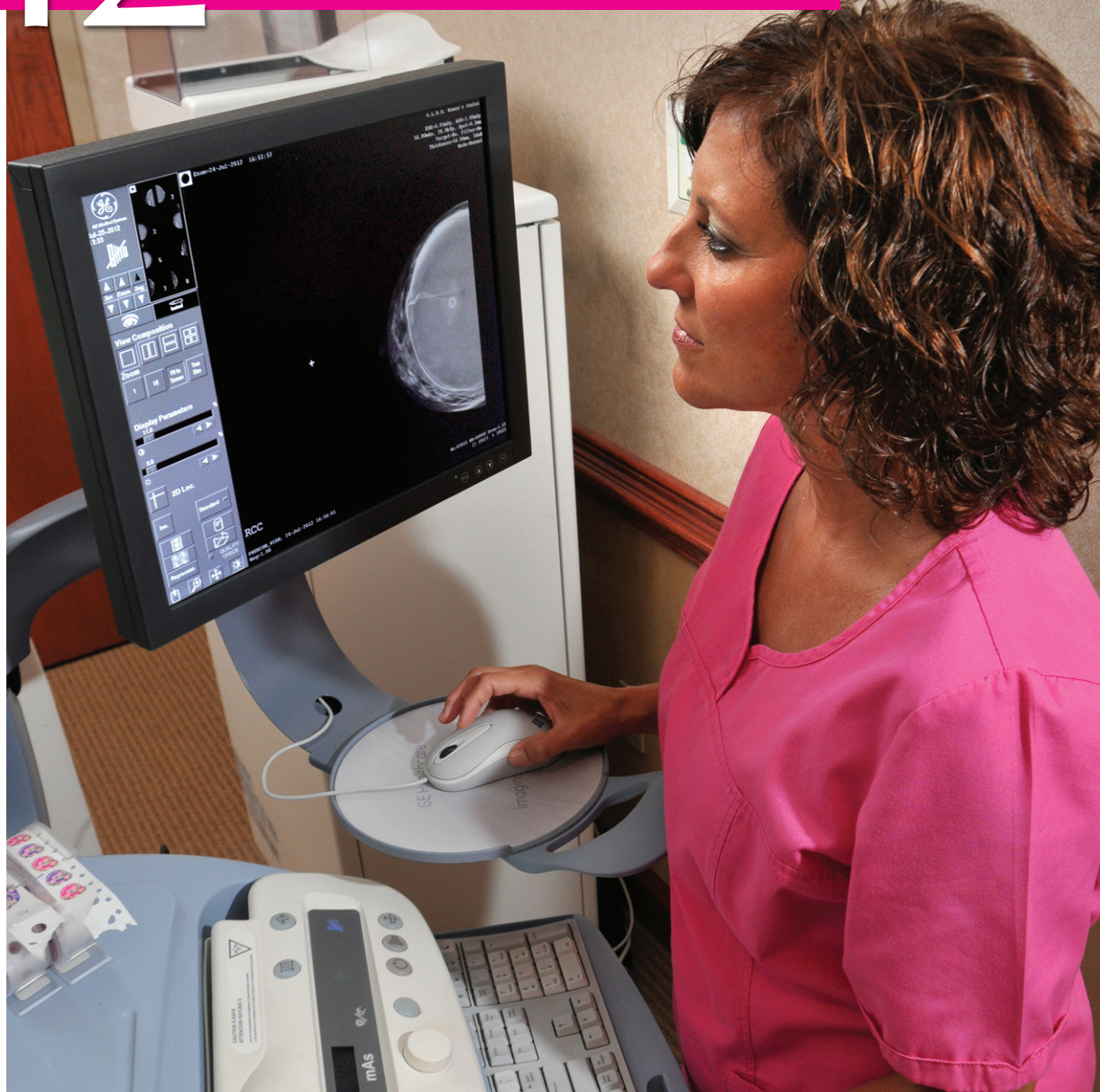


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ONCOLOGY REPORT

with 2011 Data



*Beth Wilson, R.T. (R) (M),
OLBH Women's Center
Breast Care Coordinator*

A Look at Breast Cancer



OUR LADY OF BELLEFONTE HOSPITAL
Bon Secours Kentucky Health System



Fadi Hayek, M.D.

