2009–2010
Cancer Program
Annual Report

Including:
Cancer Committee Chairman’s Report
Statistical Summary
Mercy Cancer Care
Program Components
Site-Specific Analysis
of Colon Cancer

MERCY
IOWA CITY
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Extraordinary Care.

500 East Market Street, Iowa City, Iowa 52245
www.mercyiowacity.org
Chairman’s Report
By Dr. Hamed Tewfik, Radiation Oncologist, Cancer Committee Chairman

The 2009–2010 Cancer Program Annual Report is issued by the Cancer Committee of Mercy Iowa City. This multidisciplinary committee provides leadership for Mercy’s cancer program.

As chairman of the Mercy Cancer Committee, I am pleased to introduce this report, which includes a highlight of cancer services available at Mercy; a focused review of colon cancer by A. Donald Smith, M.D., surgeon; and a summary of activities and improvements in patient care.

Since the publication of our last report:

- Mercy’s Cancer Program was surveyed by the Commission on Cancer (CoC) of the American College of Surgeons. Mercy Iowa City has maintained accreditation by the CoC since 1992. Our program was recognized for its consistent levels of professional and community education on cancer prevention and detection as well as cancer-related patient care improvements.
- Mercy’s Radiology Department has obtained a newly released magnification localization kit which is used for needle localizations with magnification, allowing for improved guidance and imaging. The kit was funded by gifts to the Mercy Hospital Foundation.
- Mercy’s Laboratory is using two new antibodies to help classify non-small cell lung carcinoma. Using a panel of TTF-1, Napsin A, CK 5/6 and p63 allows classification of non-small cell lung cancer as either adenocarcinoma or squamous cell carcinoma in more than 85 percent of cases. This allows for more accurate identification of patients who may benefit from the new targeted molecular therapies.
- To assist with breast cancer treatment planning, image analysis will be used on a trial basis for scoring HER-2 and ER/PgR results, hopefully allowing for more standardized results.
- Robotic surgical capabilities expanded to gynecological procedures. Benefits that women can expect from this technology include less incisional pain, less blood loss, and improved healing.
- In August 2010, Mercy Hospital Foundation sponsored its 9th annual community cancer seminar, “Focus on Cancers of the Head and Neck: Hear from the Doctors.” Seven medical staff members presented information on the types of head and neck cancer, risk factors, diagnosis, treatment, and reconstruction. Iowa City Channel 4 videotaped this program for television and online viewing.
- Breast cancer care coordination from detection through diagnosis and treatment has been embraced by patients, medical staff, and support staff. Judy Gilliam, RN, oncology nurse and Breast Cancer Care Coordinator, serves as a resource for patients. Patient feedback is appreciative and positive.
- Iowa City Cancer Treatment Center recognized its 25th year of providing care to southeast Iowans with an open house. The center offers a family-like atmosphere with state-of-the-art radiation therapy.
- Cancer Care of Iowa City implemented an interdisciplinary electronic health record.
- Ofatumumab (trade name Arzerra), a second-line injectable chemotherapy treatment, is now being used for chronic lymphocytic leukemia.
- Continuing education programs addressed ethical decision making, gastrointestinal/colon cancers, mammography screening guidelines, managing professional caregiver stress, and palliative care.
- A community melanoma screening was conducted by Mercy dermatologists in conjunction with the American Academy of Dermatology Association. A third of those screened were referred for follow-up due to identified problems.
- Lilly Oncology on CanvasSM: Expressions of a Cancer Journey was exhibited at Mercy during October. The Mercy atrium was a welcoming space for this national collection of artwork created by individuals diagnosed with cancer, healthcare providers, and family members.

In closing, every annual report marks a time of reflection on the past and a focus on the future of cancer care services. Providing care that is compassionate, skilled, and respectful continue to be the traditions and goal of Mercy Iowa City.
**Statistical Summary**

**Incidence of Cancer by Site**

Exhibit I summarizes the incidence of cancer by site at Mercy Iowa City in the 2009 calendar year. A total of 571 cases (540 analytic and 31 non-analytic) were seen at Mercy Iowa City. Digestive system, respiratory system, breast, and genitourinary cancers collectively comprised 74% of the cases in 2009. Colon cancer is the subject of the site-specific analysis in this year’s annual report.

