

MORE THAN A HOSPITAL

# We Are Grand View Health



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# 2014

CANCER PROGRAM  
ANNUAL REPORT

**GVH** GRAND VIEW HEALTH

# CANCER COMMITTEE ACTIVITIES, 2014

## CANCER REGISTRY DATA, 2013



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## Cancer Committee 2014 CHAIRMAN'S REPORT

The cancer committee is pleased to present our 2014 annual report. Grand View's cancer program continues to make headway in the prevention, diagnosis and treatment of cancer through our comprehensive, multidisciplinary approach to patient care.

In 2014, the cancer committee continued to oversee the activities of the cancer program with participation from many cancer treatment specialties and support services. The cancer program at Grand View Health has been awarded a 3-year accreditation with commendation by the American College of Surgeons' Commission on Cancer through 2014. Accreditation by the Commission on Cancer is only given to those facilities that voluntarily commit to providing the highest level of quality cancer care and undergo a rigorous evaluation process and review of their performance. As a Commission on Cancer accredited cancer program, Grand View demonstrates an important commitment to providing all patients with access to services they need from diagnosis through treatment and survivorship care.

This year we have expanded the cancer program with the hiring of a service line director, breast care navigator and a surgical oncologist. In addition, Grand View became the first hospital in Pennsylvania to offer the latest in precision radiation treatment when a patient was treated on our new Versa HD™ linear accelerator, a revolutionary radiation treatment system.



Howard S. Zipin, MD  
Chair, Cancer Committee



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## Cancer Committee 2014 OVERVIEW

A century ago, Grand View was the only hospital in Bucks County. At its annual meeting in September, and in celebration of its second century in operation, Grand View Hospital announced it is now Grand View Health. The move acknowledges the evolving nature of healthcare delivery in the 21st century and Grand View's integrated system-wide network of offices, services, locations and affiliated physician practices.

"Today we are so much more than a hospital," Jean M. Keeler, JD, President and Chief Executive Officer, said. "We are a substantial network of professionals and centers of excellent care committed to healing our patients where they live and work, throughout the communities we serve."

Ms. Keeler said Grand View Health's vision is to bring health and healing closer to home with an increased emphasis on community care, population health, physician collaboration and proactive treatment of chronic conditions.

Since opening in 1913, Grand View Health has expanded to four outpatient centers, more than 100 medical offices, a home healthcare team, nearly 2,000 employees, 350 physicians and more than 500 volunteers.

In 2013, the private, nonprofit hospital admitted 9,388 patients, was the site of 6,968 surgeries, saw 33,117 emergency room patients, supported 43,277 home care visits and had 171,834 outpatient visits.

In 2014, the Grand View Cancer Program continues its partnership with Fox Chase Cancer Center, a National Cancer Institute-designated Comprehensive Cancer Center dedicated to caring for patients with cancer. This revitalized partnership offers patients in upper Bucks and northeastern Montgomery counties access to nationally-recognized specialty cancer care with clinical trials. The partners' nurse navigator and referral coordinator will work with physicians and staff at both Fox Chase Cancer

Center and Grand View Health to help schedule second opinions and offer seamless coordinated clinical patient care.

All hospitals selected by Fox Chase as partners demonstrate outstanding cancer care standards, are dedicated to delivering high-quality cancer care and have an infrastructure in place to support clinical trials.



The Grand View Cancer Program team, continues its commitment to provide patient-centered care. Through the use of high quality state-of-the-art diagnostic services, clinical trials, education and wellness programs, the Grand View Cancer Program strives for a multidisciplinary approach to reduce the burden of cancer in upper Bucks and northeastern Montgomery counties, and improve the lives of cancer survivors and their families.

In the spirit of providing a multidisciplinary patient-centered approach to cancer care, Grand View's Cancer Committee continues to meet on a quarterly basis. Cancer Committee representatives include Radiation Oncology, Medical Oncology, Surgery, Pathology, Diagnostic Radiology, Medicine, Clinical Trials, Community Outreach, Oncology Information, Pharmacy, Physical Therapy and Rehabilitation, Quality Improvement, Nutritional Services, Oncology Nursing, Palliative Care Services, Navigation, Psychosocial Services, Case Management and Hospital Administration.

## Breast Care Program



With the addition of a breast care navigator, Grand View's breast care program continues to provide consistent care coordination throughout the continuum of care and an assessment of the physical, psychological and social needs of the patient. Our navigator provides support from pre-diagnosis through all phases of the cancer experience. The breast care navigator offers assistance with arrangements for procedures to facilitate timely access and continuity of care through all modalities of treatment. The navigator serves as a liaison between the patient, medical staff and supportive care services. She works with the providers in piloting a survivorship care process which includes survivorship care plans with accompanying treatment summaries for all breast cancer patients. Our breast care navigator offers individualized assistance to help patients and their families overcome healthcare system barriers and connects them with valuable community resources.

The program has increased the availability of minimally-invasive biopsy procedure slots and has a process in place to schedule urgent surgical consults

and biopsies in a timely manner.