Cancer Committee Chairman Report

It is my pleasure to present the 2012 Oncology Report. Breast cancer is the focus of this year's report. We are very proud of the care that patients with breast cancer receive at our hospital.

The OLBH's Women's Health Center is a jewel of women's care in the region and has provided countless of patients with outstanding care in a beautiful, serene and supportive environment. The wonderful staff at the center has assisted numerous patients in navigating the straits of a newly diagnosed breast cancer. We are equally proud of the staff of the oncology unit who continues to strive for excellence and compassion of care in the inpatient setting. The unit itself will be undergoing decoration in 2013 to provide patients with the serenity they deserve and need and to reflect the dicta of compassion and excellence.

Sharing the common goal of providing the best care possible, medical staff and other care team members meet three times per month in tumor conferences where physicians from surgery, medical oncology, radiation oncology, diagnostic radiology and pathology disciplines meet to discuss and contribute to complex cancer cases. We continue to look for ways to mine the potentials of this conference.

The palliative care program services remain a great asset to OLBH's oncology services. Headed by **Bryan Saltz, M.D.**, and championed by **Kim Jones, RN**, the program provides comfort to patients with advanced or chronic illness and their families and is designed to address the complex problems of those dealing with life-limiting illnesses. Services include pain and symptom management, as well as social, spiritual, psychological and emotional support.

The clinical trials program continues to undergo fundamental operational restructuring in order to optimize the protection of patient. As the central reviewing and monitoring process of OLBH trials is moving to an independent IRB committee, we will continue to provide patients with access to promising management options through this program.

We appreciate the excellent care provided by our staff and the physicians who volunteered their time to be involved in 2012 with activities such as our patient support groups, community outreach programs (including the smoking cessation education at local schools), and screenings for prostate, skin and colon cancer, just to name a few. We appreciate the support that the American Cancer Society (www.cancer.org) which provides patients and their families with many valuable cancer care resources and facilitate the conduction of various activities, such as the Man-to-Man support group (prostate cancer) and the Look Good... Feel Better cosmetic care program for breast cancer patients.

The annual Cancer Survivors' Day was a great success thanks to the collaboration between the Ashland-Bellefonte Cancer Center and OLBH where patients were treated to a hope-filled and fun day they very much deserved. It is but one example of the busy year that was 2012. We hope you find this report useful and enlightening as we continue to provide superior cancer care for our region.

Dr. Fadi Hayek,
Chairman, Oncology/Hematology

Good Breast Health Begins at OLBH about Breast Cancer



Beth Wilson

by Beth Wilson, R.T.(R)(M), OLBH
Women's Center Breast Care Coordinator

It is hard to believe that the OLBH Mammography Department was once located in the middle of the hospital's radiology department. Women would take time off from their families and lose work hours only to wait in long registration lines with sometimes very ill and contagious patients. Wow, how times have changed at Our Lady of Bellefonte Hospital!

The Women's Center now has been open for five years and our community is reaping the benefits of such an investment. No longer do women wait amongst the very ill and no longer do they have to take time off from work and

families. The opening of the OLBH Women's Center has meant hours that are more flexible to accommodate busy women, even on their lunch break if necessary! Today, women who receive a mammogram at the Women's Center receive a personal call from a technologist concerning their results the same day or next morning. The Gallup Survey, a survey given to women about our services, has continued to be in the 99th percentile in patient satisfaction. Patients answer questions about their experience...such as wait times, concern shown by staff, registration process and overall satisfaction...and the results are overwhelmingly positive.

The Women's Center offers a comprehensive approach to breast imaging. Services include: digital mammography, breast MRI, ultrasound, stereotactic breast biopsy and a nurse navigator to help patients with their breast care needs. Mammography remains the "standard of care" in breast imaging and is the best tool for breast cancer screening for most women. Supplemental imaging with breast MRI is warranted for women at high-risk which includes women with a genetic predisposition to breast cancer and women with dense breasts. Also, other services offered at the center by the nurse navigator include: clinical breast exams, genetic testing, a breast cancer support group and Look Good...Feel Better, a program that is offered thru the American Cancer Society that helps cancer patients with appearance issues.

