



2008–2009  
*Cancer Program  
Annual Report*

Including:

*Cancer Committee Chairman's Report*

*Statistical Summary*

*Mercy Cancer Care  
Program Components*

*Site-Specific Analysis  
of Prostate Cancer*



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Extraordinary Care.*

500 East Market Street, Iowa City, Iowa 52245  
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## Chairman's Report

By Dr. Hamed Tewfik, Radiation Oncologist, Cancer Committee Chairman

On behalf of the Cancer Committee of Mercy Iowa City, I am honored to introduce the 2008-2009 Cancer Program Report. The Cancer Committee is a multi-disciplinary team of physicians and staff that provides leadership for Mercy's Cancer Program. The committee's work is reported to the Quality Improvement Committee of the Hospital and Medical Staff.

This twentieth annual report includes an overview of the types of cancer patients cared for at Mercy; a focus review of prostate cancer by James Magera, M.D., urology; and a summary of activities and improvements in cancer care. Here is a summary of the year's activities:

- Dr. Anna Kemp, pathologist, has joined Drs. Paul Belding, Lynn Skopec, and John VanRybroek in providing anatomic and clinical pathology services at Mercy. Dr. Kemp is board certified in Anatomic and Clinical Pathology and subspecialty board certified in cytopathology.
- Surgeons and pathologists are complying with the Commission on Cancer and College of American Pathologists' recommendations regarding colon cancer lymph node examination.
- Mercy's Radiology Department has replaced and added ultrasound equipment with better imaging resolution and 3D and 4D imaging capabilities. The new equipment improves both patient access and cancer detection.
- The linear accelerator at Iowa City Cancer Treatment Center was recently upgraded to allow for image guided radiation therapy. On board imaging tools include cone beam CT and kV imaging for bony matching. Image guided radiation therapy is performed to ensure the radiation beam is directed to the treatment site while minimizing nearby tissue and organ exposure. This new system improves accuracy and reduces side effects. Dynamic Arc Therapy, which shortens patient time on the treatment table, is also being implemented.
- A quality team was formed to focus on the care of women during the diagnosis and treatment of breast cancer. One early outcome has been an improved timeline from screening to diagnostic mammogram.
- The Mercy Hospital Foundation has funded comfort tote bags for women newly diagnosed with breast cancer. The totes hold a variety of useful items and have been greatly appreciated.
- Judy Gilliam, RN, oncology nurse at Cancer Care of Iowa City, has begun coordinating services to women undergoing breast cancer diagnosis, treatment, and care. She is working with physicians, nursing staff, and community agencies to determine best practices for care coordination.
- Oral targeted chemotherapy options have expanded with the recent release of lapatinib (trade name Tykerb) for patients with advanced breast cancer. Everolimus (trade name Afinitor), which is used for advanced renal cell cancer and gastrointestinal stromal tumors, is another oral chemotherapy agent being used. The National Comprehensive Cancer Network (NCCN) projects that by the year 2013, 25 percent of all oncology drugs will be in oral form. Oral chemotherapy has pros and cons; one con is its expense. With this in mind, Cancer Care of Iowa City staff work diligently to help patients apply for financial assistance.
- New injectable chemotherapy agents include temsirolimus (trade name Torisel) for advanced renal cell cancer and bendamustine (trade name Treanda) for chronic lymphocytic leukemia and non-Hodgkin's lymphoma.
- Mercy Hospice Care opened in April 2009 and has been a welcome option for end-of-life care. This six-bed inpatient hospice unit provides a new "sacred space" in the area that long served as the Sisters of Mercy Convent. Located on 5 Mercy North, the area underwent a total renovation. Homelike patient rooms that accommodate family members, family lounge and dining area, a complete kitchen, family shower and laundry facilities, meditation room, and patient whirlpool room provide a comfortable and supportive environment.  
—Patients remain aligned with community-based hospice organizations during their Mercy stay for acute or respite care, and Mercy staff members work with the community hospice to provide the level of care needed. Two inpatient hospice rooms are still available in Mercy's medical-surgical unit.  
—Mercy Hospice Care was funded in large part by a Mercy Hospital Foundation capital campaign.
- Continuing education for our medical staff has focused on cancer screening, diagnosis, and treatment practices. Mercy's commitment to medical staff education was demonstrated by its successful re-accreditation as a recognized CME provider by the Iowa Medical Society (IMS) as recognized by The Accreditation Council for Continuing Medical Education (ACCME®).
- Community education programs on breast, colorectal, and prostate cancer, as well as cancer risk reduction, were conducted. The Mercy Hospital Foundation was instrumental in offering "Focus on Leading-Edge Cancer Treatments" in August 2009. Our physician faculty presented current diagnostic and treatment methods.
- National quality indicators related to the care of cancer patients remain integral to our performance review. Indicators related to pain management, patient perception of their care, and venous thromboembolism are monitored.
- Involvement with the American Cancer Society has included service on the Hope Lodge Advisory Committee and American Cancer Society Advisory Board, as well as participation in the 25th Relay for Life of Johnson County and the Johnson County Community Colon Cancer Screening Project. Patient referrals to the Cancer Resource Network and Hope Lodge continue.

