAL	4	2	2	3	1	0	1	1	0	0	2
OTHER	0	0	0	0	0	0	0	0	0	0	0
BRAIN & CNS	4	4	0	3	1	0	1	0	0	0	3
BRAIN (BENIGN)	0	0	0	0	0	0	0	0	0	0	0
BRAIN (MALIGNANT)	4	4	0	3	1	0	1	0	0	0	3
OTHER	0	0	0	0	0	0	0	0	0	0	0
ENDOCRINE	4	4	0	3	1	0	1	2	1	0	0
THYROID	4	4	0	3	1	0	1	2	1	0	0
OTHER	0	0	0	0	0	0	0	0	0	0	0
LYMPHATIC SYSTEM	10	8	2	4	6	0	0	0	0	4	6
HODGKIN'S DISEASE	3	2	1	1	2	0	0	0	0	0	3
NON-HODGKIN'S	7	6	1	3	4	0	0	0	0	4	3
UNKNOWN PRIMARY	7	7	0	4	3	0	0	0	0	2	5
OTHER/ILL-DEFINED	1	1	0	1	0	0	0	0	0	1	0

Number of cases excluded: 1

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

**Site Tabulation
2003**

Site	Total Cases	Male	Female
Tongue	4	3	1
Tonsil	4	2	2
Oropharynx	1	0	1
Pyriiform Sinus	1	1	0
Esophagus	6	5	1
Stomach	4	2	2
Colorectal	29	13	16
Gallbladder	2	0	2
Pancreas	7	5	2
Accessory Sinus	1	1	0
Larynx	6	5	1
Lung	62	36	26
Bone/Joints	4	4	0
Blood & Bone Marrow	1	0	1
Skin	5	3	2
Retroperitoneum & Peritoneum	1	1	0
Connective Subcutaneous	3	3	0
Breast	112	1	111
Vulva	1	0	1
Cervix Uteri	2	0	2
Corpus Uteri	5	0	5
Ovary	2	0	2
Prostate	112	112	0
Testis	2	2	0
Kidney	5	4	1
Bladder	8	6	2
Brain	2	1	1
Thyroid	4	3	1
Lymph Nodes	9	4	5
Unknown Primary	6	3	3

Breast Cancer

Karanita Ojomo, MD

According to the National Cancer Institute, more than 180,000 women are told each year they have breast cancer. The American Cancer Society states in 2005, an estimated 211,240 new cases of invasive cancer will be diagnosed as well as an additional 58,490-estimated cases of In Situ cancer will be diagnosed.

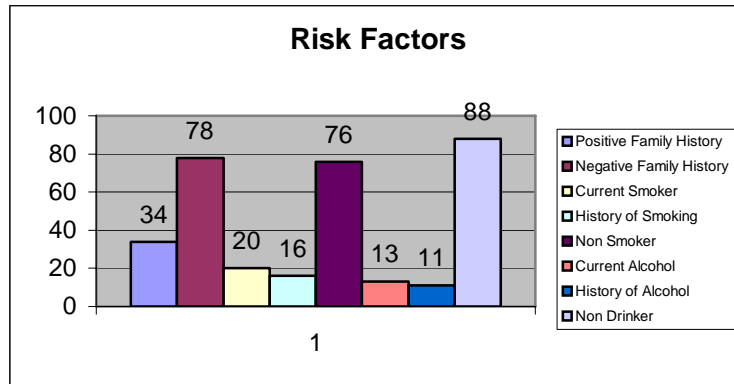
Being told you have cancer is very overwhelming for most women. After hearing the news you have breast cancer, a merry go round of events happen. The decision on what type of surgery to have is the first thing women must face. A lumpectomy inevitably leads to a course of radiation therapy and depending on the out come of nodes, histology, grade and receptors, chemotherapy may be in order as well.

The method of diagnosis is mammograms and self-breast exams. A mammogram is an x-ray of the breast. Diagnostic mammograms are used when a woman presents with symptoms. A screening mammogram is performed when a woman is asymptomatic it is recommended by the American Cancer Society that woman start self breast exams at the age of 20. This should become a part of the woman's yearly health exam.

