

# MERCY REGIONAL CANCER CENTER

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*Outstanding  
Expertise,  
Technology,  
and People*



Cancer Care  
*A Community  
Report*

2007 Report



# A Note for the Community

*FROM THE CHAIRMAN OF THE CANCER COMMITTEE*

Dear Friends,

The treatment of cancer remains one of the most challenging areas of medicine. The Mercy Regional Cancer Center strives to achieve excellence by integrating the activity of multiple healthcare providers. Thanks to the dedicated efforts of all participants, our cancer program raises the bar of cancer care in Eastern Iowa.

The Cancer Committee is responsible for overseeing all aspects of cancer care at the Mercy Regional Cancer Center. It is composed of physicians and allied health personnel from a wide variety of medical specialties. The Committee meets quarterly to discuss issues relevant to the quality of care for cancer patients and their families and to ensure that all of the standards of the American College of Surgeons Commission on Cancer are met. The Cancer Committee is involved in promoting new technologies, developing new programs and fostering excellence in cancer care.

The Cancer Committee works with the administrative and professional medical staff to meet the vision, mission, strategy and value statements of Mercy Medical Center. The Regional Cancer Center is a focal point for oncology care in our community. Through the dedicated efforts and experience of our cancer services leadership the Mercy Regional Cancer Center continues to evolve into an unparalleled center for inpatient and outpatient cancer care. The expertise, commitment and compassion of the Cancer Center staff are widely recognized and appreciated by our patients and their families.

The Cancer Conference convenes each week for a multidisciplinary approach to the management of challenging patients. Recognizing the growing importance of biological factors in determining the treatment, increasing emphasis is being placed on the pathological and molecular evaluation of newly diagnosed cases. A thorough and focused discussion is promoted in order to define state of the art treatment for each individual patient presented.

Through the Institutional Review Board, Mercy Regional Cancer Center participates in numerous clinical trials approved by the National Cancer Institute and various pharmaceutical companies. New, less toxic and more effective anti-cancer drugs are being developed. The Mercy Regional Cancer Center assures that a wide variety of innovative treatments are available to our community.

On behalf of the Cancer Committee I extend thanks to our community, the Medical Staff, and Mercy Medical Center administration and staff for the continuing support of the cancer program. Special thanks go to the enduring dedication of Sheila Janda and Kathy Schau of the Cancer Registry and Kris Sargent, Nurse Educator.

Sincerely,

James Renz, MD  
Cancer Committee Chairman

# On Behalf of the 2007 Cancer Committee

The Cancer Committee is a multidisciplinary committee of the Mercy Medical Center Medical Staff that meets quarterly to provide leadership in the cancer activities at the medical center and oversee the operations of the Cancer Registry. The Cancer Committee is involved in evaluating new technologies, establishing new programs, and making recommendations on improving cancer care within the healthcare community.

## CHAIRMAN

P. James Renz, MD, FACS, Surgical Specialist

## COMMITTEE MEMBERS

Ann Collins-Hattery, RN, MS, AOCN, ARNP, Mercy Regional Cancer Center Director  
Karl Keeler, Vice President and Operations Officer  
Kevin Murray, MD, Cancer Liaison, Radiation Oncologist  
Janet Merfeld, MD, Radiation Oncologist  
Martin Wiesenfeld, MD, Medical Oncologist  
William Fusselman, MD, Medical Oncologist  
Ken Cearlock, MD, Hospice and Palliative Care Medical Director  
Stan Eilers, MD, Pathologist  
William Scheible, MD, Radiologist  
Michelle Hocking, MD, OB-GYN  
Logan Hoxie, MD, Urologist  
Scott Huebsch, MD, ENT Surgeon  
Sheila Janda, CTR, Cancer Registry  
Kathy Schau, CTR, Cancer Registry  
Colleen Nemicaks, RN, MSN, OCN, ARNP, Genetics Program  
Sue Rowbotham, RN, BSN, OCN, Oncology Nurse Manager  
Kris Sargent, RN, OCN, Nurse Educator  
Christine Harlander, RN, BSN, Palliative Care  
Leanne Burrack, RN, BSN, CHPN, Hospice Director  
Mary Kanak, RN, PhD, Quality Management  
Joan Ortega, BSW, Oncology Social Worker  
Christy Thurman, American Cancer Society

# Cancer Services

## MERCY WOMEN'S CENTER

The Mercy Women's Center provides breast care screening and diagnostic services, including mammography, education about the early detection of breast cancer, ultrasound, and stereotactic breast biopsies. Mercy Women's Center, along with other imaging centers in the Cedar Rapids community, offer digital mammography. All mammograms are reviewed with the help of the computer assisted device (CAD) which offers a second review of images. The Breast Health Specialists offer education and case management to women newly diagnosed with breast cancer.