As we continue to meet the needs of individuals and families facing cancer, we know that our challenge is great. The State Health Registry of Iowa reports that the incidence of cancer in Iowa is nearing that of heart disease. However, with our highly qualified and specialized medical staff, state-of-the-art treatment facilities, and supportive staff focused on comprehensive care, we are strongly positioned to meet this challenge.

## Statistical Summary

### Incidence of Cancer by Site

Exhibit I summarizes the incidence of cancer by site at Mercy Iowa City in the 2008 calendar year. A total of 539 cases (525 analytic and 14 non-analytic) were seen at Mercy Iowa City. Digestive system, respiratory system, breast, and genitourinary cancers collectively comprised 76 percent of the cases in 2008. Prostate cancer is the subject of the site-specific analysis in this year's annual report.

### Stage at Diagnosis

Exhibit II is a breakdown of cancer cases at Mercy for diagnosis year 2008 by stage at time of diagnosis. Approximately 11 percent of all cases were diagnosed at Stage 0; Stage I – 27 percent; Stage II – 22 percent; Stage III – 15 percent; Stage IV – 11 percent; not applicable – 10 percent; and unstageable – 4 percent.

### Top Cancers in Females

According to “Cancer in Iowa–2008,” 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 were breast, lung, and colon. In 2008, approximately 48 percent of all cancers diagnosed at Mercy Iowa City occurred in women. Exhibit III lists the most frequent sites of cancer in females at Mercy in 2008. Breast cancer accounted for approximately 43 percent of the female cases. Lung cancer is next, accounting for 11 percent. Colon cancer accounted for 7 percent. Corpus uteri and non-Hodgkin's lymphoma each accounted for 4 percent.

### Top Cancers in Males

“Cancer in Iowa – 2008” lists the three most common sites of cancer in males as prostate, lung, and colorectal. The three most common sites in males at Mercy were prostate, lung, and bladder. Approximately 52 percent of the total cancers diagnosed at Mercy in 2008 occurred in men. Exhibit IV summarizes the most common types of cancer occurring in males at Mercy Iowa City in 2008. Prostate cancer accounted for 29 percent of the male cases. Lung cancer was next most common in males at 11 percent. Bladder accounted for 8 percent. Colon, rectum/rectosigmoid, and non-Hodgkin's lymphoma each accounted for 6 percent of the total of male cancers diagnosed.