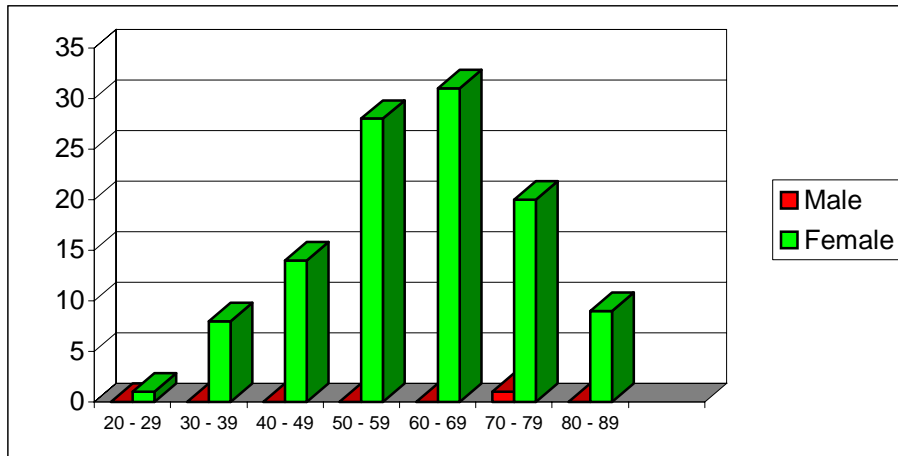
Mammograms should begin at the age of 40, if there is no strong family history of cancer. If you have a strong family history of cancer, then mammograms need to be performed at an earlier age. The individual and the individual's physician will decide this.

A number of women are at risk due to genetics. Genetics is a risk factor that can't be changed, but advances in medicine are giving more women various options for prevention of breast cancer in their future. According to the American Cancer Society Facts & Figures, if you have 2 or first-degree relative with breast or ovarian cancer, this increases a women's risk for being diagnosed with breast cancer. The risk is higher if a mother or sister has a history of breast cancer.

As we looked at the patients we treated in 2003, the graph below shows the increase risk of some of our patients



Your risk of developing breast cancer increases as we age. The American Cancer Society states that about 18% of breast cancer diagnoses are among women in their mid 40s, while about 77% of women with breast cancer are older than 50. The graph below shows the age range of the patients we treated and/or diagnosed at Pulaski Community Hospital/New River Valley Cancer Care Center.

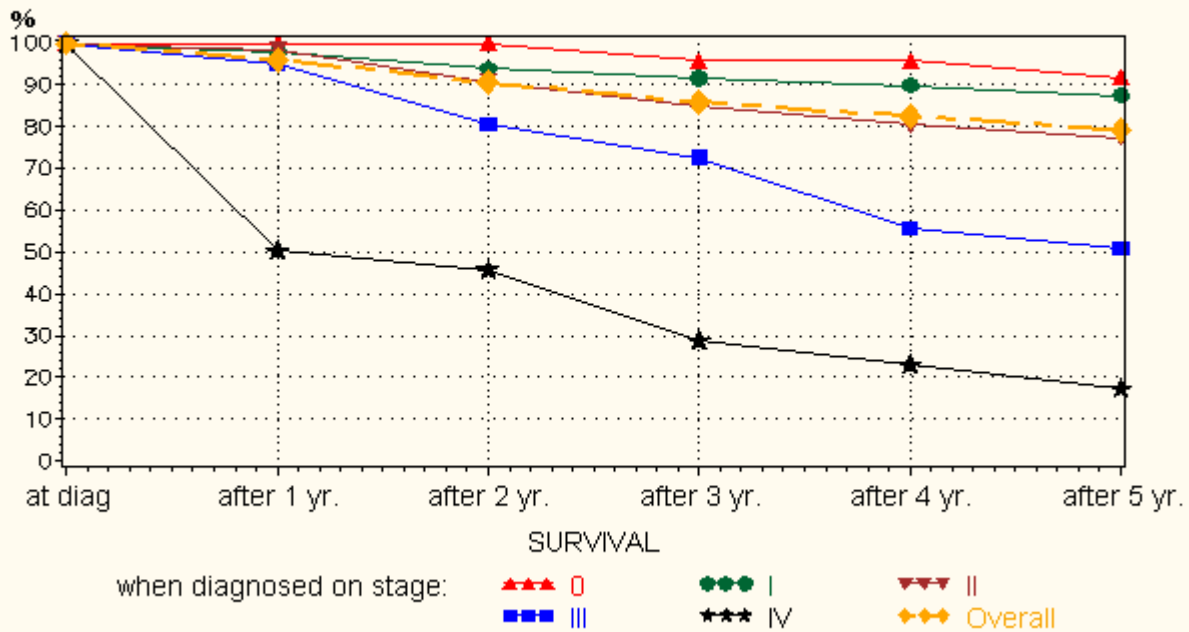


Race is also a factor. According to the American Cancer Society Facts & Figures on breast cancer, white female have a higher incidence after the age of 35 were as African American Women have a slightly higher incidence rate before age 35. The American Cancer Society Facts and Figures also show that incidence and death rates are lower among other racial and ethnic groups than among white and African American females.