**Top Cancers in Females**

According to “Cancer in Iowa–2009,” published by the State Health Registry of Iowa, the three most common sites of cancer in females are breast, lung, and colorectal. The three most common sites in females at Mercy Iowa City were breast, colon, and lung. In 2009, approximately 53% of all cancers diagnosed at Mercy Iowa City occurred in women. Exhibit II lists the most frequent sites of cancer in females at Mercy Iowa City in 2009. Breast cancer accounted for approximately 35% of the female cases. Colon cancer is next, accounting for 8%. Lung cancer accounted for 7%. Corpus uteri and thyroid each accounted for 5%.

**Top Cancers in Males**

“Cancer in Iowa 2009” lists the three most common sites of cancer in males as prostate, lung, and colorectal. The three most common sites in males at Mercy Iowa City were prostate, lung, and bladder. Approximately 47% of the total cancers diagnosed at Mercy Iowa City in 2009 occurred in men. Exhibit III summarizes the most common types of cancer occurring in males at Mercy Iowa City in 2009. Prostate cancer accounted for 31% of the male cases. Lung cancer was next most common in males at 12%. Bladder accounted for 9%. Non-Hodgkin’s lymphoma accounted for 7%, and kidney/renal pelvis accounted for 6% of the total of male cancers diagnosed.

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**Exhibit I**

**Incidence of Cancer by Site**

**Mercy Iowa City, 2009**

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Analytic</th>
<th>Non-analytic</th>
<th>Combined Total</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lip</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0.7%</td>
</tr>
<tr>
<td>Tongue</td>
<td>7</td>
<td>2</td>
<td>9</td>
<td>1.6%</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Mouth, other &amp; NOS</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Tonsil</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>1.2%</td>
</tr>
<tr>
<td>Stomach</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Small intestine</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Colon</td>
<td>38</td>
<td>0</td>
<td>38</td>
<td>6.7%</td>
</tr>
<tr>
<td>Rectum, rectosigmoid</td>
<td>17</td>
<td>0</td>
<td>17</td>
<td>3.0%</td>
</tr>
<tr>
<td>Anus, anal canal, anorectum</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.5%</td>
</tr>
<tr>
<td>Liver</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>1.2%</td>
</tr>
<tr>
<td>Nasal cavity, sinus, ear</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Larynx</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>1.6%</td>
</tr>
<tr>
<td>Lung, bronchus</td>
<td>52</td>
<td>3</td>
<td>55</td>
<td>9.6%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>23</td>
<td>5</td>
<td>28</td>
<td>4.9%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other hematopoietic</td>
<td>9</td>
<td>2</td>
<td>11</td>
<td>1.9%</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>2.1%</td>
</tr>
<tr>
<td>Other skin cancer</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Breast</td>
<td>101</td>
<td>4</td>
<td>105</td>
<td>18.4%</td>
</tr>
<tr>
<td>Corpus uteri</td>
<td>16</td>
<td>0</td>
<td>16</td>
<td>2.8%</td>
</tr>
<tr>
<td>Uterus, NOS</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Ovary</td>
<td>8</td>
<td>1</td>
<td>9</td>
<td>1.6%</td>
</tr>
<tr>
<td>Other female genital</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Prostate</td>
<td>80</td>
<td>4</td>
<td>84</td>
<td>14.7%</td>
</tr>
<tr>
<td>Testis</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0.7%</td>
</tr>
<tr>
<td>Bladder</td>
<td>29</td>
<td>2</td>
<td>31</td>
<td>5.4%</td>
</tr>
<tr>
<td>Kidney &amp; renal pelvis</td>
<td>24</td>
<td>0</td>
<td>24</td>
<td>4.2%</td>
</tr>
<tr>
<td>Ureter</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other urinary</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Brain</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other nervous system</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>1.8%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>15</td>
<td>1</td>
<td>16</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other endocrine</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Hodgkin’s disease</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Non-Hodgkin’s lymphoma</td>
<td>29</td>
<td>1</td>
<td>30</td>
<td>5.3%</td>
</tr>
<tr>
<td>Unknown or ill-defined</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

**Totals**  
540 31 571

*Source: State Health Registry of Iowa / Cases abstracted by SHRI Field Representative*
Definition of Terms

**Analytic:** Cases which are first diagnosed and/or received all or part of the first course of treatment at Mercy Iowa City.

