

2007

Slidell Memorial Hospital
Cancer Program Report



EDUCATION,
AWARENESS &
PREVENTION programs

A convenient & comfortable
INFUSION CENTER for patients
undergoing chemotherapy



The
MOST
ACCURATE
TECHNOLOGY
available anywhere



Image
Guided
Radiation
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undeniably the most advanced radiation cancer therapy

CANCER'S ENEMY

And for breast
cancer detection,
DIRECT DIGITAL
MAMMOGRAPHY
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We have technology to
DIRECTLY TARGET
tumors precisely,
eliminating damage to
healthy tissue.

SMH

Top 5% Nationally in Patient Safety.



SMH CANCER PROGRAM

Slidell Memorial Hospital (SMH) is a not-for-profit community based hospital with a very strong cancer services program that includes the most advanced radiation therapy available in the world, Image Guided Radiation Therapy. In April of 2005, SMH became the third non-teaching hospital in the United States and the eleventh overall to receive an IGRT machine, beating all regional competitors by more than two years. Despite being literally in the eye of Hurricane Katrina, and in a community that sustained some of the most catastrophic damage, SMH has been able to maintain its prominence in the area of cancer treatment. Many patients in New Orleans were left without their radiation and chemotherapy centers after the storm, but found solace in the fact that SMH could still provide their care. SMH offers the most advanced, comprehensive diagnostic and radiation therapy treatment options to patients, including 64 Slice CT scanner, digital Mammogram and Breast MRI, and a new PET/CT Center for optimal diagnostic capabilities; and Varian Trilogy radiation therapy and high-dose brachytherapy systems.

SMH is the only company in Louisiana to receive a Company of Excellence award by the American Cancer



MESSAGE TO THE COMMUNITY

At Slidell Memorial treating illnesses is what we do best. And, treating cancer is a real specialty of ours. Soon, Slidell Memorial Hospital will be home to one of the most advanced Regional Cancer Centers in the south. We have been a leader in cancer treatment technology for years. Most recently we added Image Guided Radiation Therapy (IGRT), the most advanced radiation treatment available in the world. Today, SMH also has High Dose Brachytherapy, a method by which radiation beads are placed directly into a tumor for minimal amounts of time. This process reduces treatment for certain cancers from many weeks or months down to just five days, and has outstanding results.

At MD Imaging on Gause Boulevard, we provide fully digital mammography, and now the new MRI Mammography, both of which are improvements on standard mammography, so breast cancers can be detected earlier and treated more effectively. Also at MD Imaging is a new state-of-the-art PET/CT scan. This system combines CT technology with PET technology, enabling doctors to get better views not only of the tumors, but also of how those tumors are reacting to treatment. Having this knowledge leads to better courses of treatment for the patient and, ultimately, better outcomes.

The technology is superb, and truly leads the market, but more importantly is that we have some of the best-trained physicians, nurses and clinical professionals providing the care. Our medical staff includes doctors who had the chance to leave the New Orleans area after Hurricane Katrina, but chose instead to relocate to Slidell because of what we were doing to make Slidell Memorial the leader in cancer care throughout the region.

Healthgrades, Inc., the leading independent rating company of hospital care and quality has named Slidell Memorial Hospital as one of the Top 5% of all hospitals in the nation for Patient Safety for two years in a row. This award is given rarely, and to receive it twice in a row is a real honor. Patients who receive care from a hospital with this distinction are 43% less likely to acquire post-admission complications.

A leader in technology. A leader in clinical service. A leader in Patient Safety. We are proud of these things, and we think you should be as well. Thank you for taking the time to read this year's Cancer Center Annual Report.

Bob Hawley
SMH Chief Executive Officer

Society in 2006 and 2007. A member of the Association of Community Care Centers and accredited by the American College of Surgeons Commission on Cancer, SMH's Cancer Program provides integrated cancer care, including cancer care education, prevention, diagnosis, treatment and rehabilitation. Services including radiation therapy, nutritional counseling, psychosocial services, support groups and case management are combined to holistically treat cancer patients.

Because of the dedication of the Board of Commissioners and Administration to developing a leading cancer program SMH has been able to attract physician and public support. In November 2007, voters of the Slidell Memorial Hospital service district voted overwhelmingly (79%) to allow an existing property tax millage to be used for the construction of a freestanding state-of-the-art comprehensive cancer center, which is scheduled to open in late 2009. This new center will take all of the existing services and consolidate them into one location. It will also increase the capacity of some of the existing services, and add ancillary cancer support services.

