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 Role of our Cancer Committee
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 Latest Technology
During 2009 Mercy replaced an eleven-year-old linear accelerator with the Trilogy accelerator. This advanced technology allows for optimizing radiation delivery for lung tumors adjusting radiation in real time; cycling on and off with breathing. This machine also upgrades our electronic medical record and the Dose Treatment Planning computer system. Additionally, the Regional Cancer Center installed a fixed PET/CT to facilitate diagnosis, aid in treatment planning and decisions.

Quality Focused on 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.

Cancer Conference
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.

The Latest in Research - Here in Cedar Rapids
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.

Sincerely,

James Renz, MD
Cancer Committee Chairman

On Behalf of the 2009 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
Karl Keeler, Administration, Chief 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
Julie Netser, MD, Pathologist
Paul Schneider, MD, Radiologist
Michelle Hocking, MD, Gynecologist
Logan Hoxie, MD, Urologist
Scott Huebsch, MD, ENT Surgeon
Sheila Janda, CTR, Cancer Registry

Kathy Schau, CTR, Cancer Registry
Colleen Nemickas, RN, MSN, OCN, ABNP, Oncology Genetics Program
Sue Rowbotham, RN, BSN, OCN, Oncology Nurse Manager
Kris Sargent, RN, OCN, Oncology Nurse
Celeste Barkley, RN, Oncology Nurse Educator
Kim Salzbrunner, Hall Radiation Center
Alan Zaelinger, Interim Director, Hall Radiation Center
Christine Harlander, RN, BSN, Palliative Care
Leanne Burrack, RN, BSN, CHPN, Director of Hospice & Palliative Care
Michelle Cole, Oncology Outreach Coordinator
Mary Kanak, RN, PhD, Quality Management
Joan Ortega, BSW, Oncology Social Worker
Christy Thurman, American Cancer Society
Cancer Services
MERCY WOMEN’S CENTER
Mercy Women’s Center provides breast care screening and diagnostic services, including mammography, education about early detection of breast cancer, ultrasound, and non-surgical breast biopsies. The Women’s Center, along with other imaging centers in the Cedar Rapids community, offers digital mammography with CAD (computer assisted device) which offers a second review of images. A Breast Health Coordinator offers education, resources, support and case management to women newly diagnosed with breast cancer.

Since 1991, free mammograms and other breast care services have been provided to area women in need as a result of the Especially For You Race Against Breast Cancer. Free mammogram and pap days have also been established since 2007 as a result of the fund.

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 dietician, 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 treatment to patient in the Cedar Rapids and surrounding communities.

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 is home to the region’s most sophisticated cancer technology, including the newest Varian linear accelerator, Trilogy, Iowa’s first TomoTherapy image-guided radiation therapy system, a Large Bore CT simulator, 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 31 bed, all private room, Perrine Oncology and Neurosurgery Center by a dedicated staff of RNs and Nursing Units Assistants. Several of the RNs on the unit are Oncology Certified Nurses. The Oncology Nursing Society recognized Mercy for its achievement of having over 65% of RNs on the unit Oncology Certified Nurses. 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 8th 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 7.00am to 11.00pm Monday through Friday and 7.00am to 7.00pm on weekends and holidays.

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.
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 cared for and the outcome achieved.

The American Cancer Society estimated there were 16,740 new cancer cases diagnosed in the state of Iowa in 2009. At Mercy Regional Cancer Center, the Registry Staff accessioned 968 cases into the data base for the year 2009. All of these cases were classified as analytical cases. Analytical 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.

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, this educational meeting, provides a forum to provide education, share thoughts, feelings and address issues related to treatment, side effects and survivorship. 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, breast, and cervical cancer screening programs annually.

