

PUTNAM COUNTY | INDIANA

TOGETHER, THE STRENGTH TO FIGHT CANCER



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FIGHTING CANCER WITH THE
PEOPLE YOU TRUST

Putnam County Hospital's 2011 Cancer Report

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PUTNAM COUNTY HOSPITAL 2011 QUALITY IMPROVEMENT DATA STUDY: COLON CANCER

ABOUT COLON CANCER

Colorectal carcinoma, also called colon cancer or large bowel cancer, includes cancerous growths in the colon and rectum. Many colorectal carcinomas are thought to arise from polyps in the colon. These mushroom-like growths are usually benign (non-cancerous), but some may develop into cancer over time. The diagnosis of colon cancer is usually through colonoscopy, which involves the insertion of a thin, flexible, lighted tube to look at the inside of the colon. Colorectal cancer is common enough that colonoscopy after the age of 50 is recommended as a routine procedure.

Cancer of the colon arises sporadically in about 80% of those who develop the disease. Twenty percent of people are thought to have a genetic predisposition. Age also plays a definite role in the predisposition to colon cancer. Most cases occur after age 50, and the average age for those who develop the disease is 62. Colon cancer may be associated with a diet high in fat and calories. People who eat a diet similar to that of western countries (United States and Europe) have higher risks of developing colon cancer than do people who eat diets typically seen in developing countries. When people move from a developing country to a western country and adapt to the western diet, their risk of colon cancer increases. If you're inactive, you're more likely to develop colon cancer. Getting regular physical activity may reduce your risk. Obese people have an increased risk of colon cancer and an increased risk of dying of colon cancer when compared to people of normal weight.

Some colon polyps are a risk factor for colon cancer. Removing them at the time of colonoscopy reduces the risk of colon cancer. Your risk of colon cancer increases if you have a family history of this cancer, especially in a close relative before the age of 55. Also, smokers are more likely to die of colorectal cancer than nonsmokers. An American Cancer Society study found that women who smoked

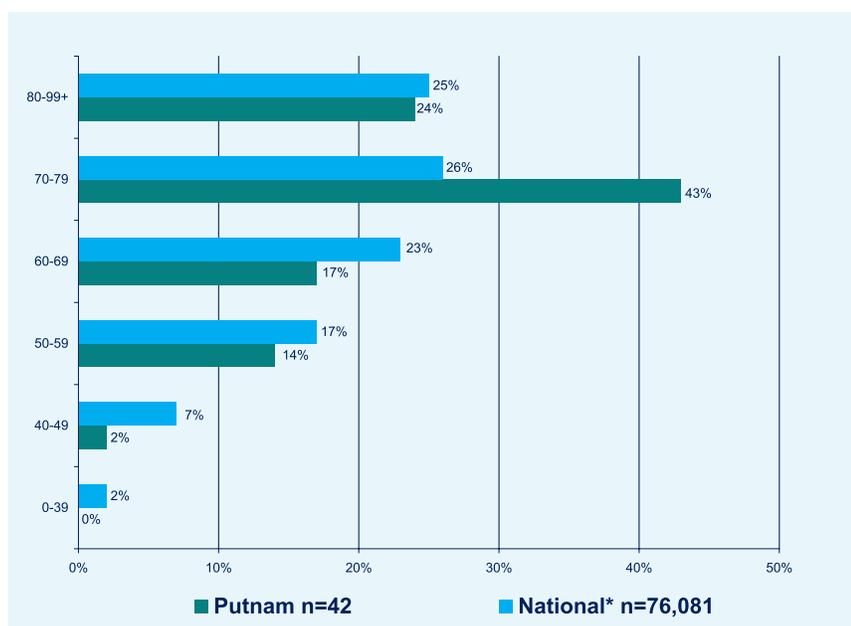
were more than 40% more likely to die from colorectal cancer than women who had never smoked.

Putnam County Hospital treated 42 patients with colon cancer from 2006-2010. We have analyzed these cases in detail and have compared our experience to the National Cancer Data Base.

AGE AT DIAGNOSIS

Putnam County Hospital is generally comparable with the national averages relative to age at cancer diagnosis. However, as noted on the "Colon Cancer By Age" chart on this page, there were more patients in their 70s at our hospital as compared to the national average (43% vs. 26%).