CANCER COMMITTEE CHAIR COMMENTARY

Slidell Memorial Hospital continues to be "Cancer's Greatest Enemy" in southeast St. Tammany Parish and beyond. Slidell Memorial is committed to providing the best possible cancer patient care for the region. At the core of this care is our multidisciplinary team approach utilizing staff expertise and the heartfelt care of an extensive team of healthcare professionals.

Slidell Memorial has maintained approval by the American College of Surgeons Commission on Cancer since 1992. Because of this ongoing commitment and the optimal vision of the Slidell Memorial Cancer team, plans are well underway to build a state-of-the-art Cancer Center at Slidell Memorial Hospital. Cancer patients will be able to remain close to home and family while undergoing treatment. Patients will be able to have diagnostic work-up, out-patient treatment and support services under one roof.

The Cancer Registry at Slidell Memorial was established in 1986. To date, over 6,500 cases have been entered into the tumor registry database. Lifetime annual follow-up services are being performed on over 4,500 cases to date. For 2006, the top 10 primary sites seen at Slidell Memorial were lung, breast, prostate, colon, leukemia, lymphoma, rectum & rectosigmoid, bladder, kidney & renal pelvis and thyroid. (See Table 6.) A total of 594 cases have been registered for 2006 representing a fifty percent (50%) increase over pre-Katrina incidence. (See 2006 Primary Site Table).

A Lung Cancer Study with survival analysis using 2006 data was performed. Slidell Memorial outcomes were compared with national data from the American College of Surgeons (ACoS) National Cancer Database (NCDB). Small cell and non-small cell cancers were analyzed separately. Study findings were comparable to national data with exception of a slight increase in unknown stage at diagnoses. The increase in unknown stage is probably attributable to patients with advanced disease who did not pursue aggressive work-up and or treatment. (See the Lung Cancer Study below.)

Again, Slidell Memorial is strongly committed to the concept of multidisciplinary care – it is our way of delivering advanced personalized treatment, care and attention to the whole person. We are proud of the comprehensive cancer program offering specialized care and support to cancer patients and their families.

Agustin Suarez, M.D.
Cancer Committee Chairman

Slidell Memorial Hospital Cancer Program 2006 LUNG CANCER STUDY

Comparison of patient characteristics, treatment modality, and outcome of Slidell Memorial Hospital (SMH) Cancer Program cases to national data: American College of Surgeons Commission on Cancer National Cancer Data Base (NCDB)

PATIENT CHARACTERISTICS AND TREATMENT MODALITY

Table 1. Non-Small Cell Lung Cancer (NSCLC)

2005 cases; National = 18,901 patients / 461 Community Cancer Centers; SMH = 61 patients

GENDER	NATIONAL %	SMH %
Male	56	59
Female	44	41
STAGE	NATIONAL %	SMH %
0	1	1
I	20	21
II	7	10
III	25	20
IV	37	23
Unknown	10	25
TREATMENT, 1ST COURSE	NATIONAL %	SMH %
Surgery only	14	21
Radiation only	14	18
Surgery + Chemo	0	0
Radiation + Chemo	23	26
Chemotherapy only	13	7
Surgery + Radiation + Chemo	3	7
Other	6	3
No 1st course	27	18

Table 2. Small Cell Lung Cancer (SCLC)

National = 453 Community Cancer Centers / 4,136 patients; SMH = 14 patients

GENDER	NATIONAL %	SMH %
Male	50	57
Female	50	43
STAGE	NATIONAL %	SMH %
0	1	0
I	6	0
II	3	0
III	26	22
IV	51	14
Unknown	13	64
TREATMENT, 1ST COURSE	NATIONAL %	SMH %
Radiation only	5	21
Radiation + Chemo	37	43
Chemotherapy only	30	0
Surgery + Radiation + Chemo	0	0
Other	4	0
No 1st course	24	36

Table 3. Five-Year Survival

Patients diagnosed and treated 1998-1999

Non Small Cell Lung Cancer
SMH compared to national data

National Cases = diagnosed 1998/1999
27,478 patients / 453 Community Cancer Centers
SMH = 64 patients (11 patients survived > 5 years)

STAGE	NATIONAL %	SMH %
0	22	-
I	35	31
II	19	66 (2/3 pts)
III	7	4
IV	2	4
Unknown	13	17