Support Services

Certified Specialist in Oncology Nutrition (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 Certified Specialist in Oncology Nutrition works one-on-one with patients 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 manage their risk 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. The genetic nurse practitioners also help facilitate services such as DNA banking, finding research opportunities for appropriate families, and providing support to patients and families. These services are offered free of charge. Genetic testing can be arranged and assistance with insurance coverage issues is also provided. Since its inception, the program has served over 325 patients with over 210 patients undergoing genetic testing. The program has an excellent yield of positive test results at 17%, more than twice the overall laboratory yield, demonstrating expertise in guiding appropriate patients to the option of testing.

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All Cancer Sites Combined

The majors cancers for 2009 were Breast, Lung, Prostate, Colorectal, and Skin Cancers.

http://www.public-health.uiowa.edu/shri/Pubs.html

Table denotes the percentage for each site compared with the total percentage of cancer cases diagnosed in 2009 at Mercy Medical Center and estimated new cancers in Iowa for 2009.

2009 in Review

Community Outreach

The major cancers for 2009 were Breast, Lung, Prostate, Colorectal, and Skin Cancers. Community Outreach

Table denotes the percentage for each site compared with the total percentage of cancer cases diagnosed in 2009 at Mercy Medical Center and estimated new cancers in Iowa for 2009.

http://www.public-health.uiowa.edu/shri/Pubs.html
Breast Cancer
Breast Cancer is the most prevalent cancer in women in the United States. In 2009, the American Cancer Society estimated that 192,370 new cases of invasive breast cancer would be diagnosed in the United States with 2080 new cases of female breast cancer projected for the state of Iowa. Mercy Medical Center had 227 analytic breast cancer cases, representing the top cancer site at Mercy.

Early Detection & Early Detection
Mammography is the most effective screening tool for detecting breast cancer at its earliest stage, when treatment is more effective and curable. Mammography detects an average of 80-90% of breast cancers in asymptomatic women. Breast imaging technology that may also be utilized in diagnostic work up is breast ultrasound and breast magnetic resonance imaging (MRI). The American Cancer Society recommends the following screening for average-risk, asymptomatic woman:

Age 40 and older
- Annual mammogram
- Annual clinical breast examination
- Monthly breast self-examination (optional)

Ages 20-39
- Clinical breast examination every three years
- Monthly breast self-examination (optional)

Source: Cancer Facts & Figures 2009, American Cancer Society

In 2009, Mercy Medical Center, General Mills and a significant number of community businesses sponsored the 19th Annual Especially for You Women’s Race Against Breast Cancer. A new record was set with 11,575 participants registered for the event. The Especially for You Fund served 569 women, providing funding for breast care services which included 443 screening mammograms, 133 diagnostic mammograms, 87 breast ultrasounds, 2 Breast MRI’s and 17 breast biopsies, all of which were negative for breast cancer.

Treatment: National Cancer Database (NCDB) Cancer Program Practice Profile Reports (CP3R)
The following table provides a look at one nationally recognized standard of care for breast cancer patients. The estimated performance rates shown in this table provide a comparison of the proportion of women under 70 undergoing breast conserving surgery for breast cancer who received adjuvant radiation therapy. Mercy is compared with other service providers, state and nation wide that are also accredited by the Commission on Cancer. Mercy’s Regional Cancer Center rate for this meeting this standard is 94.4%.

<table>
<thead>
<tr>
<th></th>
<th>Per. Rate</th>
<th>95% CI</th>
<th># of Cases</th>
<th># of Programs in each category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation therapy</td>
<td>94.4%</td>
<td>[88.3 - 100.5]</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>administered within</td>
<td></td>
<td></td>
<td>484</td>
<td>14</td>
</tr>
<tr>
<td>1 year (365 days) of</td>
<td></td>
<td></td>
<td>2643</td>
<td>72</td>
</tr>
<tr>
<td>diagnosis for women</td>
<td></td>
<td></td>
<td>3504</td>
<td>100</td>
</tr>
<tr>
<td>under age 70</td>
<td></td>
<td></td>
<td>28325</td>
<td>574</td>
</tr>
<tr>
<td>receiving breast</td>
<td></td>
<td></td>
<td>53389</td>
<td>1353</td>
</tr>
<tr>
<td>conserving surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for breast cancer</td>
<td></td>
<td></td>
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</table>