The OLBH Women's Center Boutique, located adjacent to the Women's Center, offers special fitted bras for women who have had a mastectomy or lumpectomy. Also available at the boutique are the most advance breast forms on the market today. A various assortment and styles of wigs are on display as well and can be custom ordered for any woman with hair loss problems. The ladies who work at the boutique that are all certified mastectomy fitters and are experienced in billing insurance.

The OLBH Mobile Mammography Unit continues to travel throughout the community offering screening mammograms. Funding is available for women in Kentucky with no health insurance who are 40 or older to receive a free screening mammogram on the mobile unit or at the Women's Center. This grant funding has been awarded to OLBH from the Susan G. Komen Foundation/Lexington Affiliate since 2005. Also available in our area, the Greenup, Boyd and Carter county health departments receive funding that helps provide mammography and other breast care and female service needs.

October is Breast Cancer Awareness Month and with this brings a flood of emotion, support and awareness. The Women's Center's breast care coordinator is involved and available for community events such as health fairs, awareness events, ladies and church organizations all in effort to bring about awareness regarding the importance of annual screening mammograms. Yes, the word is getting out and more women are being screened with mammography than ever before but still only 55 percent of the women in our community are getting their mammograms annually. This is a statistic reported by the American Cancer Society. The fight needs to continue outside of October. There are still women that do not know they need to have a yearly mammogram. We want to challenge everyone, especially those in the medical field, to help educate our women on this important matter. Do not assume that women know about the need for a mammogram and do not assume that "their other physician" will take care of it. An order is not necessary for a screening mammogram and women can call and schedule that for themselves according to their schedule.

To schedule your mammogram at either the OLBH Women's Center or aboard the OLBH Mobile Mammography Unit, contact the center at (606) 836-PINK (7465).

A Word from Your Nurse Navigator

Cancer Diagnosed Early Can Be Curable



Margaret Ward

by Margaret Ward
OLBH Women's Center Nurse Navigator

What a rewarding, yet busy, year 2012 has been for the breast health navigation program. Increases in breast cancer diagnoses have been noted with the good news being more women are receiving this diagnose when their cancers are in Stage 0 and Stage 1. Cancer diagnosed early can be curable – and that is a very powerful message when we sit down to talk about a new diagnosis of breast cancer.

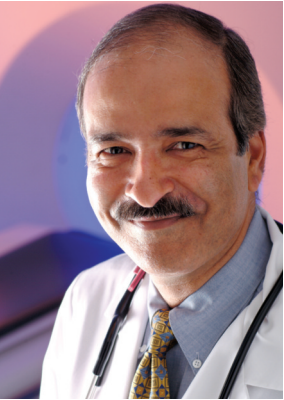
We still cannot prevent breast cancer, but a woman's willingness to have her screening mammograms annually and knowing her own breast texture decreases mortality and morbidity for cancer care. Our opportunity to save lives and provide hope is what the navigation program aims to do and why I am proud of my work as a navigator for the OLBH Women's Center. Along with my coworkers in the center, and the staff of the OLBH Women's Center Boutique, OLBH has placed under one roof the ultimate resource for area women dealing with the issue of breast cancer.

The American College of Surgeons' Commission on Cancer, a consortium of professional organizations dedicated to improving cancer survival and quality of life, is increasing focus on survivorship care planning. These care plans are being developed to provide breast cancer patients with a written summary of cancer care as well as recommendations for ongoing and follow up care. The efforts behind the care plans are to increase an individuals' responsibility for their own care. By ensuring patients receive information about what therapy they received, the plans serve as a spring board for patients to know and understand what's next in their journeys. A written plan allows the health care consumer to anticipate the next steps in their ongoing cancer while being aware of what other health care is recommended. All of this allows the patient to help plan care and take accountability.



Lou Ann Crace fixes a display at the OLBH Women's Center Boutique. The boutique serves an important role in the OLBH Women's Center's one-stop concept of women's care. The boutique's services include fittings for bras, wigs and breast prosthesis; a selection of hats and turbans; lymphedema hosiery; skincare products and much more.