Graph 1. Survival Report - Actuarial Method

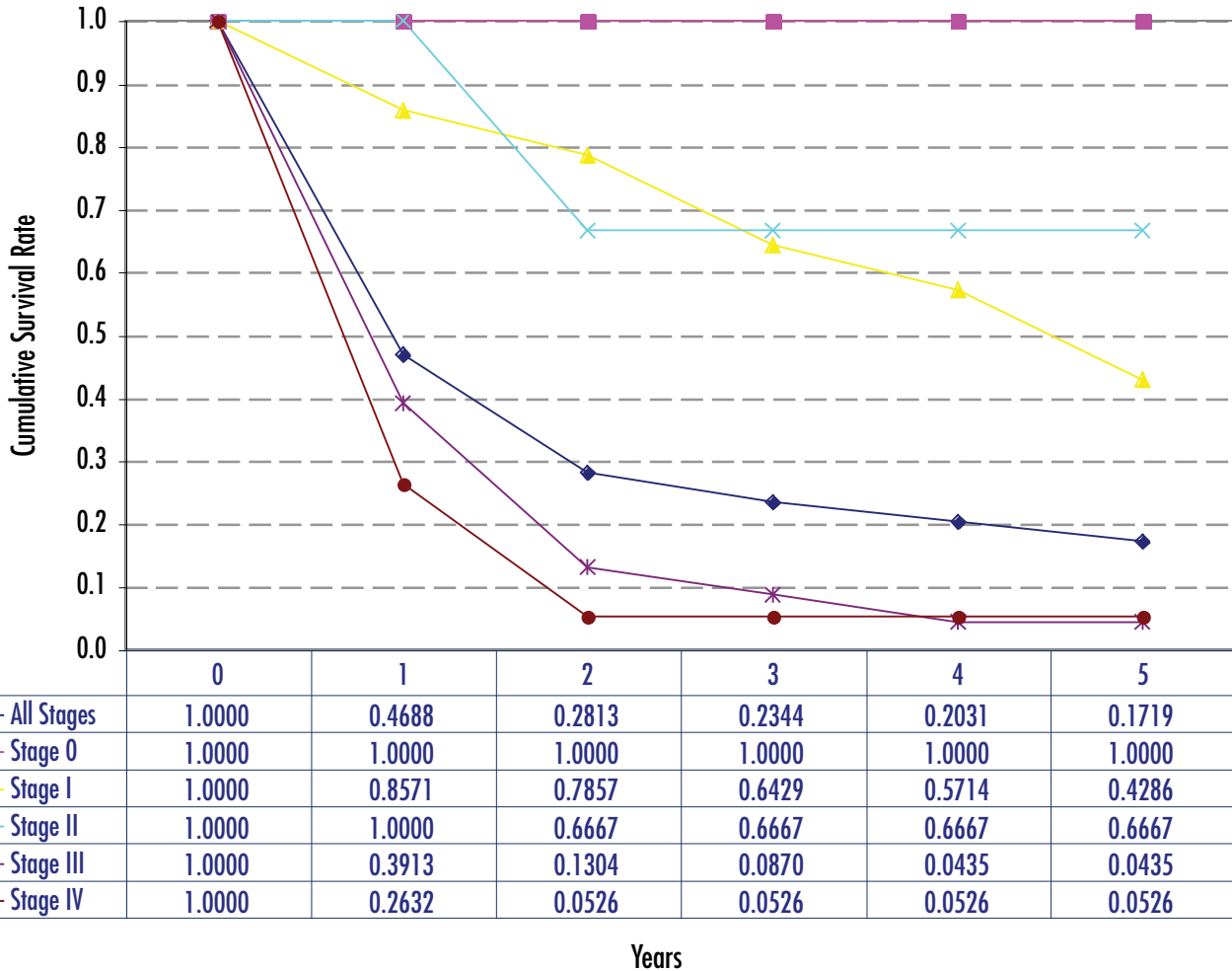


Table 4. Five-Year Survival Small Cell Lung Cancer

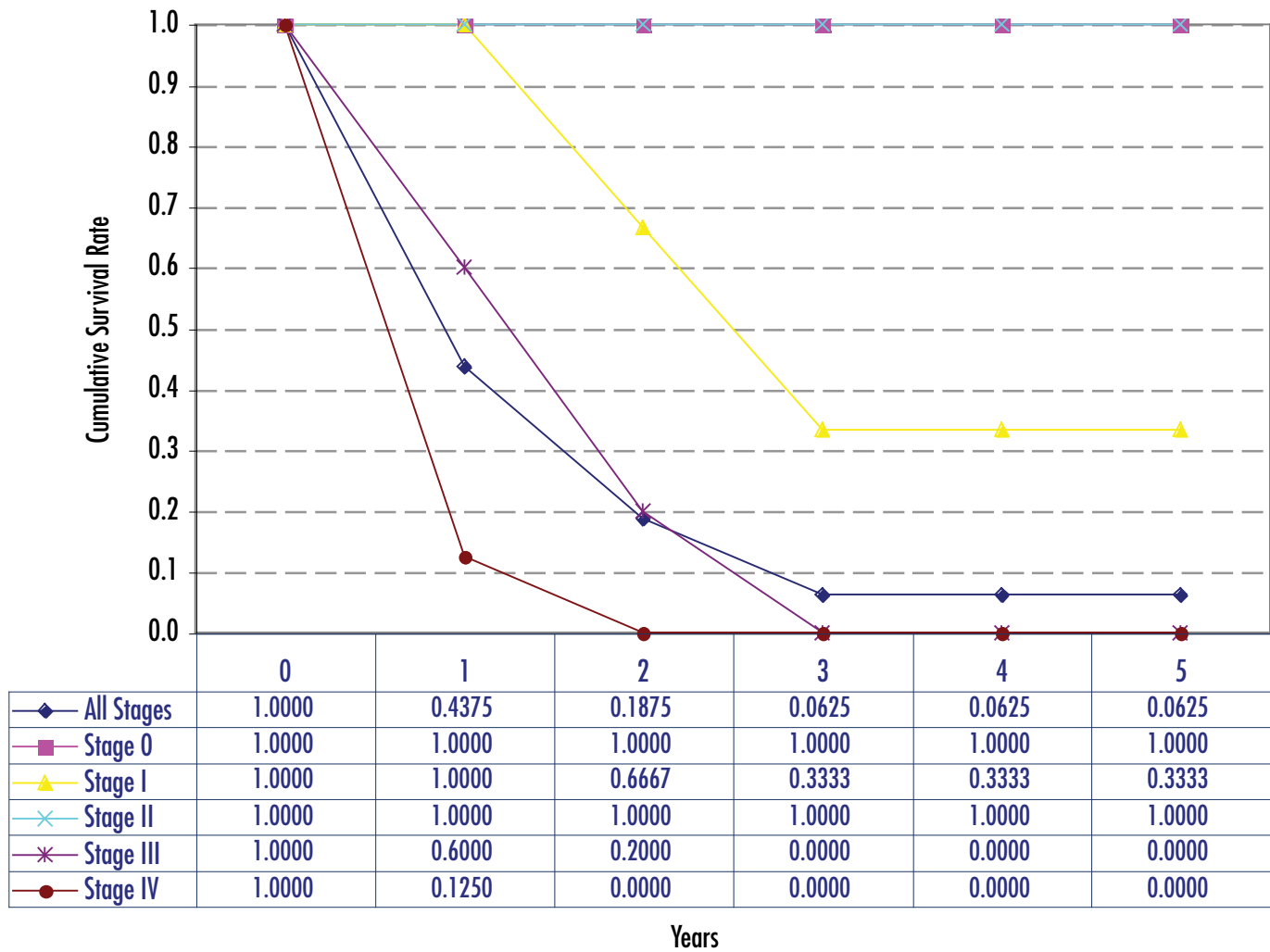
SMH compared to national data

National cases = 7,102 patients/446 Community Cancer Centers 1998/1999

SMH = 16 patients (1 Stage I patient survived >5 years)

STAGE	NATIONAL %	SMH %
0	-	-
I	18	33 (1/3 pts)
II	15	-
III	8	0
IV	1	0
Unknown	5	6

Graph 2. Survival Report - Actuarial Method



DISCUSSION

Gender

- SMH patients show slight increase in male NSCLC patients compared to national data;
- Apparent preponderance of male SCLC patient possible due to random chance because of small sample size (14 patients) vs. true significance due to risk factors (higher tobacco use in SMH male population?)

Stage

- Stage distribution for NSCLC at SMH similar to national data
- SMH 25% unknown NSCLC stage suboptimal; opportunity for improvement
- Stage distribution for SCLC at SMH discordant for stage IV and unknown compared to national data
- SMH 64% unknown stage SCLC unacceptable; inference from national data is this actually represents patients with advanced stage IV disease at presentation, treated only with supportive measures, who did not undergo clinical staging because of poor prognosis or patient/family choice

Treatment, 1st course

- SMH patients with NSCLC seem to have been slightly more likely to receive treatment than the national average, but treatment modalities were similar to national practice
- SMH patients with SCLC were more likely to receive radiation as part of initial treatment; this may be artifact as, according to data, no patients seem to have received chemotherapy only as initial treatment which would be at odds with standard clinical practice; coding may have interpreted subsequent radiation at progression after initial chemotherapy as combined modality initial treatment. This should be clarified by reviewing cases involved.