Monthly breast cancer support groups are held with an alternating format of general breast cancer support with scheduled speakers on topics for breast cancer survivors. Look Good Feel Better programs occur every two months during the year. Additional educational topics and community outreach prevention and screening programs are also provided to community members throughout the year.

Yoga for cancer patients and caregivers continues to be in demand. The participants find this community outreach activity very helpful and enlightening. We continue to offer 6-week complimentary sessions at Grand View Health with the opportunity to continue at the local studio in Quakertown.

We plan on focusing our energy on breast cancer care, with the goal of accreditation as a Breast Center of Excellence in 2015 led by John Pagan, MD, Breast Program Leader.



# Oncology Clinical Trials

Clinical trials are important to develop new methods to prevent, find, diagnosis and treat cancer. They can also help with symptoms of cancer or side effects of treatment. Through Grand View Health's partnership with Fox Chase Cancer Center we have continued to participate in oncology treatment and prevention trials for cancer patients for the past 20 years. Some of the clinical trials that patients have participated in at Grand View Health are now the standard of care for treatment.

All clinical trials in the U.S must be approved and monitored by an Institutional Review Board which is made up of medical experts and community members who review the risks and possible benefits of each study. The purpose of the board is to protect the safety of the study participants.

There are four types of trials:

**Interventional trials** compare new treatments with standard treatments or therapies. Participants are assigned to receive one or more interventions (or no intervention) so that researchers can evaluate the effects of the interventions on health-related outcomes.

**Prevention trials** test methods of preventing cancer or the return of cancer.

**Diagnostic trials** look at whether imaging or other methods help find cancer earlier.

**Follow up trials** monitor survivors who have used a certain treatment or therapy over a long period to watch for side effects.

Clinical trials are conducted in phases. The trials at each phase have a different purpose and help scientists answer different questions.

**Phase I Trials:** Researchers test an experimental drug or treatment on a small group of people (20-80) for the first time to evaluate its safety, how it should be administered (orally, intravenously or by injection) and how often. These trials also help health care professionals determine a safe dosage range and identify side effects.

**Phase II Trials:** The experimental drug or treatment is given to a larger group of people (100-300) to provide preliminary information about how well the new drug works and to generate more information about its safety and benefits.

**Phase III Trials:** The experimental drug or treatment is given to large groups of people (1,000-3,000) to confirm its effectiveness, monitor side effects, compare it to commonly-used treatments and collect information that will allow the experimental drug or treatment to be used safely.

**Phase IV Trial:** Continued evaluation takes place after FDA approval, when the drug is already on the market and available for general use.

Grand View Health participates in clinical trials sponsored by the National Cancer Institute (NCI), the Pharmaceutical Industry and Investigator initiated trials such as those from Fox Chase Cancer Center and other major cancer centers. Studies available at Grand View Health are located on the "Cancer Services" page of the hospital's website at [www.gvh.org](http://www.gvh.org).

In 2014, there were 10 clinical trials open for enrollment. This included studies to prevent or treat breast cancer, colon cancer, lung cancer, non-Hodgkin's lymphoma and multiple myeloma.

## Services



### WOMEN'S BREAST IMAGING

The Grand View Women's Breast Imaging Center has been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR).

Facilities awarded the status of a Breast Imaging Center of Excellence are recognized by the ACR for earning accreditation in all of the ACR's voluntary, breast imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

The breast imaging services at Grand View are fully accredited in mammography, stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy. Peer-review evaluations, conducted in each breast imaging modality by board-certified physicians and medical physicists who are experts in the field, have determined that this facility has achieved high practice standards in image quality,

personnel qualifications, facility equipment, quality control procedures and quality assurance programs.

We offer advanced diagnostic imaging technologies to detect breast abnormalities in their early stage when cancers are most treatable.

#### Digital Mammography

Full-field digital mammography captures images of the breast in real time. When compared to traditional mammography, digital mammography provides superior clarity and offers better views of parts of the breast. We offer convenient diagnostic locations in Sellersville, Harleysville, Pennsburg and Quakertown.

#### Computer-Aided Detection (CAD)

In combination with digital mammography, Grand View's Breast Care Program utilizes computer-aided detection (CAD), sophisticated technology that brings suspicious areas on a mammogram to a radiologist's attention. CAD excels at detecting slight changes

## Services

that can lead to an early diagnosis and more effective treatment of breast cancer.

### Breast Ultrasound

If a lump is found in your breast, your doctor may order an ultrasound. An ultrasound is a non-invasive diagnostic test that identifies a solid or fluid-filled mass. A breast ultrasound uses sound waves to create a computer image of the inside of the breast and detects breast changes that may not be seen on a mammogram.

### Breast MRI

A breast MRI is a problem-solving tool often used as a second step in making a diagnosis. This advanced non-invasive procedure uses magnetic resonance imaging (MRI) to examine the breast. A breast MRI determines what the inside of the breast looks like on multiple levels without using surgery or flattening the breast like a mammogram. If you are not a candidate for a mammogram or are at high-risk for developing breast cancer, a breast MRI may be an appropriate option for you (please consult your doctor).