PUTNAM COUNTY HOSPITAL'S 2006-2010 ANALYTIC COLON CANCER BY AGE



*This chart illustrates the number of colon cancer patients by their age at Putnam County Hospital between 2006-2010 compared nationally. The word "analytic" refers to those cases diagnosed and/or treated initially at Putnam County Hospital. *National comparison: 2008, National Cancer Data Base, Chicago, IL.*

STAGE AT DIAGNOSIS (see chart this page)

Putnam County Hospital is generally comparable with the national averages in regard to the stage at the time of diagnosis. Stages I, II, III, and IV were roughly equal with only slightly more patients in stage I as compared to the other stages.

Stage is important to understand because it can determine treatments and survival. A stage is given to a tumor at diagnosis so that the physician can understand the extent of the disease.

Stage 0: Neoplasm that meets microscopic criteria for malignancy except invasion

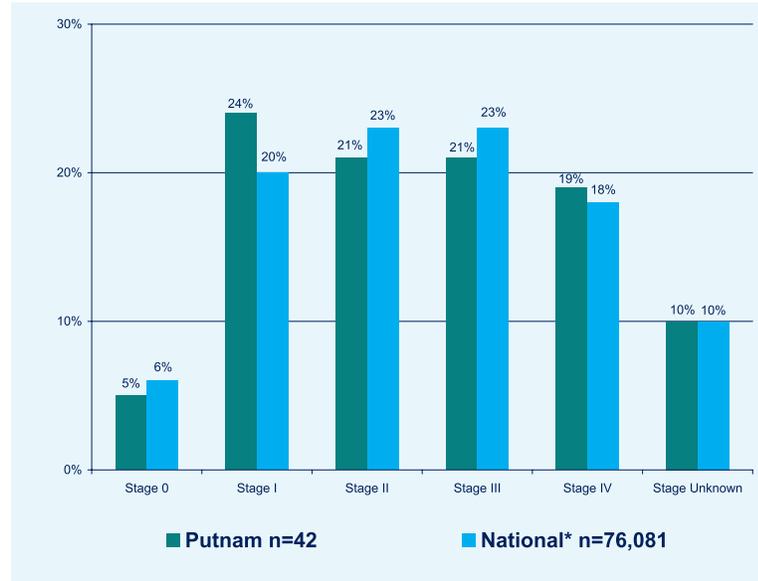
Stage I: Malignancy that is entirely confined to organ of origin

Stage II/III: Malignancy that has spread by direct extension to immediately adjacent organs/tissue or has metastasized to regional lymph nodes or organs

Stage IV: Malignancy that has spread beyond adjacent organs or tissues by direct extension or has developed secondary or metastatic tumors, metastasized to lymph nodes or is systemic in origin.

The AJCC (American Joint Committee on Cancer) formulates and publishes systems of classification of cancer, including staging and end results reporting, which is acceptable to and used by the medical profession.

PUTNAM COUNTY HOSPITAL'S 2006-2010 ANALYTIC COLON CANCER BY AJCC STAGE



*This chart compares Putnam County Hospital with national statistics relative to "stage" for colon cancer. The word "analytic" refers to those cases diagnosed and/or treated initially at Putnam County Hospital. *National comparison: 2008, National Cancer Data Base, Chicago, IL.*

TREATMENT PROTOCOLS

Putnam County Hospital is significantly more likely to treat patients with more than surgery alone as compared to the national averages. Forty-eight percent of Putnam County Hospital's patients were treated with surgery only, as compared to 61% nationally. Forty-three percent of our patients were treated with surgery and chemotherapy as compared to 25% nationally.

SURVIVAL DATA

Putnam County Hospital has reviewed the survival data of patients who first were diagnosed in the years of 2001-2005. Putnam County Hospital's survival for those years was somewhat less than the national average, but this is related to the disproportionate number of patients in their 70s.