At Pulaski Community Hospital in 2003, we diagnosed and/or treated 112 cases, one of which was a male. Surgical options for women with breast cancer are lumpectomy or mastectomies. More than 85% of the women presented, opted for lumpectomy. This statistics show lumpectomies on the rise from previous years.

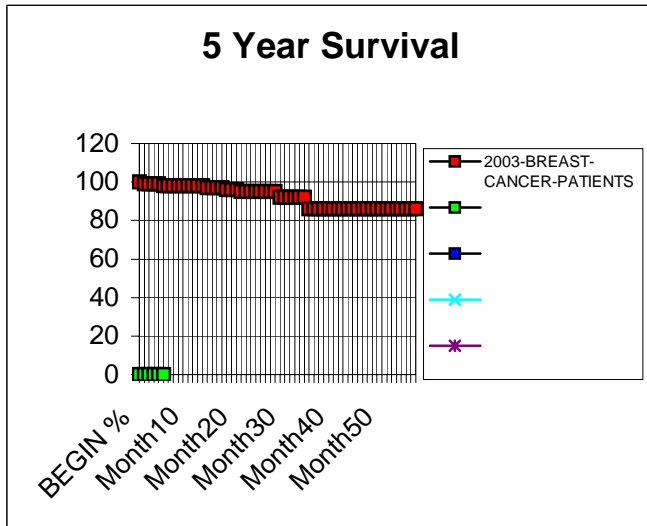
The American Cancer Society Facts and Figures states incidence rates of In Situ breast cancer have increased rapidly since 1980, and is felt to be due to increase in mammography. Most cases of DCIS are detectable only through mammography and the American Cancer Society Facts and Figures states that the increase is due to the ability of mammography being able to detect a pre cancerous lesion before it can be felt. In 2003, 20 of the 112 women presented with DCIS. That would be 17% of the women we diagnosed and/or treated had DCIS.

Five Year Surv. Rates for Breast Cancer Cases Diagnosed in 1995 and 1996
 State of Virginia / Data Reported from 9 Hospitals
 Hospitals of Type: Other



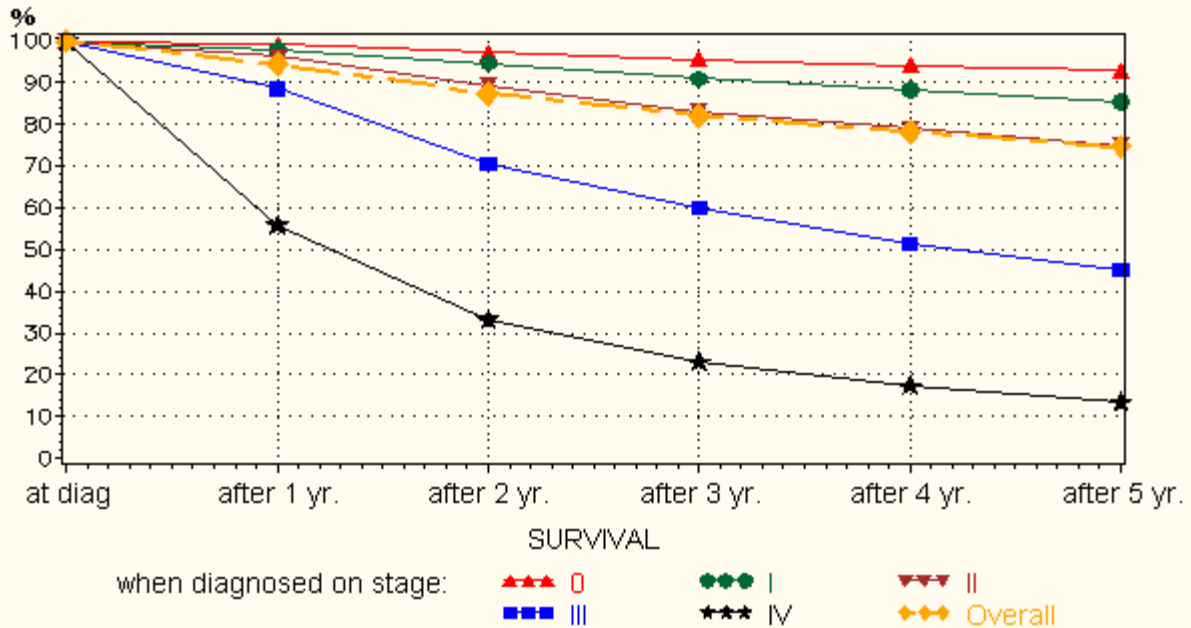
Source: NCDB, Commission on Cancer, ACoS. Survival Reports, v2.0 – October 14, 2005