Five-Year Survival

Survival by stage for non-small cell lung cancer (NSCLC) and small cell lung cancer (SCLC) for patients diagnosed and treated at SMH in the years 1998-1999 (the most recent cohort for which complete five-year data is available for analysis) are discussed below.

Discussion

The Slidell Memorial Hospital experience with both NSCLC and SCLC is typical of the national experience. The small sample size of the SMH cases creates a couple of statistically insignificant exceptions: 2 of the 3 stage II NSCLC patients survived for >5yrs, for a 67% cumulative survival rate, better than the national average of 19%; one of 3 (33%) stage I SCLC patients survived >5 yrs, beating the national average of 18%.

Steven I Hightower MD
Cancer Liaison Physician
Slidell Memorial Hospital Cancer Program

Table 5. 2006 Slidell Memorial Hospital Primary Site Table

Site Group	Total Cases	Class		Sex		Stage				
		Analytic	NonAn	Male	Female	Stage 0	Stage I	Stage II	Stage III	Stage IV
ALL SITES	594	468	126	308	284	29	99	124	61	77
LIP	1	1	0	1	0	0	1	0	0	0
TONGUE	2	2	0	1	1	0	1	1	0	0
SALIVARY GLANDS, MAJOR	2	1	1	0	2	0	1	0	0	0
FLOOR OF MOUTH	1	1	0	0	1	0	1	0	0	0
MOUTH, OTHER & NOS	2	2	0	1	1	1	0	0	0	1
TONSIL	2	2	0	2	0	0	0	0	1	1
OROPHARYNX	1	0	1	1	0	0	0	0	0	0
NASOPHARYNX	1	1	0	0	1	0	0	0	0	1
ESOPHAGUS	13	10	3	7	6	0	1	3	1	4
STOMACH	8	6	2	5	3	0	0	0	3	2
SMALL INTESTINE	2	0	2	1	1	0	0	0	0	0
COLON	31	27	4	15	15	5	3	7	5	5
RECTUM & RECTOSIGMOID	24	19	5	11	13	2	4	4	3	4
ANUS,ANAL CANAL,ANORECTUM	1	1	0	0	1	0	0	1	0	0
LIVER	7	4	3	5	2	0	0	1	1	1
BILE DUCTS	2	2	0	2	0	0	0	1	0	1
PANCREAS	6	5	1	5	1	0	1	1	1	1
OTHER DIGESTIVE	1	1	0	0	1	0	0	0	0	0
NASAL CAVITY,SINUS,EAR	2	2	0	2	0	0	0	0	0	0
LARYNX	3	3	0	3	0	1	0	0	2	0
LUNG/BRONCHUS-SMALL CELL	12	7	5	5	7	0	0	0	2	4
LUNG/BRONCHUS-NON SM CELL	118	97	21	68	50	2	25	12	22	34
PLEURA	1	1	0	1	0	0	0	0	0	0
LEUKEMIA	26	19	7	14	12	0	0	0	0	0
MYELOMA	8	4	4	6	2	0	0	0	0	0
OTHER HEMATOPOIETIC	8	7	1	3	5	0	0	0	0	0
SOFT TISSUE	5	4	1	1	4	0	0	2	0	0
MELANOMA OF SKIN	6	2	4	6	0	0	0	1	0	0
KAPOSIS SARCOMA	1	1	0	1	0	0	0	0	0	0
OTHER SKIN CA	2	2	0	1	0	0	0	1	0	0
BREAST	99	77	22	1	98	7	26	31	10	2
CERVIX UTERI	4	2	2	0	4	0	0	0	1	1
CORPUS UTERI	5	4	1	0	5	1	0	1	0	0
OVARY	3	0	3	0	3	0	0	0	0	0
VAGINA	1	0	1	0	1	0	0	0	0	0
VULVA	2	2	0	0	2	0	0	1	1	0
PROSTATE	70	55	15	70	0	0	1	48	1	5
TESTIS	1	0	1	1	0	0	0	0	0	0
OTHER MALE GENITAL	1	1	0	1	0	0	0	0	0	0
BLADDER	24	18	6	19	5	9	5	3	1	0
KIDNEY AND RENAL PELVIS	20	19	1	11	9	0	12	2	2	3
URETER	3	3	0	2	1	1	0	0	0	1
EYE	1	0	1	0	1	0	0	0	0	0
BRAIN	8	8	0	5	3	0	0	0	0	0
OTHER NERVOUS SYSTEM	2	1	1	0	2	0	0	0	0	0
THYROID	14	14	0	7	7	0	10	2	1	1
OTHER ENDOCRINE	1	1	0	1	0	0	0	0	0	0
NON-HODGKIN'S LYMPHOMA	25	18	7	17	8	0	7	1	3	5
UNKNOWN OR ILL-DEFINED	11	11	0	5	6	0	0	0	0	0