**Non-analytic:** Cases which are seen at Mercy Iowa City after diagnosis and a full course of therapy elsewhere or which were first diagnosed at autopsy.

**Stage of Disease:** A description of the extent of tumor spread determined at the first course of treatment as categorized by the Surveillance, Epidemiology, and End Results (SEER) Program.

- **In-Situ:** Neoplasm that fulfills all microscopic criteria for malignancy except invasion.
- **Localized:** Neoplasm that appears entirely confined to the organ of origin.
- **Regional:** Neoplasm that has spread by direct extension to immediately adjacent organs or tissues, developed secondary or metastatic tumors, metastasized to distant lymph nodes, or been determined to be systemic in origin.
- **Distant:** Neoplasm that has spread beyond immediately adjacent organs or tissues, by direct extension, developed secondary or metastatic tumors, metastasized to distant lymph nodes, or been determined to be systemic in origin.
- **Unknown, unstageable:** Tumor cannot be assessed or is unknown, or there is not enough information to assign a stage.

**TNM Staging:** A tumor classification system published by the American Joint Committee on Cancer used to stage cases. TNM stands for tumor, node, and metastasis.

**Tumor Registry:** A cancer data system which provides a record of the diagnosis, stage, treatment, and follow-up of all types of cancer at Mercy Iowa City.

Mercy Cancer Care Program Components

**Cancer Committee**

The Mercy Iowa City Cancer Committee is a multidisciplinary committee responsible for planning and initiating all cancer-related programs and services at Mercy Iowa City. The committee is made up of physicians, nurses, and other health care professionals involved in the care of individuals with cancer. The Cancer Committee meets on a quarterly basis.

**Tumor Registry**

The Tumor Registry is a complete database of all cancer cases diagnosed and/or treated at Mercy Iowa City. The data in the Registry is available for use by the Cancer Committee, medical staff, and others for special studies, audits, and research. The Mercy Iowa City Tumor Registry is a shared service registry developed in cooperation with the State Health Registry of Iowa.

**Cancer Conferences**

The Cancer Committee sponsors weekly cancer conferences which are an educational and consultative component of Mercy’s Cancer Program. During 2009, more than 63 case studies on a variety of types of cancer were discussed, including breast, prostate, lung, colon, kidney, rectal, bladder, esophagus, and lymphomas. Conferences focus on concurrent case reviews to allow for timely consultation and treatment planning. Each presentation includes review of the medical history and physical findings, clinical course, radiographic studies, and pathological interpretations.

**Patient Care Evaluation Studies**

The Cancer Committee conducts at least two patient care evaluation studies each year for the purpose of evaluating and improving the quality of cancer patient care at Mercy Iowa City.

Cancer Committee Members

Hamed Tewfik, MD, Chairman
Radiation Oncology
Thomas, F. Viner, MD
ACoS Field Liaison Physician
Otolaryngology
James Feeley, MD
Medical Oncology
Lynn Skopec, MD
Pathology
A. Don Smith, MD
General Surgery
James Wiese, MD
Radiology
Bruce Anderson, ARNP
Patient Care Coordinator & Hospitalist
Tim Bernemann, M.Div.
Director of Pastoral Care
Heidi Berns, MS, RTR
Administrative Director of Radiology
Judy Gilliam, RN, OCN
Oncology Charge Nurse
Barbara Griswold, RN
Director of Quality, Patient Safety & Compliance
Jeanne Hein, RN
Director of Nursing Operations
Barb Dittler, RN
Nurse Manager, 3 West
Kim Lopez, RN
Nurse Manager, 4 Center
Kathy Marner, RHIT
Tumor Registrar
Mary McCarthy, RN
Patient Education Coordinator
Cindy Penney, RN
Administration/Vice President of Nursing
Theola Rarick, CTR
State Health Registry of Iowa
Kimbra Truby, LISW
Social Worker
Dawn Whitehill, Pharm.D., R.Ph.
Pharmacy
Kathy Wisgerhof, RN
Quality Management Services
Sheila Wright, RD, LD
Registered Dietitian
EXHIBIT II
Top Cancers Among Females at Mercy Iowa City in 2009*