### Stereotactic Biopsy/Ultrasound-Guided Biopsy

In the event that your mammogram indicates abnormal tissue (usually a mass or lesion) in your breast, a biopsy may be obtained for further study. Your surgeon may suggest traditional surgery, which is often used to obtain a large tissue sample for examination. However, in many instances, a less-invasive procedure called stereotactic biopsy or ultrasound-guided biopsy may be used. Stereotactic biopsy involves using the mammogram machine to pass a hollow needle through the skin into the suspicious tissue. An ultrasound-guided biopsy involves using the ultrasound machine to pass a hollow needle through the skin into the suspicious tissue. A pathologist then examines the tissue to determine if it is malignant or benign so that treatment planning can begin, if needed. Minimally-invasive biopsies are generally faster and less painful than surgical removal of tissue and typically cause minimal scarring.



### 3D Breast Ultrasound

If you have dense breast tissue or a history of breast cancer, you may benefit from a 3-D breast ultrasound.

Studies have shown that dense breast tissue can increase a woman's risk for breast cancer. Ultrasound has a unique ability to distinguish between dense and fatty tissue. The Grand View Women's Breast Imaging Center located at the Sellersville Outpatient Center uses the Acuson S2000 ABVS, the world's first multifunctional ultrasound breast scanner. This advanced technology produces accurate, 3D images that can help detect breast cancer early, especially among women who have dense breast tissue.

### 3D Mammography

In 2015, Grand View will be offering 3D Mammography also known as tomosynthesis. Conventional digital mammography produces one image of overlapping tissue; breast tomosynthesis takes multiple images of the entire breast. This will allow our specialized breast radiologists to see through layers of tissue and examine areas of concern from all angles.







## CANCER REHABILITATION PROGRAM

As a leader in cancer care in upper Bucks and northeastern Montgomery counties, Grand View offers many services to help you cope with the physical, mental and emotional effects of cancer treatments.

The Physical Medicine and Rehabilitation Department at Grand View Health has licensed therapists, who concentrate on cancer rehabilitation. Therapists can help manage the physical effects of cancer and cancer treatment.

Our specially-trained therapists can help you:

### Handle Fatigue and Weakness

Cancer treatments may leave you feeling tired. Exercise is recommended for cancer-related fatigue. Through our program, you will receive a personalized exercise program, designed and monitored by a team to help you feel more energized.

### Control Balance Disturbances

Two common side effects of cancer treatment, weight loss and abnormal sensations in the legs, can cause you to feel off balance. Our therapists can help you improve your balance and prevent falls and injuries.



## Manage Pain, Muscle Tightness and Loss of Motion

After surgery or radiation therapy, our therapists will help you to improve posture, increase range of motion, decrease pain and reduce your risk for long-term musculoskeletal problems.

## LYMPHEDEMA THERAPY PROGRAM

Lymphedema is an over accumulation of protein rich fluid that causes abnormal swelling in one or more areas of the body. Lymphedema results when the lymphatic system is not working adequately. Some of the causes of lymphedema are lymph node removal, radiation therapy, surgery or injury affecting the lymphatic system. Early signs of lymphedema include heaviness, tightness or pressure with or without any visible swelling. Lymphedema may occur immediately after an insult to the lymphatic system or years later.

Grand View Health's Certified Lymphedema Therapists use Manual Lymph Drainage / Complete Decongestive Therapy (MLD/CDT), a highly-successful technique to treat and control lymphedema. It involves manual lymph drainage (a type of light massage that redirects the flow of lymph fluid) as well as meticulous skin and nail care, compression bandage education and exercise.

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## Services

Breast cancer treatment can place patients at a lifelong risk for lymphedema. Early detection and treatment are important for decreasing the severity of this problem. If left untreated, patients are at risk for increased swelling and loss of range of motion.

Grand View Health's Physical Medicine & Rehabilitation Department in conjunction with Grand View Surgical Associates and our breast care navigator, have set up a program to monitor breast cancer patients who are having surgery that includes the evaluation of lymph nodes. This program was implemented to help reduce the risk of developing lymphedema and if symptoms occur to initiate treatment early, when it is most effective.

Pre-surgery baseline arm measurements are obtained by the certified lymphedema therapist, along with education related to the causes, symptoms and prevention of lymphedema. The measurements are repeated at the following intervals: 3, 6, 9, 12 and 18 months post-surgical procedure to re-evaluate any symptoms or change in arm swelling.

## NUTRITION

Nutrition plays a major role in many facets of cancer development and treatment. Malnutrition is a common problem in cancer patients and has been recognized as an important component of adverse outcomes, including increased mortality and decreased quality of life. Weight loss has been identified as an indicator of poor prognosis in cancer patients. According to the National Cancer Institute, at the time of diagnosis, 80% of patients with upper gastrointestinal cancer and 60% with lung cancer have already experienced significant weight loss.

Licensed registered dietitians are available to meet with patients and families to assess nutritional needs and determine appropriate nutrition goals and strategies during cancer treatment. Patients referred for nutrition-related problems will receive

a comprehensive nutrition assessment and nutrition counseling appropriate to their needs.