## CANCER PATIENT REHABILITATION, SUPPORT, CASE MANAGEMENT AND CARE SERVICES

Mercy Medical Center offers a full range of rehabilitation and support services for cancer patients including physical therapy, occupational therapy, and speech therapy. A registered dietitian, dedicated to the Mercy Regional Cancer Center, assists with the nutritional assessments and education of patients.

## CLINICAL CANCER RESEARCH

Local physicians and Mercy Regional Cancer Center participate in numerous national research studies that bring the best of new medicines and other treatments to patients in the Cedar Rapids and surrounding communities.

The Mercy Regional Cancer Center participates in studies approved by the Mercy Medical Center Institutional Review Board. As of December 2006, more than 146 active studies are available for patient participation through Iowa Blood and Cancer Care, Oncology Associates, and Mercy Regional Cancer Center.

*In the fight against  
cancer,  
expertise counts.*

*At the Mercy  
Regional Cancer Center,  
we've been treating  
cancer longer than  
anyone else  
in the area—  
for over 50 years.*



# Cancer Services

## HALL RADIATION CENTER

Mercy's Hall Radiation Center has been caring for cancer patients and their families since 1956. The Center has been a leader in cancer treatment from the start, offering Iowa's first cobalt-beam radiation treatment technology. Today, the Center continues to be a pioneer, and is home to the region's most sophisticated cancer technology, including Iowa's first TomoTherapy image-guided radiation therapy system, state-of-the-art PET/CT scanner, IMRT 3-dimensional radiation, and High Dose Rate (HDR) radiation therapy.

## INPATIENT PERRINE ONCOLOGY AND NEUROSURGERY CENTER

Inpatient care for patients with cancer is provided on our new 32 bed, all private room, Perrine Oncology and Neurosurgery Center by a dedicated staff of RNs and Nursing Unit Assistants. The Oncology Center offers a broad range of state-of-the-art services and care for cancer patients and their families through a multidisciplinary professional team. It is located on the 8<sup>th</sup> floor of Mercy Medical Center.

The Perrine Oncology and Neurosurgery Center functions as a focal point for meeting the educational, spiritual, and psychosocial needs of cancer patients and their families. For patients with advanced cancer receiving primarily symptomatic and supportive care, the Oncology Center works closely with the Palliative Care team. Additionally, care is coordinated with various area hospice programs, including Hospice of Mercy, home care, and bereavement support.

## OUTPATIENT TREATMENT CENTER

Mercy Treatment Center is a totally dedicated support service for the outpatient facility. The Outpatient Center is located on the hospital's ground floor. The location allows physicians and nurses to provide continuity of care for patients and families.

The Center serves outpatients in need of chemotherapy, antibiotic infusions, fluid therapy, blood transfusions, and dressing changes.

The service is open from 7:00 a.m. to 11:00 p.m. Monday through Friday and 7:00 a.m. to 7:00 p.m. on weekends and holidays.



*“Mammosite HDR  
(High Dose Rate) radiation  
at Mercy Regional Cancer  
Center in Cedar Rapids  
is one of the most advanced  
treatments available for  
breast cancer. It reduces  
radiation treatment time  
from six weeks to just  
five days.”*

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*“There's more to  
The Mercy Touch®”*

# Cancer Services

## COMMUNITY EDUCATION

The Mercy Regional Cancer Center, in conjunction with, the American Cancer Society and other community agencies sponsors annual cancer screenings and programs for the community at large. The programs for 2007 included:

- Kids Count Too! Series
- *Especially for You* After Breast Cancer Support Group
- *US TOO!* Prostate Cancer Education & Support Group
- General Cancer Support Group
- Mind, Body, Skills Workshop
- Skin Cancer Screening
- Breast Cancer Screening
- Dermascan – Skin Cancer Awareness
- Cervical Cancer Screening
- Prostate Cancer Screening
- I Can Cope
- *Especially for Me* Wellness Study
- Gems of Hope Monthly Workshops
- Cancer Survivors Day Celebration
- Relay for Life
- Breast Cancer Forum
- Health Fairs

## CANCER CONFERENCES

In 2007, 50 Cancer Conferences were convened as part of Mercy Regional Cancer Center and the Cancer Committee's efforts to maintain high quality care for patients.

A total of 256 patient cases were discussed at the conferences. The meetings provided cancer physicians with the opportunity to discuss the care and outlook for current patients. Diagnosis, tumor staging, treatment, and outcomes of cancer patients were discussed and recommendations were made.

Representatives from the major disciplines including medical oncology, radiation oncology, surgery, pathology, plastic surgery, and radiology participated in discussing diagnostic and therapeutic alternatives. Patient confidentiality is maintained at all times.

*Cancer attacks the spirit,  
not just that body. At the  
Mercy Regional Cancer  
Center, we've seen time  
and time again the powerful  
healing benefits to our  
patients of treating the  
spiritual and emotional  
side of cancer as well as  
the physical side—with hope,  
encouragement, compassion  
and understanding.*



## Cancer Services

The Cancer Conference also served as an educational forum to share new information about advances in cancer technologies, treatment methodologies, new therapeutic agents, and clinical cancer research trials as such information relates to the cancer care of individual patients. The Cancer Conference was held on a weekly basis.