- Breast
- Colon
- Lung
- Corpus uteri
- Thyroid
- Leukemia
- Rectum, rectosigmoid
- Non-Hodgkin's lymphoma
- Ovary
- Other nervous system

Number of Cases

EXHIBIT III
Top Cancers Among Males at Mercy Iowa City in 2009*

- Prostate
- Lung
- Bladder
- Non-Hodgkin's Lymphoma
- Kidney & renal pelvis
- Larynx
- Tongue
- Esophagus

Number of Cases

*Source: State Health Registry of Iowa*
Site Specific Analysis of Colon Cancer
By Dr. A. Donald Smith, General Surgery

Colon cancer is a commonly occurring disease that affects mostly middle or older age groups. The disease is treated by surgery and then possibly chemoradiation. Progress in the treatment of colon cancer has been in the following: 1) early detection, 2) minimally invasive surgical techniques, 3) genetic testing of high-risk families, and 4) newer chemotherapeutic agents.

Screening/diagnosis
Early detection is mainly through screening colonoscopy, with polypectomy if abnormal growths or tags are found. Recommendations are for the first exam at the age of 50, or 10 years younger than the age of the family member with the diagnosis of colon cancer. Exhibit IV shows a comparison of age at diagnosis for colon cancer cases at Mercy Iowa City and other community hospital cancer programs in 2007 (most recent statistics available for comparison from the National Cancer Database Benchmark Reports).

Removal or polypectomy of the growth can prevent the progression into an invasive cancer. Many patients are spared an open operation by screening and removal of small growths. Most patients with advanced disease have never been scoped or it has been many years since the last examination. While most patients have distaste for the bowel prep before the exam, the preps can be tailored to fit the patient’s preference. Radiological exam of the colon can be done with the CT scan. However, no removal of the polyp can be done and the preparation for the exam is the same as with colonoscopy.

Treatment/management
Minimally invasive surgery means the use of the laparoscope to assist in the removal of the affected segment of the colon. Studies have shown good outcomes with this technique; however, the number of lymph nodes removed with the specimen should be adequate to determine the spread or the stage of the cancer. The hospitalization and return to work/normal activities is less with the minimally invasive surgery. An incision is still necessary to remove the segment of bowel and its regional lymph nodes. The sentinel lymph node technique used with breast cancer has not been as useful in colon cancer, and is not routinely done except in study situations. Exhibit V shows a comparison of stage at diagnosis for colon cancer cases at Mercy Iowa City and other community hospital cancer programs (most recent statistics available for comparison from the National Cancer Database Benchmark Reports).

Survival/prognosis
The earlier the diagnosis, the better the prognosis. The five-year colon cancer survival rate is the percentage of people who are alive five years after being diagnosed, whether they have few or no signs or symptoms of cancer, are free of disease, or are receiving treatment. Exhibit VI compares the observed five-year survival rate for colon cancer at Mercy Iowa City and other community hospital cancer programs (most recent statistics available for comparison from the National Cancer Database Benchmark Reports).
EXHIBIT V
Stage at Diagnosis for Colon Cancer for Mercy Iowa City and Other Community Hospital Cancer Programs in 2007*

EXHIBIT VI
Observed 5-Year Survival Rates for Colon Cancer from 1998 to 2002*

Source for Exhibits IV, V, and VI: National Cancer Data Base Benchmark Reports

* Most recent statistics available for comparison
Cancer Support Services at Mercy Iowa City

A full range of cancer services is available at Mercy Iowa City. More information can be obtained from Mercy On Call, 358-2767 or toll-free 1-800-358-2767.