## PALLIATIVE CARE & HOSPICE

Palliative care refers to patient and family focused care that improves quality of life by anticipating, preventing and treating distress. Patients with advanced cancers often need help to stay out of the hospital and in their own home. Palliative Care is a means of symptom management regardless of the stage or severity. Unlike hospice care, patients do not have to give up their curative treatments to receive palliative care.

Grand View's unique program utilizes nurse practitioners, overseen by a physician, to see you in your place of residence. We use a multi-disciplinary team of physicians, mental health professionals, pharmacists, social workers and spiritual counselors to provide palliative care services.

We can help with relief from symptoms associated with your disease and/or treatment such as:

- Pain
- Shortness of breath
- Nausea
- Depression and anxiety
- Sleeping disorders
- Fatigue

Most insurance covers palliative care services, please contact your provider for details.

Hospice care is one aspect of palliative care and provides care for patients who have a limited life expectancy. Hospice care is available to patients who are no longer receiving curative treatment and have a life expectancy of six months or less.

The professionals at Grand View Hospice help make end-of-life transitions as comfortable as possible. Our experienced and compassionate team of professionals is available to meet the physical, emotional, spiritual and social needs of you and your family.

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## Radiation Oncology



Radiation therapy can be used alone or in conjunction with surgery, chemotherapy or both to eliminate the tumor burden. Grand View Health continues to invest in technologies that allow us to attack cancer appropriately, precisely and aggressively. In 2014, Grand View upgraded to a new advanced linear accelerator that allows physicians to deliver the latest in cancer fighting radiation therapy.

This cutting-edge technology uses sophisticated software to map the exact location of the tumor and conforms precisely to the size, shape and volume, allowing us to administer higher doses of radiation in a shorter amount of time while sparing nearby healthy tissue. As a result, fewer radiation therapy sessions are needed, sessions are shorter, and patients don't have to lie still for as long.

This versatile accelerator offers stereotactic radiation

therapy (SRT) capabilities. Stereotactic radiation therapy is a non-surgical procedure that dispenses doses of radiation that can destroy hard to reach tumors. SRT provides a non-invasive alternative for patients who are unable to undergo traditional surgery. It is extremely helpful for tumors and abnormalities that are located close to vital organs.

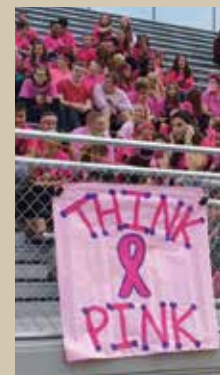
The radiation oncologist and departmental staff plan and deliver courses of radiation treatment to patients with various cancer diagnoses. Several methods of treatment planning and delivery are available. These methods include; 3-Dimensional Conformal Radiation Therapy (3DCRT), Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), Low Dose Rate (LDR) prostate seed implants and, through the Nuclear Medicine department, radionuclides are used in the treatment of patients with thyroid cancer, bony metastases or lymphomas.

# Community Outreach

As a Commission on Cancer accredited facility we are committed to community outreach and cancer support services for cancer care. Community outreach services increase the public awareness of cancer prevention, promote the benefits of early detection and broaden community participation in cancer screening.

In 2014, Grand View Health participated in multiple community events to raise cancer awareness. Skin

cancer awareness was a priority at the Grand View annual golf outing. We distributed 140 skin cancer awareness packets which included sunscreen for all golfers. September was prostate cancer awareness month. Grand View and Modern Male Barbershop joined together to raise awareness and money for prostate cancer. We kicked off October with breast cancer awareness month and "Wear Pink Day". Grand View participated in the Pennridge High





School Pink Out football game to raise awareness for breast cancer. Proceeds from the game will assist Grand View breast cancer patients. As part of the Bucks County Health Improvement Partnership, Grand View participated in the “Saving lives through timely mammograms” initiative to raise awareness of the importance of mammography. We also held our first Women’s Health EXPO with 8 vendor participants and 75 guests. Grand View conducted

free breast cancer screenings at the Stoneridge and Grand View OB/GYN offices during breast cancer awareness month. Dam Good Café, Peruzzi Toyota and Worth and Company, Inc. all raised money for breast cancer awareness and donated their proceeds to Grand View Health’s cancer program.





## Surgery



Getting a cancer diagnosis is a life-changing event and every patient brings a unique set of fears, expectations, priorities and knowledge to the situation. Within this framework, there is rarely a 'one size fits all' approach, and it is the job of a multidisciplinary group of doctors (that include a surgeon, medical oncologist and radiation oncologist) to help integrate cutting-edge medical science and technology into a treatment plan that fits the individual and offers the best chance for success.

The highly respected team of experienced surgeons and surgical staff at Grand View Health (GVH) provide multidisciplinary care for patients with malignant and benign tumors arising in all locations of the body. State-of-the-art technology has paved the way for advanced surgical procedures to be performed at GVH. Complete tumor resection continues to be the mainstay of optimal treatment of all localized cancers, with general principles of oncologic surgery advocating removal of the primary lesion with adequate margins, including the areas of lymphatic drainage. Minimally-

invasive surgical techniques are offered to appropriate patients whenever possible.