### CANCER REGISTRY

The Cancer Registry, at Mercy Medical Center, was established in 1988 to collect data for all hospital patients diagnosed and treated for cancer. To date, the Cancer Registry has 17,492 patient records in its database.

The data includes demographic and medical information taken from the patients' medical records. This case reporting is required by state law, reportable to the Iowa State Health Department regulations.

The Cancer Registry follows the guidelines established by the American College of Surgeons Commission on Cancer and Mercy's Regional Cancer Committee. These guidelines establish the following goals for the Cancer Registry:

- Coordinated cancer statistics at Mercy Medical Center into a program approved by the American College of Surgeons.
- Calculated survival rates by cancer site, stage of disease, sex, and other variables.
- Provided follow-up information on cancer patients for evaluation of patient care, treatment, survival, and early detection for recurrence of disease.
- Provided Mercy Medical Center medical staff and administrators with statistical information for research investigation, facility utilization assessments, and the allocation of resources for future needs.

The development, ongoing growth, and support of the Registry has shown the commitment Mercy Regional Cancer Center continues to make in providing high quality, comprehensive care for its cancer patients.



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*Mercy Regional  
Cancer Center*

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*Outstanding  
Expertise,  
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*“That’s the  
Mercy Touch®”*

# 2007 In Review

## Community Outreach

### Support Groups

Having emotional support is vital to patients during their cancer journey. The Mercy Regional Cancer Center offers a monthly support group for breast cancer survivors, *Especially for You*. Coordinated by an Oncology Registered Nurse, a Breast Health Nurse and a Clinical Social Worker, this informal group meets to share thoughts, feelings, and ideas with healthcare professionals and friends who care. *Us Too* is a support group for prostate cancer survivors held monthly at Mercy. Facilitated by an Oncology Certified Nurse, this group provides education as well as addresses the concerns of patients. The Community Cancer Support Group is a joint effort between Mercy Regional Cancer Center and St. Luke's Hospital and meets monthly. This group is open to patients with all cancer diagnoses, families, and friends. It is facilitated by two Oncology Certified Nurses and a Medical Social Worker.

### Community Events

Sponsorship and involvement in cancer related community events allow Mercy Regional Cancer Center to give back to the community while raising awareness and funding for cancer research. Mercy Regional Cancer Center is a major sponsor in many of the American Cancer Society events including, Relay for Life, Annual Gala, and Daffodil Days. Mercy Regional Cancer Center promotes early detection programs at numerous health fairs in the community, and participates or hosts skin, prostate, colorectal, breast, and cervical cancer screening programs annually.

## Support Services

### Clinical Dietician

Nutrition can be one of the biggest struggles for the cancer patient. Depending on the severity and type of cancer every patient has different nutritional needs. Mercy Regional Cancer Center's Clinical Dietician works one-on-one with patients of all diagnoses to try and overcome the obstacles to optimum nutrition which can lead to optimum treatment outcomes.

### Genetics

Certain cancers such as breast, colon, ovarian, melanoma, and pancreatic are more likely to run in families. There is mounting evidence that knowing cancer risk factors, including genetics, can make an astounding difference in future health. The Genetics Education Program at Mercy Regional Cancer Center, helps patients assess, understand, and reduce their chance of developing cancer through reviewing personal cancer risks, education regarding preventative measures to decrease those risks, early detection procedures, and discussing the pros and cons of genetic testing. These services are offered free of charge. Genetic testing can be arranged and assistance with insurance coverage issues is also provided. Since its inception in 2006 the program has served over 140 patients.