Diagnostic services
- Digital diagnostic and screening mammography
- Stereotactic breast biopsy
- Sentinel node injections/localizations
- Magnetic resonance imaging (MRI) of all areas, including breast MRI
- Nuclear medicine imaging and testing
- PET/CT imaging
- Ultrasound imaging
- Computed tomography (CT), including CT colonography
- Special procedures—biopsies, paracentesis, thoracentesis, epidural and joint injection procedures
- PICC line placements

Cancer Care of Iowa City, LLC
Outpatient chemotherapy, hematology, and educational services are provided in Cancer Care of Iowa City, LLC, located in the Mercy Cancer Center, 613 East Bloomington Street. Compassionate care is provided by medical oncology specialists in pleasant surroundings.

Iowa City Cancer Treatment Center
Radiation therapy is provided at the Iowa City Cancer Treatment Center, also located in the Mercy Cancer Center. Inpatients and outpatients alike are cared for by radiation oncologists and the professional staff in the center’s relaxed, home-like atmosphere. Many educational materials are available there as well. Transportation and a nurse escort are provided to and from the center for Mercy inpatients.

Home Care Services
Mercy offers professional and personal services for patients and families who need extra support at home. These services include nursing and rehab services, skilled nursing, wound/ostomy nursing, nutritional counseling, home care aides, medical social worker services, and pastoral care. Mercy Home Care is Medicare/Medicaid certified.

Personal cares, 24-hour care, overnight companionship, homemaking, transportation, light housekeeping, medication reminders, and physician follow-up are also available on a private pay basis.

Mercy Lifeline is a home-based medical emergency response system. It provides a communication link for the subscriber 24 hours a day.

For information: 319-358-2740

Finances and Insurance
Questions about insurance coverage can be directed to Mercy’s Patient Accounts Office: 319-339-3616.

Mercy offers a Financial Assistance Program for those with identified needs who meet specific criteria; call 319-339-3907.

American Cancer Society
The American Cancer Society and Mercy staff work together to provide such services as Look Good . . . Feel Better, Road to Recovery, Cancer Resource Network, and other information and support services.

Mercy Hospital Foundation
Mercy Hospital Foundation has a specific fund for cancer care. Donations to the Cancer Care Fund contribute to diagnostic, education, and support services at Mercy. The Foundation also provides the funds for diversionary activities such as tapes, videos, and books.

For information: 319-339-3657

Guest Lodging
Overnight lodging is available at a nominal cost in Mercy Guest Lodging, located on 3 Mercy North. These private rooms offer twin beds, television, telephone, and private bathroom.

For information: 319-339-3659

The Hope Lodge
The Russell and Ann Gerdin American Cancer Society Hope Lodge in Iowa City provides supportive, non-medical accommodations at no cost during cancer treatment for adult cancer patients and their caregivers. It is located near Ronald McDonald House and is open to patients from Mercy, University of Iowa Hospitals and Clinics, and VA Medical Center.

Mercy Hospice Care and Local Hospice Services
Mercy Iowa City opened a new six-bed community hospice unit in April 2009. It is designed to serve the physical, emotional, and spiritual needs of patients facing the end of life and the needs of their loved ones.

Mercy’s cancer care staff also works with area hospices to assist with patient care needs. Iowa City Hospice is one example of an agency that offers care and support to individuals at the end of life.

Rehabilitation Services
Physical, occupational, and speech therapy are provided through Progressive Rehabilitation Associates, LLC. Enterostomal nursing therapy is also available.

Education Services
Information on types, treatments, detection, and prevention of cancer is available through Cancer Care of Iowa City, patient care areas, and Mercy’s Education Office. Mercy staff collaborate with the American Cancer Society to provide services.

Nutrition Counseling
Mercy dietitians provide individual assistance with nutritional assessments, special dietary instructions, and basic nutritional counseling.

Pastoral Care
Mercy’s chaplains can help patients and their families when questions, fears, and concerns may seem overwhelming. Pastoral Care staff members can also help with specific religious needs, such as receiving the Catholic sacraments or arranging for clergy of any faith to visit with patients and family. Resources such as tape recorders, audiotapes, and books are also available through Pastoral Care.

Social Support
HOPE Cancer Support Group welcomes people with any type of cancer and their families. The Continuing After Breast Cancer Support Group provides women with mutual support and sharing after breast cancer. Monthly meetings of both groups take place at Mercy.

Support groups for people with other specific types of cancer are available in the Iowa City area.

For information: Mercy On Call, 319-358-2767 or 1-800-358-2767