Pulaski Community Hospital/New River Cancer Care Center 5 year Survival Rates below:



Below is the National Survival rate

Five Year Surv. Rates for Breast Cancer Cases Diagnosed in 1995 and 1996
 All States / Data Reported from 334 Hospitals
 Hospitals of Type: Other



Source: NCDB, Commission on Cancer, ACoS. Survival Reports, v2.0 – October 27, 2005

As we can see we are more than average with the State of Virginia and the National average.

In conclusion, we are happy with the knowledge we have obtained from the American Cancer Society Facts & Figures, the National Cancer Data Base and our registry database. We have concluded that the registry will in the future need to collect further data that is not required by the American College of Surgeons or the State of Virginia, such as history of other agents that are felt to contribute to cancer such as hormonal agents, conception age, which the Cancer Committee has agreed that all criteria for future studies needs to be defined well in advance or become a part of the registries collection. We will begin looking at our top five sites and decided during the year, what types of information will be gathered that is out of the norm for abstracting.

Glossary of Terms

Accession List:	List of cases entered into the cancer database
ACoS:	American College of Surgeons
ACS:	American Cancer Society
AJCC:	American Joint Commission on Cancer Staging system based on assessment of three components. <ul style="list-style-type: none">• T- extent of primary tumor• N- extent of regional lymph node metastasis• M- absence or presence of distant metastasis
Analytic:	Cases first diagnosed and/or receiving first course of treatment at New River Valley Cancer Care Center/Pulaski Community Hospital
Biopsy:	Excision of tissue for examination
Brachytherapy:	Small radioactive pellets placed directly into the area where the cancer is found.
Cancer:	A malignant tumor of potentially unlimited growth that expands locally by invasion and systemically by metastasis.
Cancer Committee:	Governing body of the Cancer Program
Chemotherapy:	The treatment of cancer with chemical agents.
COC:	Commission on Cancer
Computed Tomography (CT)	The recording of internal body images at a predetermined plane by means in which an emergent x-ray beam is measured by scintillation counter; the electronic impulses are recorded on a magnetic disk and then processed by a minicomputer for reconstruction and display of the body in cross section via cathode ray tube.

Curative Care: Serving or tending to cure

Follow-up: A system of tracking to assure that the patient continues to see a physician for examination at least annually and to record any evidence of recurrent or continuing disease, the treatment given, and the quality of survival.

Histology:	The microscopic examination of tissue obtained by biopsy, surgery, or autopsy.
Mammography:	A type of x-ray examination using a low level of radiation to reveal small lesions of the breast.
Multidisciplinary:	More than one discipline or specialty.
Non Analytic:	Cases diagnosed and all of first course of therapy received elsewhere. Includes cases diagnosed prior to reference date.
NOS:	Not otherwise specified.
OCN	Oncology Certified Nurse
Oncology:	Study of tumors.
Palliative:	serving or relieving without cure.
PCE:	Patient Care Evaluation.
Radiation Therapy:	Treatment using high-energy radiation from x-ray machines, radium, cesium or other sources.
Reference Date:	A date that a Cancer Registry is established and acquisition of cancer pertinent data is started.
Stage:	Classification of neoplasm according to the extent of the tumor; extent of spread of the tumor at the time of diagnosis.

References

- **AJCC Manual for Staging Cancer, Sixth Edition**
- **American Joint Commission on Cancer**
- **American Cancer Society Facts & Figures, 2004**
- **National Cancer Data Base**
- **Medical Registry Software**

Acknowledgements

A special thanks is extended to the Cancer Committee, for without their support and assistance this Annual Report would not have been possible.

A very special thanks is extended to Dr. Ojomo, for her work on the Patient Care Evaluations and to all the physicians at Pulaski Community Hospital and the New River Valley Cancer Care Center, Administration, and the Board of Directors for their continuing support of the Cancer Program.