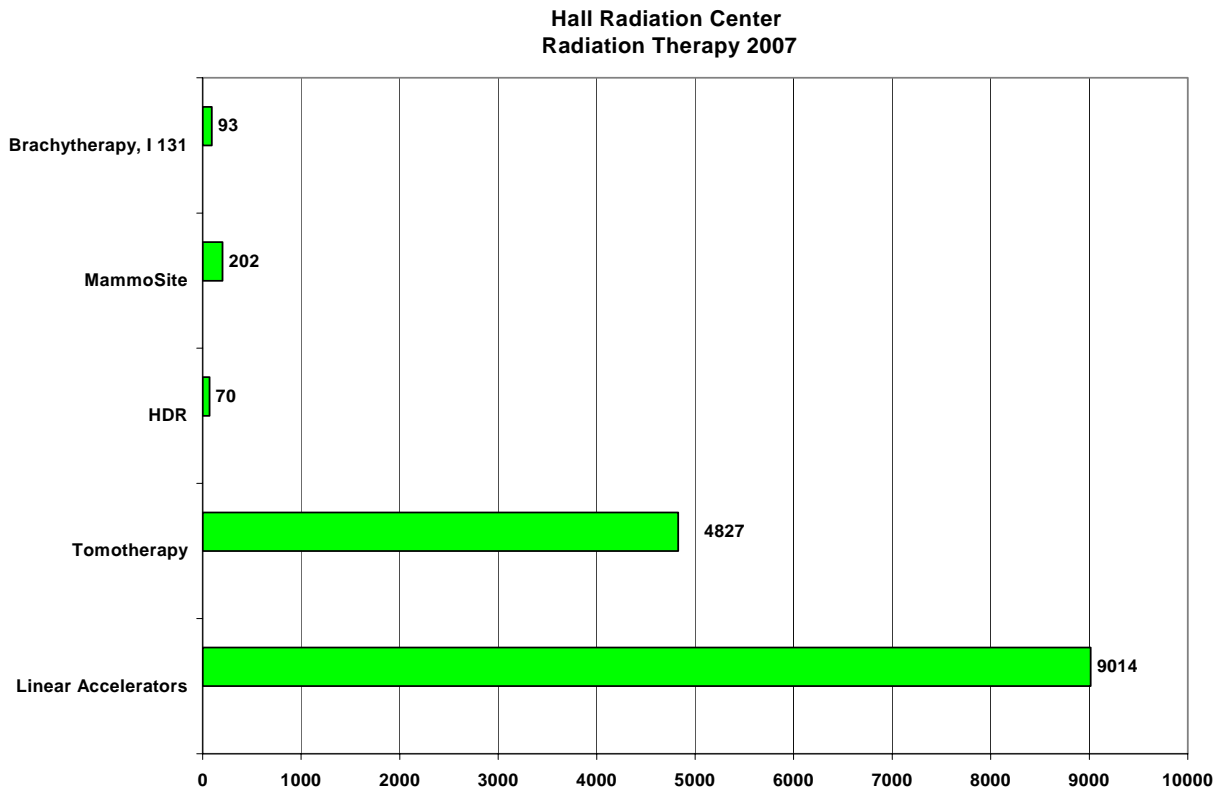
| <b>Diagnosis</b> | <b>Number Seen</b> | <b>Positive</b> | <b>Negative</b> | <b>Uncertain</b> | <b>Results Pending</b> |
|------------------|--------------------|-----------------|-----------------|------------------|------------------------|
| Breast / Ovarian | 122                | 12              | 37              | 2                | 25                     |
| Colorectal       | 17                 | 3               | 1               | 1                | 5                      |
| Thyroid          | 1                  |                 |                 |                  |                        |

**Breast Cancer Survivor Wellness Study**

The *Especially for Me* Breast Cancer Survivor Wellness Study, initiated in November of 2005, was designed to combat the two most prevalent long term side effects of therapy for breast cancer: weight gain and fatigue. This study, limited to 100 participants, closed to accrual in December 2007. Preliminary findings show statistically significant improvement in both fatigue scores and in physical measurements of fitness. The study was funded in part by generous donations from the Greater Cedar Rapids Community Foundation, The McGrath Family Foundation, and the Lance Armstrong Foundation. Additionally, this study received the Sodexo Spirit of Excellence Award. Additional funding is being secured to open this program to all cancer survivors in 2008.

**Hall Radiation Center**

Five hundred thirty-nine new patients were seen at the Hall Radiation Center in 2007. A total of 14,206 radiation therapy treatments were administered using brachytherapy, external beam including linear accelerator and Tomotherapy image guided radiation therapy (IGRT), and High Dose Rate (HDR) radiation therapy.



**The Cancer Registry**

Data collection of patients’ care and treatment is an important part of a successful cancer program. At the Mercy Regional Cancer Center, the Cancer Registry is the center of information and data collection. Two Certified Tumor Registrars collect demographics, pathology reports, radiology reports, and treatment information on each cancer patient diagnosed and treated at Mercy Medical Center and the Hall Radiation Center. This information is used to show exactly how each cancer patient is being care for and the outcome achieved.