RECOMMENDATIONS AND FOLLOW-UP STEPS

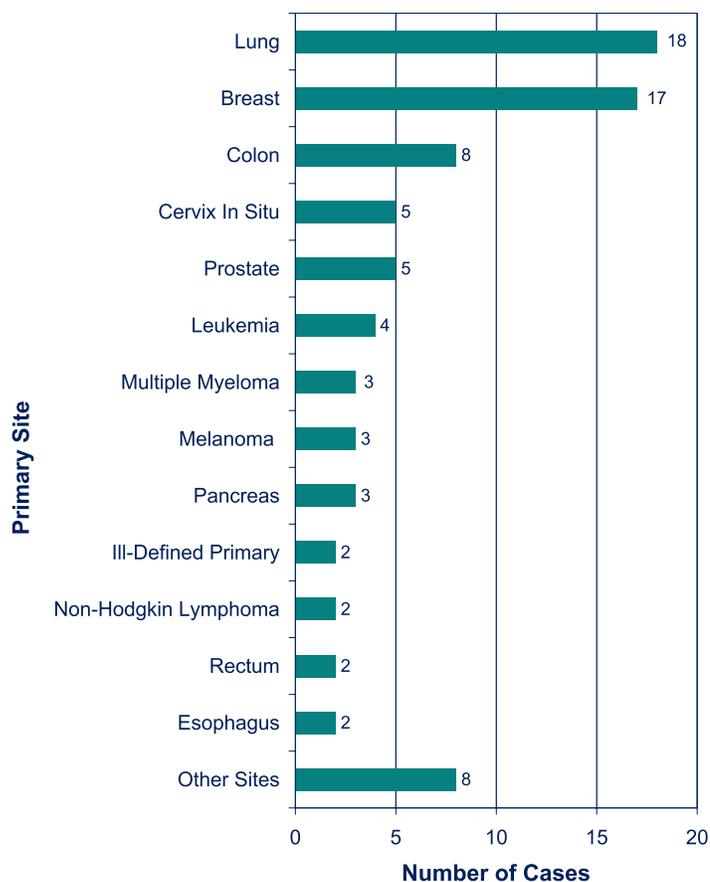
For improvement purposes, the data will be summarized in this report, and will be made available to the medical staff as well as the general public. It will emphasize the national comparative data with the goal of increasing local physician awareness and stimulating activity. An attempt will be made to educate the patient population through placing articles in the local newspapers, participation in health fairs and distributing educational materials. We will continue to monitor for the implementation of the educational process. Our Cancer Committee will develop a check list for family physicians as a reminder to offer screening colonoscopies for patients age 50 and older.

Tony Yeiter, MD
Cancer Committee Chairman

PUTNAM COUNTY HOSPITAL'S 2010 CANCER INCIDENCE BY SITE AND SEX COMPARED NATIONALLY

| Male | Putnam n=36 | | National n=789,620 | | Female | Putnam n=37 | | National n=739,940 | |
|-----------------------|----------------|-----|-----------------------|-----|----------------------|----------------|-----|-----------------------|-----|
| Prostate | 5 | 14% | 217,730 | 28% | Breast | 15 | 41% | 207,090 | 28% |
| Lung | 13 | 36% | 116,750 | 15% | Lung | 5 | 14% | 105,770 | 14% |
| Colon & Rectum | 4 | 11% | 72,090 | 9% | Colon & Rectum | 5 | 14% | 70,480 | 10% |
| Urinary Bladder | 0 | 0% | 52,760 | 7% | Uterine Corpus | 1 | 3% | 43,470 | 6% |
| Melanoma Skin | 1 | 3% | 38,870 | 5% | Thyroid | 0 | 0% | 33,930 | 5% |
| Non-Hodgkin Lymphoma | 1 | 3% | 35,380 | 4% | Non-Hodgkin Lymphoma | 1 | 3% | 30,160 | 4% |
| Kidney | 1 | 3% | 35,370 | 4% | Melanoma Skin | 2 | 5% | 29,260 | 4% |
| Oral Cavity & Pharynx | 0 | 0% | 25,420 | 3% | Kidney | 0 | 0% | 22,870 | 3% |
| Leukemia | 2 | 6% | 24,690 | 3% | Ovary | 0 | 0% | 21,880 | 3% |
| Pancreas | 3 | 8% | 21,370 | 3% | Pancreas | 0 | 0% | 21,770 | 3% |
| All Other Sites | 6 | 17% | 149,190 | 19% | All Other Sites | 8 | 22% | 153,260 | 20% |

This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated initially at Putnam County Hospital) in 2010 and breaks them down by site of origin and sex. The increased percentage of breast cancer incidences in Putnam County is a result of emphasis on screening in appropriate females. National estimates provided by the "American Cancer Society: 2010 Cancer Facts & Figures." Excluded from the comparison are basal & squamous cell skin cancers and in situ carcinoma except urinary bladder. Male Excluded: Skin = 0 (0%), In situ = 2 (5%); Female Excluded: Skin = 0 (0%), In situ = 7 (16%).