Colorectal cancer is the most common gastrointestinal malignancy in the United States. Despite expanding interest in chemotherapy and radiation therapy in their management, nearly all curative treatment of this disease requires some type of surgical procedure. At GVH, we have been actively performing laparoscopic colectomies (minimally-invasive removal of all or part of the colon or large intestine) which allows patients to have less pain, faster recover and avoid permanent colostomies (surgical opening into the colon from the outside of the body to allow exit of waste material into a bag) whenever possible. Although the diagnosis of rectal cancer historically carries the stigma of requiring a permanent colostomy, with current techniques and new instrumentation, few patients now require such an operation to effect permanent cure of their disease. These techniques also allow nerve preservation for improved quality of life after surgery. GVH also

**"Joining our team will allow Dr. Watson to address his cancer patients' needs for complete care by offering state-of-the-art surgical oncology therapies and a multidisciplinary approach to cancer treatment and management."**

—Vickie Keeler,  
Director, Cancer Services

continues to perform transanal resection (surgery through the rectum) of small, localized rectal cancers in selected patients with excellent long-term results.

While cure or prolonged palliation for cancers of the periampullary region (last cm of the common bile duct) requires an aggressive surgical approach, most masses originating in this area prove to be pancreatic ductal carcinomas and are unresectable (unable to be removed by surgery) at time of presentation due either to the presence of distant metastases or locally advanced disease. Thus, malignancy of the exocrine pancreas, the fifth leading cause of cancer death in the United States, ranks as one of the most devastating human diseases. The obligation is on clinicians to characterize tumors of the periampullary region in a timely, cost-effective manner so that malignancies that remain regionally

confined may be surgically removed. The Whipple resection (pancreaticoduodenectomy) for periampullary malignancies remains the gold standard of therapy no matter the etiology – bile duct, duodenal, ampullary or pancreatic. In an attempt to improve resectability rates in patients with locally advanced pancreatic adenocarcinomas, GVH continues to participate in clinical trials evaluating neoadjuvant therapy.

Grand View continues to expand its clinical base and goal of providing exceptional care for the region's cancer patients with the recent recruitment of a new surgical oncologist, James C. Watson, MD, FACS, who has clinical expertise in a wide variety of solid tumor management, provides complex surgical treatment options for the removal of cancerous tumors, and helps coordinate the timing and means to the most effective and up to date cancer therapies. In addition to the management of the more common tumor varieties noted in patients presenting with newly diagnosed or recurrent cancers, Dr. Watson manages all gastrointestinal malignancies (esophagus, stomach, pancreas, liver, colon and rectum), endocrine tumors, neuroendocrine tumors, soft tissue sarcomas, melanoma, and almost any rare cancer. Dr. Watson is one of the current top five longest tenured surgeons performing pancreaticoduodenectomies in the Delaware Valley and still routinely sees patients from whom he resected pancreatic cancer more than 10 years ago!



## Medical Oncology

Grand View Health and the physicians of Alliance Cancer Specialists work side by side to offer patients and families the latest ways to prevent, find and treat cancer. Together, we offer quality cancer care that leads to the best possible outcomes.

Alliance Cancer Specialists has aligned the largest community-based team of medical oncologists in southeastern Pennsylvania. This collaborative approach guarantees new patients will be seen within 48 hours by a board-certified oncologist and receive coordinated care that is supported by our oncology-certified nurse practitioners and nursing team.

After initial evaluation, the Grand View Cancer Program team provides a well-coordinated, treatment

plan, including diagnostic testing using our state-of-the-art equipment. We use an integrated, multidisciplinary approach in which the well-being of our patients is always our first priority.

Grand View Health and Alliance Cancer Specialists serve upper Bucks and northeast Montgomery counties with many convenient locations, including Sellersville and Highpoint outpatient centers which provide outpatient chemotherapy infusions to treat cancer patients.

Patients of Grand View Health and Alliance Cancer Specialists can access the latest medical advancements combined with compassionate care to provide the highest quality treatment available without having to travel far from home.



## 2014 Cancer Registry Review

Grand View Health's Cancer Registry is an integral part of the Grand View Cancer Program. The cancer registry is responsible for identifying all patients diagnosed with cancer and treated at Grand View Health. We maintain a confidential database of information on all reportable cases of cancer, benign brain tumors and malignant blood disorders, as well as performing life-long follow-up on each patient included in the registry database.

The Grand View Cancer Registry collects specific information regarding the patient and their cancer experience including demographics, cancer diagnoses, staging of disease, first course of treatment and patient status. This effort acts as a resource for hospital administration, physicians and other clinicians regarding treatment, quality of care and operational allocations.

In addition to the American College of Surgeons' (ACoS) Commission on Cancer, the Grand View Cancer Registry operates under established standards set by the Pennsylvania Cancer Registry (PCR) and the Grand View Health Cancer Committee. The registry reports its data to the PCR on a monthly basis as well as annually to the CoC's National Cancer Data Base (NCDB) which allows for comparative analysis with other hospitals, benchmarking and outcomes analysis.