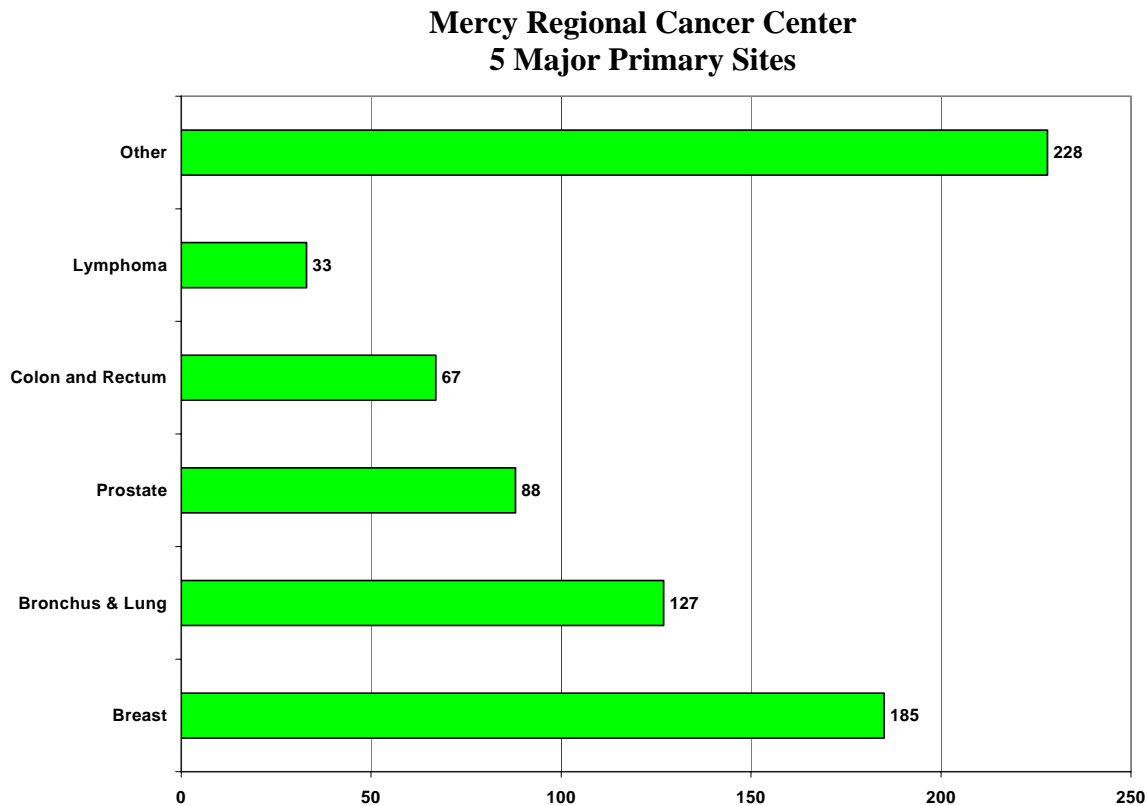
Our registry contains over 17,492 patient records dating back to 1988. These records are updated annually with a recent follow-up date on each patient. The Registry maintains follow-up information at or above the 90% rate required by the American College of Surgeons.

The American Cancer Society estimated there were 16,540 new cancer cases diagnosed in the state of Iowa in 2006. At Mercy Regional Cancer Center, the Registry Staff accessioned 765 new cases into the data base for the year 2006. All of these cases were classified as analytic cases. Analytic cases are patients who are diagnosed and/or receive all or part of their first course of treatment at Mercy Medical Center or the Hall Radiation Center.

## Statistical Highlights

### All Cancer Sites Combined

The Mercy Regional Cancer Center Tumor Registry has listed 765 cases from 29 counties and 3 states for the year 2006. The major cancers for 2006 were breast, lung, prostate, colorectal, and lymphoma.



Source: Mercy Regional Cancer Center Cancer Registry

**Mercy Regional Cancer Center 5 Major Cancer Sites / Type**

| Cancer Site       | Iowa 2006 (estimated) | Mercy Regional Cancer Center |
|-------------------|-----------------------|------------------------------|
| Breast            | 14%                   | 24%                          |
| Bronchus and Lung | 14%                   | 17%                          |
| Prostate          | 14%                   | 12%                          |
| Colon and rectum  | 13%                   | 9%                           |
| Lymphoma          | 4%                    | 4%                           |

*Table denotes the percentage for each site compared with the total percentage of cancer cases diagnosed in 2006 at Mercy Medical Center and estimated data for the state of Iowa for 2006.*

**State of Iowa Major Cancer Sites for 2006:**

| Cancer Site    | Iowa 2006 (estimated) |
|----------------|-----------------------|
| Breast         | 14%                   |
| Prostate       | 14%                   |
| Lung           | 14%                   |
| Colon / rectum | 13%                   |
| Bladder        | 5%                    |

**Mercy Regional Cancer Center 2006**

**Total Number of Cases for Males: 331**

- Blood and Bone Marrow - 6
- Brain – 5
- Digestive System – 79
- Endocrine – 9
- Lymphatic System - 17
- Male Genital – 89
- Oral Cavity – 13
- Respiratory System – 73
- Skin – 13
- Urinary System – 27