PUTNAM COUNTY HOSPITAL'S 2010 INCIDENCE OF CANCER BY SITE 82 ANALYTIC CASES

This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated initially at Putnam County Hospital) in 2010 and breaks them down by site of origin.

INDIANA UNIVERSITY HEALTH WORKS IN PARTNERSHIP WITH PUTNAM COUNTY HOSPITAL'S CANCER CARE CENTER

Earlier this year, Indiana University Health acquired Indianapolis-based Community Cancer Care (CCC), the health care organization that has provided cancer care and programming to Putnam County Hospital for more than 25 years.

The acquisition will enable our cancer program to continue to grow and build on its successful history, as well as have greater access to the research and support services of the IU Simon Cancer Center. IU Health Cancer services works closely with Putnam County Hospital's leadership team, physicians and staff to further the CCC vision as well as maintain the highest level of service our patients have come to expect.

"When we started CCC 28 years ago, our vision was to provide access to high-quality cancer care for patients across rural Indiana – no matter where they lived. We worked together with Putnam County Hospital to build an infrastructure that is available 365 days a year, and patients have greatly benefited from our joint efforts. IU Health has additional resources to advance Putnam County Hospital's oncology program, so it's time to pass the baton to them. CCC co-founder Sara Edgerton and I are honored to have worked with Putnam County Hospital's physicians, staff and patients. We are very proud of the accomplishments we've all worked toward," said William M. Dugan, Jr., MD, CCC co-founder and Putnam County Hospital medical oncologist/hematologist.

"Because of CCC's efforts, cancer patients in Putnam County have had access to high-quality oncology care here at our hospital for more than 25 years. We look forward to the opportunities this new relationship with IU Health presents," says Dennis Weatherford, Putnam County Hospital president and chief executive officer.

Putnam County Hospital's oncology program is accredited by the American College of Surgeons – Commission on Cancer – a national gold standard in cancer care. Of the 173 hospitals in Indiana, Putnam County Hospital is one of only 49 to hold this prestigious accreditation. In order to meet the standards necessary for Commission on Cancer approval, each cancer program must undergo an initial rigorous evaluation and performance review as well as document the 36 Commission on Cancer standards. Facilities with approved cancer programs (such as Putnam County Hospital's) must also undergo an on-site review every three years to maintain their approval.

5 COLORECTAL CANCER QUICK FACTS

1. Colorectal cancer is the third most common cancer in both men and women.
2. Early stage colorectal cancer does not usually have symptoms. Therefore, it's important to detect colorectal cancer in its early stages via regular screening.
3. Colorectal cancer can be curable when diagnosed in early stages. Screening tests can often detect precancerous growths so that they can be removed before developing into cancer.
4. Your chance of developing colorectal cancer depends upon both genetic and non-genetic factors.
5. More than 90% of colorectal cancer new cases are diagnosed in individuals age 50 or older. Beginning at age 50, men and women who are at risk should begin screening. Talk to your physician regarding your individual risk factors.

Visit [cancer.org](https://www.cancer.org) for more information

RECOGNIZING THE SYMPTOMS OF COLORECTAL CANCER

If you experience any of the following symptoms, call your family physician right away. These could be related to colorectal cancer or other serious medical conditions.

- Change in bowel habits
- Diarrhea, constipation or a feeling that your bowel is not completely emptying
- Blood in the stool (bright red or very dark in color)
- Stools that are narrower than usual
- General abdominal discomfort (i.e., gas, bloating, fullness, cramping)
- Weight loss for no apparent reason
- Chronic anemia (i.e., constant tiredness)
- Vomiting

Visit [cancer.org](https://www.cancer.org) for more information

OUR CANCER COMMITTEE

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