CANCER REGISTRY REPORT

Cancer data collection began in 1986. The registry is a major component of Slidell Memorial's Comprehensive Cancer Program and critical factor in the maintenance of American College of Surgeons (ACoS), Commission on Cancer (CoC) approval status.

The registry utilizes a sophisticated data system designed for accurate and timely data collection, case management, data analysis and reporting of information of persons diagnosed and or treated at Slidell Memorial Hospital. National Cancer Database studies are performed as requested by the ACoS's Cancer Program. By Louisiana State Law, each case of cancer, reportable by agreement neoplasms and lifetime follow-up is reported to the Louisiana State Central Cancer Registry. The Louisiana State Central Registry, headed by Vivien Chen, PhD, participates in the National Cancer Institute/SEER (Surveillance, Epidemiology and End Results) Program, the Centers for Disease Control & Prevention (CCDP - National Program of Cancer Registries), the North American Association of Central Cancer Registries and the International Association of Central Cancer Registries. The Cancer Registry is currently staffed by one full-time Certified Tumor Registrar and one Tumor Registry Assistant. The registry serves as a resource to the Cancer Committee and at Tumor Board Conferences. It also provides consults and coordinates implementation and compliance with the American College of Surgeons' approval standards. Cancer Registry data is available to use by the Medical Staff and other healthcare professionals for special studies, reports and research.

The registry uses the American Joint Commission on Cancer TNM staging system for all eligible cases. A TNM staging form is placed in the medical record or TNM staging may be recorded in specific areas of the medical records text. TNM staging is also performed at Tumor Board Conferences. Each patient in the Registry is provided with lifetime follow-up service that monitors subsequent diagnostic and treatment findings. Follow-up serves as a reminder for the physician and the cancer patient to schedule regular physician exams.