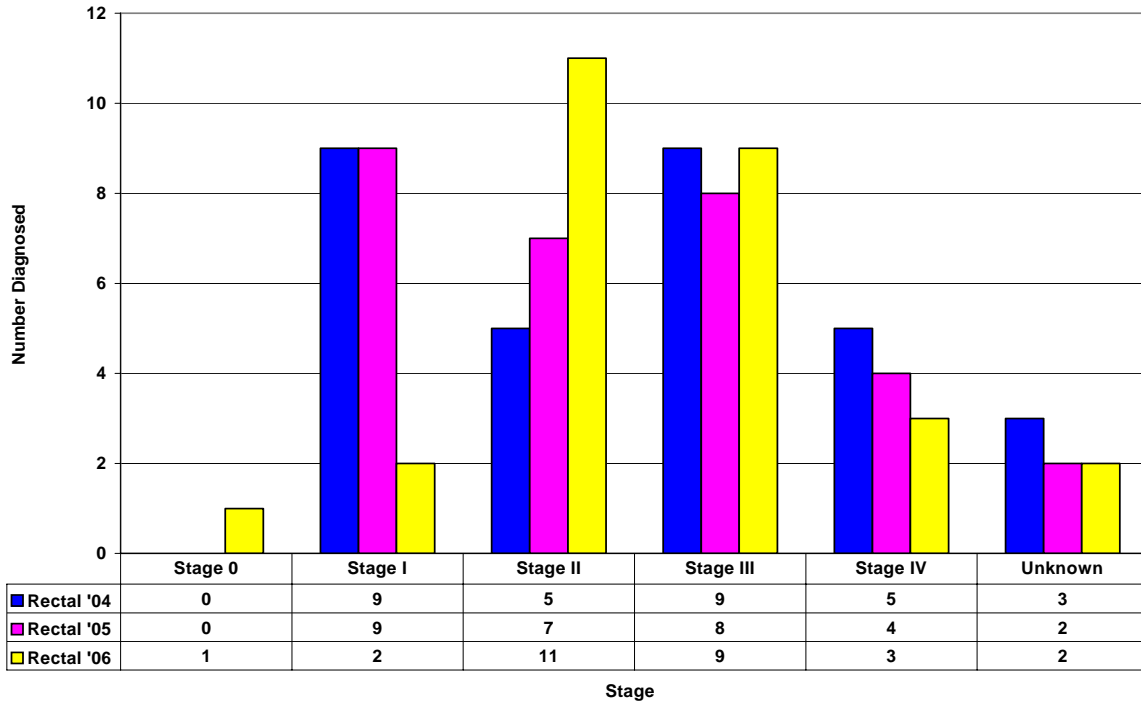
**Total Number of Cases for Females: 415**

- Blood and Bone Marrow - 9
- Breast - 185
- Brain – 5
- Digestive System – 64
- Endocrine – 20
- Lymphatic System - 15
- Female Genital – 30
- Oral Cavity – 5
- Respiratory System – 60
- Skin – 4
- Urinary System – 18

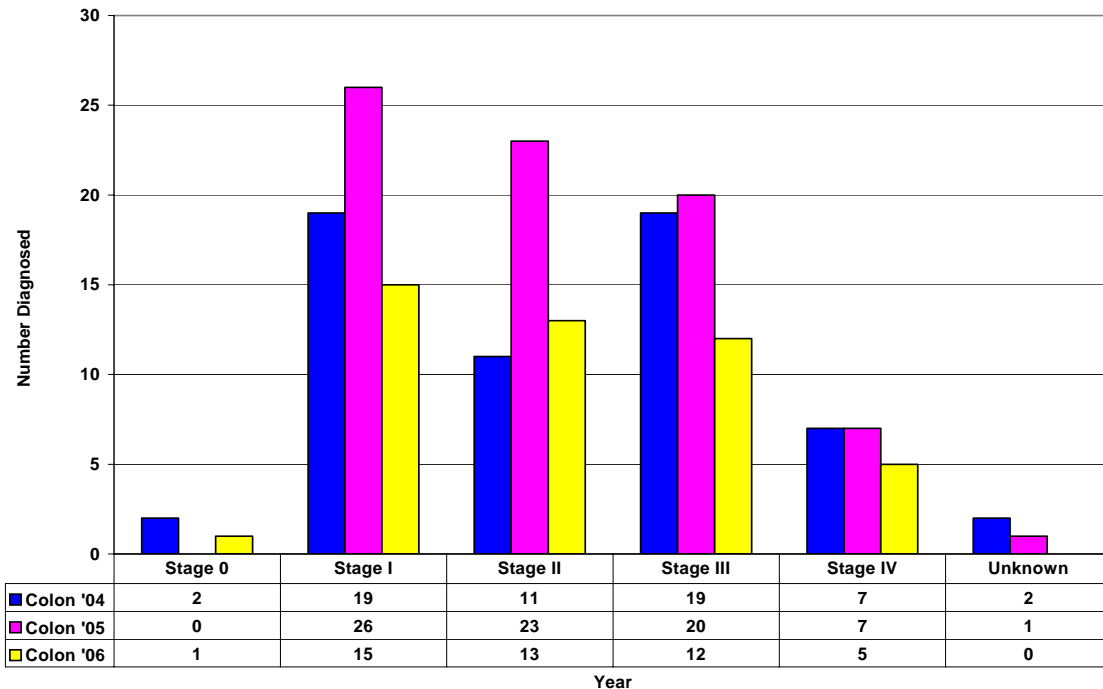


The graphs below depict the pattern of diagnosis, by stage, for 2004-2006. During this 3 year period no obvious trends emerged at Mercy Regional Cancer Center. Overall the number of cases decreased in both colon and rectal cancer. In rectal cancer there does show a decline in late stage disease. In colon cancer, early stage disease makes up the greatest percentage. We will continue to track our effectiveness in early detection and work toward a greater reduction in late stage diagnosis for both rectal and colon cancer.