The foundation for any successful cancer control program is a comprehensive cancer registry system. Ongoing data collection of the patient's cancer experience ensures that Grand View Health has reliable data available to provide answers to questions, reduce the burden of cancer in upper Bucks and northeastern Montgomery counties, and improve the lives of cancer survivors and their families.

## 2013 Analytic Caseload

Primary Site	Total
Base of Tongue	2
Other Parts of Mouth	1
Oropharynx	1
Nasopharynx	2
Hypopharynx	1
Esophagus	10
Stomach	1
Small Intestine	3
Colon	37
Rectosigmoid Junction	1
Rectum	11
Anus & Anal Canal	1
Liver & Bile Ducts	6
Gallbladder	1
Other Biliary Tract	1
Pancreas	12
Larynx	3
Bronchus & Lung	79
Heart Mediastinum Pleura	3
Bones & Joints	2
Blood & Bone Marrow	26
Skin	19
Connective & Soft Tissue	4
Breast	132
Vulva	2
Vagina	1
Cervix Uteri	3
Corpus Uteri	16
Ovary	4
Prostate Gland	43
Testis	1
Kidney, Renal Pelvis	12
Ureter	3
Urinary Bladder	34
Brain	5
Thyroid Gland	14
Lymph Nodes	22
Unknown Primary	8
<b>Overall Totals</b>	<b>527</b>



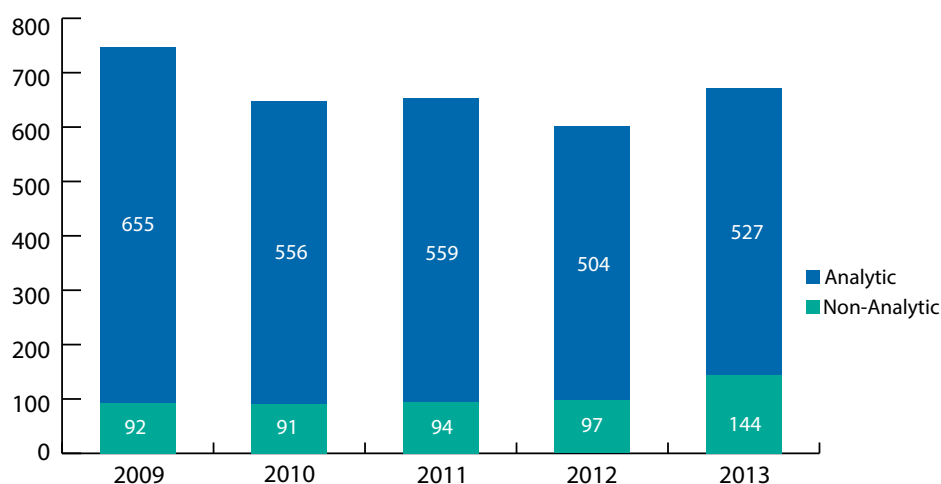
## Analysis of GVH Annual Caseload

The Grand View Health Cancer Registry reference year is 1996, which includes 10,484 total patients in the GVH database since this date. There are 4734 patients in the active follow-up system. In 2013, there were 527 patients initially diagnosed or treated in the Grand View Cancer Program with an additional 144 patients new to Grand View Health who were diagnosed or treated for disease recurrence or progression for a total caseload of 671 patients. See Figure 1.

The volume for 2013 represents an 11% increase from last year (2012) and a 6% increase from the previous three year average volume.

### Comparison of GVH Annual Caseload

Figure 1



### Analysis of GVH Annual Caseload

Table 1

Class	Description	2009	2010	2011	2012	2013
<b>Analytic</b>	Diagnosed at GVH, all of 1st course Rx elsewhere	45	58	21	43	44
	Diagnosed at Staff Physician Office, all or part of 1st course Rx at GVH	N/A	N/A	72	132	87
	Diagnosed at GVH, all or part of 1st course Rx at GVH	462	341	335	252	324
	Diagnosed elsewhere, all or part of 1st course Rx at GVH	148	157	131	77	72
<b>Non-Analytic</b>	Seen at GVH for progression, subsequent treatment, palliation etc.	92	91	94	97	144
<b>Total Caseload</b>	Total accessions for the year	747	647	653	601	671



## Primary Sites by Sex & Stage

A detailed distribution of cases by the top five (5) primary sites, sex and AJCC stage at diagnosis follows in Table 2. For 2013, 43% of Grand View Health's newly diagnosed cases, or cases receiving first course of treatment, were directed toward early disease Stage 0 or Stage I.