Graph 3. Site Group by Sex

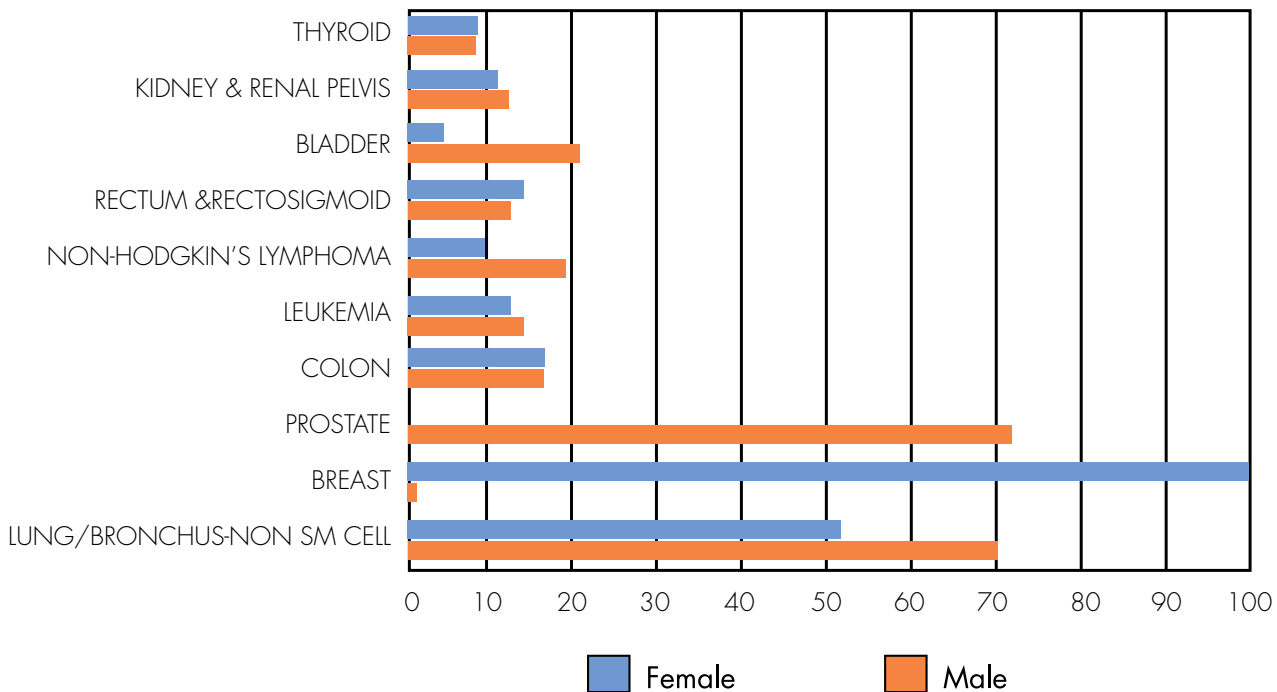


Table 6. 2006 Slidell Memorial Hospital Primary Site from Most to Least Common

	TOTAL CASES	ANALYTIC	NON-ANALYTIC	MALE	FEMALE	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	NOT APPLICABLE	UNKNOWN	MISSING
ALL SITES	594	468	126	308	284	29	99	124	61	77	62	15	1
LUNG/BRONCHUS-NON SM CELL	118	97	21	68	50	2	25	12	22	34	0	2	0
BREAST	99	77	22	1	98	7	26	31	10	2	0	1	0
PROSTATE	70	55	15	70	0	0	1	48	1	5	0	0	0
COLON	31	27	4	15	15	5	3	7	5	5	0	1	1
LEUKEMIA	26	19	7	14	12	0	0	0	0	0	19	0	0
NON-HODGKIN'S LYMPHOMA	25	18	7	17	8	0	7	1	3	5	0	2	0
RECTUM & RECTOSIGMOID	24	19	5	11	13	2	4	4	3	4	0	2	0
BLADDER	24	18	6	19	5	9	5	3	1	0	0	0	0
KIDNEY AND RENAL PELVIS	20	19	1	11	9	0	12	2	2	3	0	0	0
THYROID	14	14	0	7	7	0	10	2	1	1	0	0	0
ESOPHAGUS	13	10	3	7	6	0	1	3	1	4	0	1	0
LUNG/BRONCHUS-SMALL CELL	12	7	5	5	7	0	0	0	2	4	0	1	0
UNKNOWN OR ILL-DEFINED	11	11	0	5	6	0	0	0	0	0	11	0	0
STOMACH	8	6	2	5	3	0	0	0	3	2	1	0	0
MYELOMA	8	4	4	6	2	0	0	0	0	0	4	0	0
OTHER HEMATOPOIETIC	8	7	1	3	5	0	0	0	0	0	7	0	0
BRAIN	8	8	0	5	3	0	0	0	0	0	8	0	0
LIVER	7	4	3	5	2	0	0	1	1	1	0	1	0
PANCREAS	6	5	1	5	1	0	1	1	1	1	0	1	0
MELANOMA OF SKIN	6	2	4	6	0	0	0	1	0	0	1	0	0
SOFT TISSUE	5	4	1	1	4	0	0	2	0	0	1	1	0
CORPUS UTERI	5	4	1	0	5	1	0	1	0	0	1	1	0
CERVIX UTERI	4	2	2	0	4	0	0	0	1	1	0	0	0
LARYNX	3	3	0	3	0	1	0	0	2	0	0	0	0
OVARY	3	0	3	0	3	0	0	0	0	0	0	0	0
URETER	3	3	0	2	1	1	0	0	0	1	0	1	0
TONGUE	2	2	0	1	1	0	1	1	0	0	0	0	0
SALIVARY GLANDS, MAJOR	2	1	1	0	2	0	1	0	0	0	0	0	0
MOUTH, OTHER & NOS	2	2	0	1	1	1	0	0	0	1	0	0	0
TONSIL	2	2	0	2	0	0	0	0	1	1	0	0	0
SMALL INTESTINE	2	0	2	1	1	0	0	0	0	0	0	0	0
BILE DUCTS	2	2	0	2	0	0	0	1	0	1	0	0	0
NASAL CAVITY,SINUS,EAR	2	2	0	2	0	0	0	0	0	0	2	0	0
OTHER SKIN CA	2	2	0	1	0	0	0	1	0	0	1	0	0
VULVA	2	2	0	0	2	0	0	1	1	0	0	0	0
OTHER NERVOUS SYSTEM	2	1	1	0	2	0	0	0	0	0	1	0	0
LIP	1	1	0	1	0	0	1	0	0	0	0	0	0
FLOOR OF MOUTH	1	1	0	0	1	0	1	0	0	0	0	0	0
OROPHARYNX	1	0	1	1	0	0	0	0	0	0	0	0	0
NASOPHARYNX	1	1	0	0	1	0	0	0	0	1	0	0	0
ANUS,ANAL CANAL,ANORECTUM	1	1	0	0	1	0	0	1	0	0	0	0	0
OTHER DIGESTIVE	1	1	0	0	1	0	0	0	0	0	1	0	0
PLEURA	1	1	0	1	0	0	0	0	0	0	1	0	0
KAPOSIS SARCOMA	1	1	0	1	0	0	0	0	0	0	1	0	0
VAGINA	1	0	1	0	1	0	0	0	0	0	0	0	0
TESTIS	1	0	1	1	0	0	0	0	0	0	0	0	0
OTHER MALE GENITAL	1	1	0	1	0	0	0	0	0	0	1	0	0
EYE	1	0	1	0	1	0	0	0	0	0	0	0	0
OTHER ENDOCRINE	1	1	0	1	0	0	0	0	0	0	1	0	0