**Rectal Cancer Diagnosis By AJCC Stage**



**Colon Cancer Diagnosis by AJCC Stage**



## Cancer Treatment

The National Quality Forum (NQF) endorsement of Commission on Cancer (CoC) quality of care measures for colon cancer became effective April 12, 2007. These are the first nationally recognized hospital-based performance measures for quality of care for colon cancer. Through a parallel process, the American Society for Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN) developed a similar set of measures for colon cancer.

Facilitated by the NQF, the CoC, ASCO, and NCCN have synchronized their developed measures to ensure that a unified set are put forth to the public. The following two colorectal cancer measures include:

- At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.
- Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer.

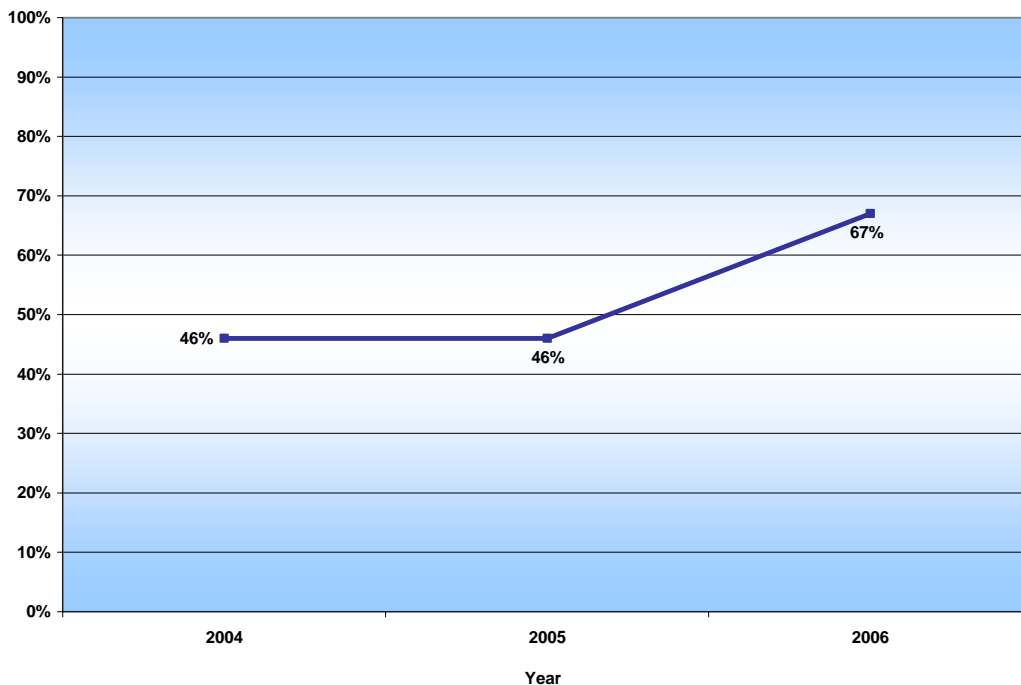
## Survival

It is clear that thorough lymph node assessment is one of the most important variables in accurate prediction of prognosis. Lymphatic spread is a common route of dissemination of colorectal cancer and the detection of nodal metastasis is one of the strongest predictors of outcome after curative surgery. The incidence of lymph node metastasis is related to both the depth of invasion into the bowel wall and the histologic grade. The number of lymph nodes examined also influences the accuracy of staging.

The College of American Pathologists (CAP) recommends that no fewer than 12 nodes be microscopically examined to determine the nodal status accurately. A lesser number of nodes examined is associated with the risk of under-staging, and therefore inappropriately depriving patients of potentially beneficial chemotherapy. Although lymph node retrieval has improved over the past few years, only 37% of US patients received adequate lymph node evaluation in 2001. Interestingly, age of the patient was a major variable in the number of lymph nodes retrieved in the national data. Patients less than or equal to 50 years of age were almost twice as likely to receive adequate lymph node evaluation than those 70 years of age or older.