Breast Cancer: Radical to Molecular... the Road to Personalized Therapy



Kirti Jain, M.D.

We are at an exciting time in oncology and it is true for breast cancer treatment as well.

When a curative breast cancer surgery was first undertaken around 1892, it was believed that the more you could remove, the better. There was almost a competition among the surgeons as to who could do more radical surgery. Often, the patient was lucky if she survived the surgery! Dr William Halsted of Johns Hopkins was one of the leaders of the pack and a radical mastectomy that went by his name for nearly a millennium was – well, very radical – disfiguring, functionally impairing, mentally traumatic and surgically challenging.

We have come a long way. Today less is more. Many patients can have lumpectomy with sentinel node sampling. We have learned that breast conservation is not only equally effective to more radical surgeries for most patients, but that there is evidence patients receiving radiation may in fact have better survival.

However, surgery and radiation were not enough as curative modalities as we found that breast cancer, in a majority of patients, was a systemic disease, even when it appeared to be localized. Hormonal therapy, chemotherapy and targeted therapies became incorporated into the treatment of the patient with breast cancer as “adjuvant” to surgery and/or radiation. This has led to reduction in annual odds of recurrence by 50 percent to 65 percent in the last few decades. Yet, because it did add additional toxicity, the question became which patients should be given adjuvant therapy since everyone did not benefit from them.

Until very recently, adjuvant treatment decisions were based on a limited number of established factors like loco-regional tumor stage, age of the patient, grade of the tumor, and expression of hormone receptors, HER2 and Ki-67. However, these prognostic markers have limited usefulness. As an example, hormone receptors and HER2 can predict

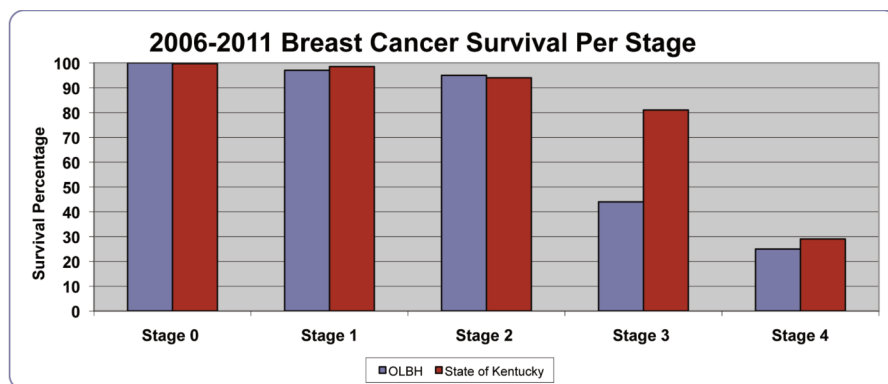
that negative patients would not respond to hormonal therapy or HER2 directed therapy but cannot predict if all hormone receptor or HER2 positive patients who receive these therapies would respond to it.

Genomic and molecular sciences have made a quantum leap in the last few years, starting with the complete mapping of the human genome in 2003. Since then the speed of mapping has increased logarithmically and the cost has dropped like a rock! Genomic and molecular profiling techniques have revolutionized our understanding of cancer. We are now starting to understand that breast cancer, as we know it now, is in fact a group of many heterogeneous diseases; no two patients are alike.

Even the seemingly single subset of breast cancer such as triple negative breast cancer (TNBC), we are learning, is a heterogeneous disease composed of distinct molecular subtypes that differentially respond to known chemotherapies or more recently developed targeted therapies. These therapies are now being validated in clinical trials. We have learned all patients with early breast cancer do not need chemotherapy and that we can identify low risk versus high risk groups with greater precision using genomic profiles like OncotypeDx and Mammamprint – assays profiling a group of genes from 21 to 70, that can identify poor prognosis breast cancer from good prognosis breast cancer with a much higher degree of sensitivity than factors noted above. This allows us to improve efficacy of treatments and reduce toxicity.