### Top 5 Primary Site Tabulation for 2013-Analytic

Table 2

Primary Site	Total	Sex		AJCC Stage Group						
		M	F	0	I	II	III	IV	UNK	N/A
<b>ALL SITES</b>	<b>527</b>	<b>234</b>	<b>293</b>	<b>58</b>	<b>166</b>	<b>102</b>	<b>60</b>	<b>93</b>	<b>3</b>	<b>45</b>
COLORECTAL	49	29	20	0	11	9	15	14	0	0
LUNG/BRONCHUS	79	40	39	1	13	8	21	36	0	0
BREAST	132	1	131	29	64	27	8	3	1	0
PROSTATE	43	43	0	0	17	20	3	3	0	0
BLADDER	34	29	5	22	6	5	0	1	0	0



## Top 5 Primary Site Analyses

The ranking of the top 5 primary sites at Grand View Health (Figure 2) remains relatively consistent with the previous years as detailed below (Table 3). While the incidence of breast, colorectal, prostate and bladder remain relatively consistent from 2012 to 2013, there is a 40% increase in the volume of lung cases from the previous year.

### Top 5 Primary Sites by Year

Figure 2

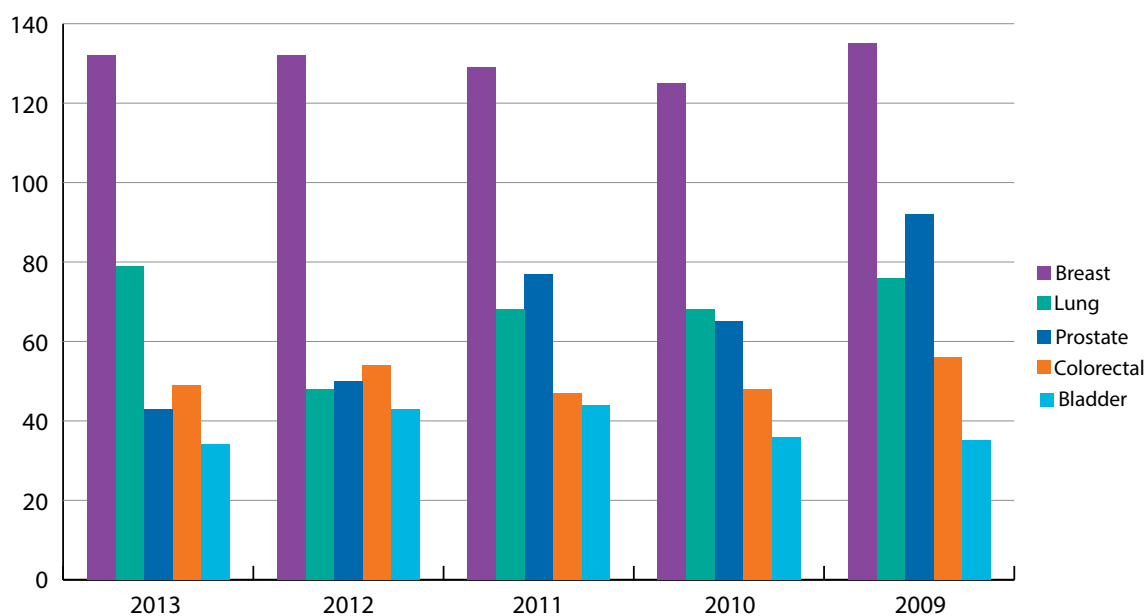


Table 3

	Breast	Lung	Prostate	Colorectal	Bladder
<b>2013</b>	132	79	43	49	34
<b>2012</b>	132	48	50	54	43
<b>2011</b>	129	68	77	47	44
<b>2010</b>	125	68	65	48	36
<b>2009</b>	135	76	92	56	35

## GVH Top Primary Sites Compared to State & National Levels

Grand View Health's top 5 primary sites as a proportion to the total analytic caseload of 527 patients for 2013 is compared with the American Cancer Society Facts and Figures 2012 estimates for Pennsylvania and the United States in Figure 3 and Table 4. The larger percent of GVH breast cases (25%) compared to 13% and 14% for PA and the U.S. respectively, reflects the availability of diagnostic and treatment services, as well as outreach efforts to increase breast cancer awareness in our community.