SUPPORT GROUPS

Lymphedema Management Program facilitated by an occupational therapist trained and certified in lymphedema management.

Cancer Resource Center offers a patient education library, instruction in breast self exam, wigs and other head gear and samples of nutritional supplements which could make living with cancer easier. Patient, family, individual and group education is also provided for postoperative patients, as well as those with advanced disease. Teaching the patients about the disease process is also a vital part of continuum of care.

Life with Cancer Support Group meets each month for the oncology patients who have been diagnosed with cancer. The group focuses on living a quality life following diagnosis and treatment. Family and friends are welcome and encouraged to attend.

Breast Cancer Support Group meets monthly to provide a supportive environment for breast cancer patients as they journey through their cancer diagnosis. Breast cancer survivors, loved ones and family members are welcome to attend.

Locks of Love – Slidell's Cancer Center is a contact source. This non-for-profit organization provides hairpieces to financially disadvantaged children with long-term medical hair loss.

The American Cancer Society – **Look Good, Feel Better Program** is designed to bring a positive image to those diagnosed with cancer and undergoing treatment. Individuals can learn how to make themselves feel better through the use of wigs, scarves and make-up.

The American Cancer Society's **Reach to Recovery** Volunteers are specially trained volunteers who have courageously fought their own battles with breast cancer. These volunteers have chosen to bring strength to newly diagnosed breast cancer patients and to help them accept their diagnosis and begin their recovery process through visitation.

The American Cancer Society's **Relay for Life** is a celebration/fundraiser to help generate money to fund research, education and advocacy efforts. The event also brings survivors and families together from the community to celebrate the survivors and honor those who have lost their battle. SMH has been an integral part of the Relay for Life event.

National Cancer Survivors (NCS) Day is sponsored by SMH in June. NCS is a time to recognize our national cancer survivors to focus attention on survivorship and to acknowledge those professionals dedicated to cancer treatment, research and support services.

Public Cancer Symposiums are presented by physicians, licensed health care professionals and paraprofessionals dedicated to cancer treatment, research and support services.

Screening Programs are a vital part of the Cancer Center. For the past two years our efforts have included prostate screenings, colorectal screenings, Melanoma Monday, and community-based outreach programs. The Cancer Center is dedicated to public education, prevention, and early detection of the development of malignancies.

IMPORTANT TELEPHONE NUMBERS

Cancer Center & Education	985-649-8582
Cancer Registry.....	985-661-2521
Radiology	985-649-8545
Laboratory.....	985-649-8543
Radiation Therapy.....	985-649-8688
Social Services.....	985-649-8550
Infusion Center	985-649-8981
Nutritional Services	985-639-1555
Rehabilitation (In-patient).....	985-649-8538
Rehabilitation (Out-patient/Robert Rd.).....	985-847-0331
Physician Referral.....	985-649-8585
Home Health	985-649-4990
American Cancer Society.....	800-227-2345
National Cancer Institute.....	800-422-6237



Top 5% Nationally in Patient Safety.



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For additional copies call contact the SMH Cancer Center.