Interpreting this table: The estimated performance rates shown in this table provides your cancer program with a comparison of the proportion of women under 70 undergoing breast conserving surgery for breast cancer receiving adjuvant radiation therapy, according to recognized standards of care. These rates are computed based on data directly reported from your registry to the NCDB using specifications endorsed by the NQF. Comparison groups include other CoC-approved cancer programs that are classified with the same approvals category (community cancer program, comprehensive community cancer program, or teaching/research center), and by geographical location (state, US census region, or nationally). Rates are computed based on data directly reported from CoC-approved cancer program registries to the NCDB. The performance rates, 95% confidence intervals around those rates, and the number of cases included in the denominator are updated nightly for each comparison group.

Source: National Cancer Database CP3R
This table provides a comparison of the proportion of women under 80 with advanced mid-stage Hormone Receptor breast cancer treated or considered for multi-agent chemotherapy, according to recognized standards of care. Mercy’s rates are second only to the American Cancer Society’s (ACS) Midwest Division.

First Course Treatment of Breast Cancer Diagnosed in 2007
Mercy Medical Center vs Community Hospitals in State of Iowa

All Diagnosed Cases

<table>
<thead>
<tr>
<th>First Course Treatment</th>
<th>Mercy Community hospitals in IA</th>
<th>Community hospitals in IA</th>
<th>Mercy Community hospitals in IA</th>
<th>Community hospitals in IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Only</td>
<td>43</td>
<td>20.19%</td>
<td>18.94%</td>
<td></td>
</tr>
<tr>
<td>Surgery &amp; Radiation</td>
<td>28</td>
<td>13.15%</td>
<td>10.86</td>
<td></td>
</tr>
<tr>
<td>Surgery &amp; Chemotherapy</td>
<td>6</td>
<td>2.82</td>
<td>7.58</td>
<td></td>
</tr>
<tr>
<td>Surgery, Radiation &amp; Chemotherapy</td>
<td>24</td>
<td>11.27</td>
<td>8.59</td>
<td></td>
</tr>
<tr>
<td>Surgery, Radiation &amp; Hormone Therapy</td>
<td>53</td>
<td>24.88%</td>
<td>19.95</td>
<td></td>
</tr>
<tr>
<td>Surgery &amp; Hormone Therapy</td>
<td>9</td>
<td>4.23</td>
<td>13.89</td>
<td></td>
</tr>
<tr>
<td>Surgery, Radiation, Chemotherapy &amp; Hormone Therapy</td>
<td>29</td>
<td>13.62</td>
<td>8.59</td>
<td></td>
</tr>
<tr>
<td>Surgery, Chemotherapy &amp; Hormone Therapy</td>
<td>11</td>
<td>5.16</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td>Other Specified Therapy</td>
<td>5</td>
<td>2.35</td>
<td>4.55</td>
<td></td>
</tr>
<tr>
<td>No 1st Course Rx.</td>
<td>7</td>
<td>2.35</td>
<td>1.77</td>
<td></td>
</tr>
<tr>
<td>Col. Total</td>
<td>213</td>
<td>396</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Survival Trends
The death rate from breast cancer in women has decreased since 1990:
- Between 1975-1990, the death rate for all races combined increased by 0.4% annually.
- Between 1990-2004, the rate decreased by 2.2% annually.

The decline was larger among younger age groups. From 1990-2004, death rates decreased by 3.3% per year among women younger than 50, and by 2.0% per year among women 50 and older.3 The decline in breast cancer mortality since 1990 has been attributed to both improvements in breast cancer treatment and to early detection.

What factors influence breast cancer survival?
Based on the most recent data, relative survival rates for women diagnosed with breast cancer are:
- 95% at 5 years after diagnosis;
- 91% after 10 years;
- 73% after 15 years.
Caution should be used when interpreting long-term survival rates since they reflect the experience of women treated using past therapies and do not reflect recent trends in early detection or advances in treatment.