### Comparison of GVH Analytic Primary Sites With PA and United States

Figure 3

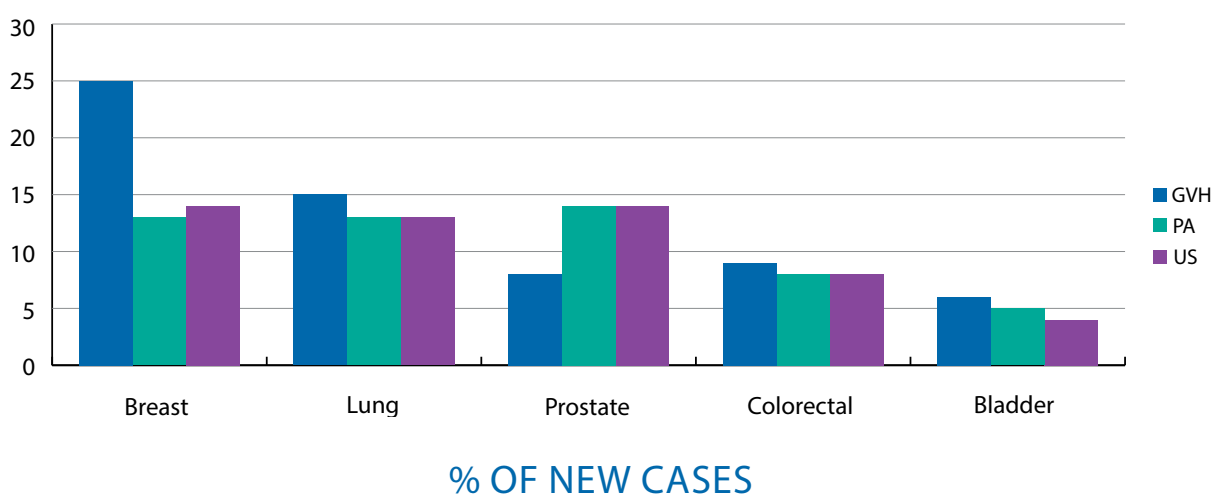


Table 4

#	Breast	Lung	Prostate	Colorectal	Bladder	Total Cases
<b>GVH</b>	132	79	43	49	34	527
<b>PA</b>	10,660	10,290	10,930	6,790	4,070	79,920
<b>US</b>	235,030	224,210	233,000	136,830	74,690	1,665,540
%	Breast	Lung	Prostate	Colorectal	Bladder	Total Cases
<b>GVH</b>	25	15	8	9	6	527
<b>PA</b>	13	13	14	8	5	79,920
<b>US</b>	14	13	14	8	4	1,665,540

# Cancer Committee 2014

## Administration

Jean M. Keeler, JD	CEO / President
Kathleen M. Burkey, RN, MSN	VP, Chief Nursing Officer
Vickie Keeler, RN, BSN	Director, Cancer Services

## Membership

## Specialty

Howard Zipin, MD	Cancer Committee Chairman
Dorothy Barwis, RT(T)	Manager, Radiation Oncology
Kristin Davies, RN, MSN	Director, Nursing Education
Tracy Demeio	Patient Referral Coordinator
David Dix, MD	Radiology
Susan Ferrari	Director, Marketing Communications
Sarah Goodyear, MD	Medical Oncology
Carol Halcovage, RN, BSN	Manager Palliative Care / Hospice
Martin Hightower, MD	Radiation Oncology
Irwin Hollander, MD	Pathology
WanLing Hung	American Cancer Society
Cathy Hurley, RRT	Director, Quality, Accreditation and Licensure
Frank Kucer, MD	Gastroenterology
Brianne Mangeney, RN, CRNP	Oncology Nurse
C. Edwin Martin, MD	Diagnostic Radiology
Patricia Mullen, RPh, MBA	Pharmacy
Chris Newman, CTR	Cancer Registrar
John Pagan, MD	General Surgery
Pat Parsons, RN, CCRP	Clinical Research Coordinator
Kim Pultorak, DPT, CLT	Rehabilitation Services
Suzanne Rush, RN, BSN	Breast Patient Navigator
Bobbie Rutledge, BSW	Social Worker
Edwin Shearburn, MD	General Surgery
James Spears, MD	Medical Oncology
Jean West-Zawacki, MS, RD	Registered Dietitian
Meg Zakarewicz, DO	GVMP Family Practice

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## Important Phone Numbers

Breast Care Coordinator	215-453-3223
Business Office/Patient Accounts	215-453-4613
Case Management	215-453-4487
Clinical Trials	215-453-3354
Grand View Hospital Main Number	215-453-4000
Grand View Medical Company	215-249-4600
Health Information Management (obtaining records)	215-453-4856
Grand View Home Care	215-453-4265
Grand View Hospice	215-453-4210
Nutrition Therapy & Diet Counseling	215-453-4194
Cancer Services	215-453-3561
Grand View Palliative Care	215-453-4118
Patient Insurance / Financial Services	215-453-4896
Patient Relations Coordinator	215-453-4975
Radiation Oncology	215-453-4950
Radiology / Imaging (to request copies of films only)	215-453-4505

### Scheduling Procedures / Tests

Fox Chase Referral Coordinator / Second Opinion	215-453-3357
Mammogram Appointments	215-453-4100
Patient Scheduling / Central Scheduling	215-453-4100
PET / CT Appointments	215-453-4654

### Support

Bereavement Coordinator	215-453-4189
Breast Cancer Support Groups	215-453-3223
Chaplain	215-453-4970

### Rehabilitation / Physical Therapy / Wellness

Cancer Rehabilitation	215-453-3220
Lymphedema Program	215-453-3220
Physical Medicine & Rehabilitation	215-453-3220

### Additional Resources

American Cancer Society	1-800-ACS-2345
Alliance Cancer Specialists	215-453-3300

For more information, visit [www.gvh.org](http://www.gvh.org). For classes and support groups, visit [www.gvh.org/classes](http://www.gvh.org/classes).



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# GVH GRAND VIEW HEALTH

700 Lawn Avenue | Sellersville, PA 18960 | 215-453-4000 | [www.gvh.org](http://www.gvh.org)