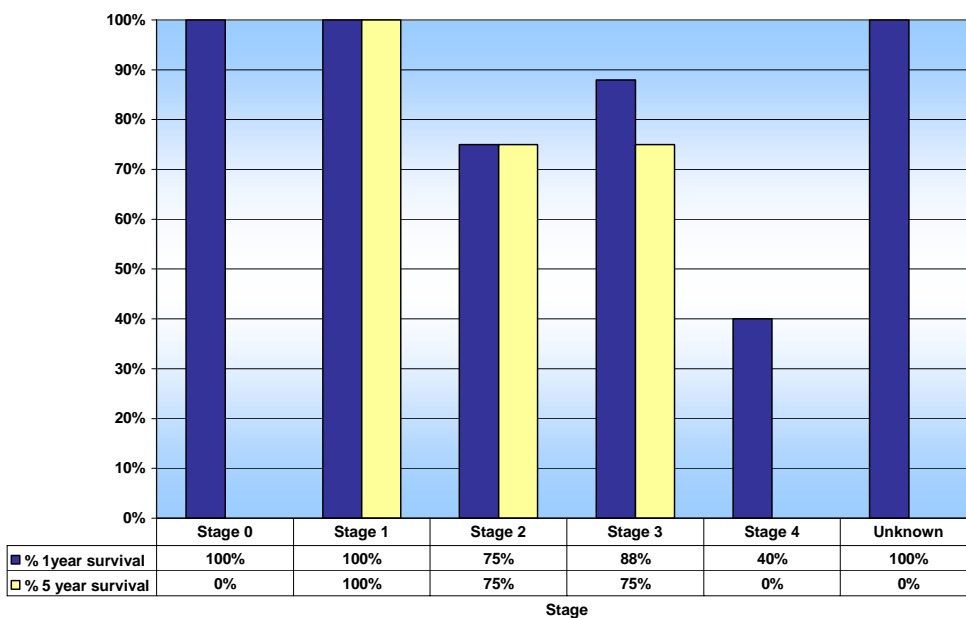
Our 2007 study of quality looked retrospectively at the number of lymph nodes retrieved in resected colon cancer cases for 2004, 2005, and 2006. We found that in all three years examined, our lymph node retrieval exceeded the national average, with improvement seen over time. In an effort to further improve, representatives from the departments of pathology and surgery met. Effective January 2007, in cases where the surgical specimen does not initially show at least 12 lymph nodes, it will be placed in fixative for 24 hours to increase the visibility of nodes in the specimen.

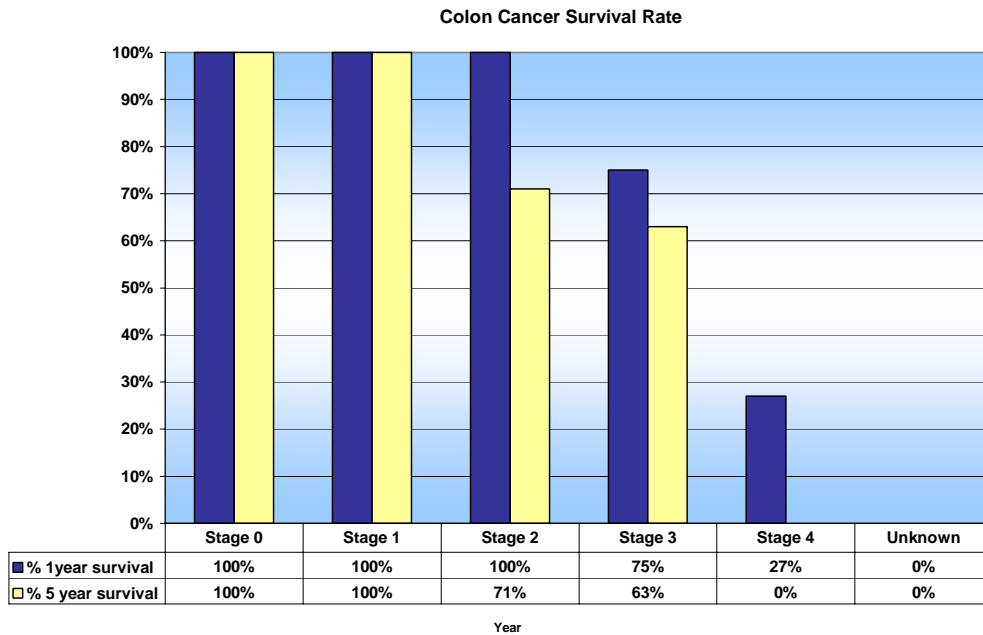
Percentage of Resected Colon Cancer with >12 Lymphnodes Retrieved



Mortality rates in colorectal cancer have decreased over the past two decades. The 1 and 5 year relative survival for persons with colorectal cancer is 84% and 64 % respectively. Survival continues to decline beyond 5 years to 57% at 10 years of diagnosis. When colorectal cancers are detected at an early, localized stage the 5 year survival rate is 90%. After the cancer has spread regionally to lymph nodes or organs in close proximity, the 5 year survival rate drops to 68%. For those diagnosed with distant metastases, 5 year survival is 10%. Survival rates by stage for Mercy Regional Cancer Center are depicted below and are generally in keeping with national statistics.

Rectal Cancer Survival Rate





Our data analysis solidifies the need to push toward earlier detection efforts in our geographic area, particularly for the uninsured and underinsured. A public education program will be offered in early 2008, as well as a medical update on colorectal cancer for primary care providers. As part of its Cancer Outreach efforts, the Mercy Regional Cancer Center will offer a colonoscopy screening program with for the uninsured and underinsured.