When we combine various factors mentioned above including the first generation genomic assays with patient choices, we end up with a large number of small groups of patients where treatment will need to be tailored to that small group. With technological advances and better understanding of cancer, these approaches are being overtaken by full sequencing strategies whereby the genome of an individual patient’s tumor is mapped, looking for specific drivers in that particular tumor, which would allow

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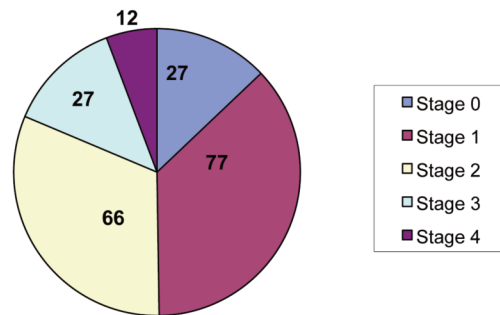


Breast Cancer Therapy continued...

individualization of treatment. Several companies have developed these assays which are being tested in clinical trials. Further, we are learning the molecular basis of resistance to commonly used drugs (e.g. coactivation of tumor cell membrane growth factors like EGFR, HER2 and IGFR are associated with resistance to some hormonal treatments, and dysregulation of the PI3K/AKT/mTOR signaling pathways is associated with resistance to endocrine and HER2-based therapies). Additionally, we are learning that dual inhibition of this type of pathways by targeted agents may be better than monotherapy.

As our understanding of these “driving” molecular abnormalities is growing rapidly, we are finding that each tumor has different combinations of these anomalies. We are heading for truly personalized cancer therapy whereby each patient would have her tumor genome sequenced, exact predictive anomalies in the tumor identified, and a more specific as well as a more effective treatment plan devised that would be specific to that particular patient only – and be highly curative. How exciting that we are getting closer to that era of truly personalized therapy!

2006-2011 Breast Cancer Cases - OLBH



2012 OLBH Cancer Committee

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- Tiffany Buckner
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American Cancer Society
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- Brenda Ward, MSW, CSW
- Margaret Ward, APRN,
Nurse Navigator
- Diana Williams RN, MSN,
Director of Community Resources
- Dr. Steven Woolley, Radiology

2011 Cancer Data Summary

Percentage of OLBH Cancer Incidence by Primary Site

TRACHEA, BRONCHUS, LUNG NSC	22.73%
BREAST, FEMALE & MALE	16.94%
PROSTATE	9.09%
COLON	6.61%
MALIGNANT MELANOMA	5.37%
TRACHEA, BRONCHUS, LUNG SMALL CELL	5.37%
BLADDER	4.96%
NON-HODGKIN'S LYMPHOMAS	3.31%
RECTUM/ANUS	3.72%
OVARY	2.48%
LIVER	2.07%
STOMACH	2.07%
UNKNOWN PRIMARY	2.07%
OROPHARYNX	1.65%
ENDOMETRIUM	1.65%
KIDNEY	1.65%
PANCREAS	1.24%
THYROID	1.24%
LARYNX	0.83%
HODGKIN'S	0.83%
BUCCAL MUCOSA	0.4%
CERVIX	0.4%
CONNECTIVE & SOFT TISSUE	0.4%
DIGESTIVE TRACT, OTHER	0.4%
ESOPHAGUS	0.4%
FEMALE GENITAL ORGANS	0.4%
MOUTH, FLOOR	0.4%
MYELOID LEUKEMIAS	0.4%
SMALL INTESTINE	0.4%
TONGUE	0.4%

Registrar's Report

OLBH began its cancer registry in 1991 to collect data from every patient diagnosed or treated for cancer at the hospital. The data plays an important role in the ongoing evaluation of cancer care. The cancer registry is a computerized data collection and analysis center that contributes to patient treatment, planning, staging, and continuity of care through data retrieval, annual analysis, and long term follow-up.

The OLBH cancer registry is a member of Kentucky Cancer Registry (KCR) and the American College of Surgeons (ACOS). Information is submitted annually to KCR for the Kentucky Cancer Incidence Report. The registry also participates in the "Call for Data" by the National Cancer Data Base, which is designed to provide an annual review of patient care, a comparative summary of hospital cancer statistics and data edit report.

All information collected for the registry is kept strictly confidential. General data however, is available for presentation, publications, reports, etc. For more information regarding the OLBH cancer registry, please call, **Barb Fitzpatrick**, CTR, at (606) 833-3252.