## Exhibit I Incidence of Cancer by Site Mercy Iowa City, 2008

Primary Site	Analytic	Non-analytic	Combined Total	Percent of Total
Lip	4	0	4	0.7%
Tongue	6	0	6	1.1%
Salivary glands	3	0	3	0.6%
Mouth, other & NOS	1	0	1	0.2%
Tonsil	3	0	3	0.6%
Nasopharynx	1	0	1	0.2%
Esophagus	7	0	7	1.3%
Stomach	6	0	6	1.1%
Small intestine	1	0	1	0.2%
Colon	36	0	36	6.7%
Rectum, rectosigmoid	21	1	22	4.1%
Anus, anal canal, anorectum	2	0	2	0.4%
Liver	2	0	2	0.4%
Gallbladder	2	0	2	0.4%
Bile ducts	1	0	1	0.2%
Pancreas	7	0	7	1.3%
Nasal cavity, sinus, ear	3	0	3	0.6%
Larynx	6	0	6	1.1%
Lung, bronchus	59	0	59	10.9%
Leukemia	6	0	6	1.1%
Myeloma	5	0	5	0.9%
Other hematopoietic	2	0	2	0.4%
Soft tissue	2	0	2	0.4%
Melanoma of skin	5	1	6	1.1%
Breast	111	0	111	20.6%
Cervix uteri	2	0	2	0.4%
Corpus uteri	11	0	11	2.0%
Uterus, NOS	1	0	1	0.2%
Ovary	1	0	1	0.2%
Vulva	1	0	1	0.2%
Prostate	75	7	82	15.2%
Testis	4	0	4	0.7%
Penis	2	0	2	0.4%
Other male genital	2	0	2	0.4%
Bladder	26	3	29	5.4%
Kidney & renal pelvis	23	0	23	4.3%
Ureter	3	0	3	0.6%
Brain	8	0	8	1.5%
Other nervous system	9	0	9	1.7%
Thyroid	10	0	10	1.9%
Other endocrine	3	0	3	0.6%
Hodgkin's disease	2	0	2	0.4%
Non-Hodgkin's lymphoma	28	0	28	5.2%
Unknown primary	12	2	14	2.6%
<b>Totals</b>	<b>525</b>	<b>14</b>	<b>539</b>	

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

## Cancer Committee Members

Hamed H. Tewfik, MD, *Chairman*  
*Radiation Oncology*

T. F. Viner, MD, *ACoS Field Liaison Physician*  
*Otolaryngology*

James Feeley, MD  
*Medical Oncology*

Gene Lariviere, MD  
*General Surgery*

Lynn Skopec, MD  
*Pathology*

James Wiese, MD  
*Radiology*

Cindy Penney, RN  
*Administration/Vice President of Nursing*

Bruce Anderson, ARNP  
*Patient Care Coordinator & Hospitalist*

Jackie Barta, RN  
*Nurse Manager, 3 West*

Heidi Berns, MS, RTR  
*Administrative Director of Radiology*

Greg Clancy, RN  
*Strategic Objectives Coordinator*

Judy Gilliam, RN, OCN  
*Oncology Charge Nurse*

Barbara Griswold, RN  
*Director of Quality, Patient Safety & Compliance*

Jeanne Hein, RN  
*Director of Nursing Operations*

Mary Lee Livingston, RN  
*Nurse Manager, 4 Center*

Kathy Marner, RHIT  
*Tumor Registrar*

Mary McCarthy, RN  
*Patient Education Coordinator*

Mark McDermott, M.Div.  
*Director of Pastoral Care*

Darlene McGregor, RN  
*Nurse Manager*

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*

## 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

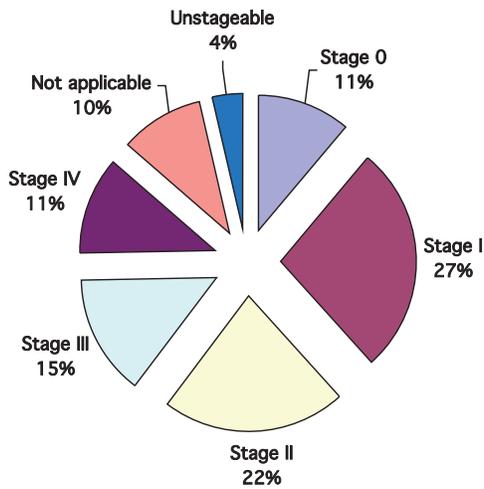
Mercy's Cancer Committee sponsors weekly cancer conferences which are an educational and consultative component of Mercy's Cancer Program. During 2008, more than 61 case studies on a variety of types of cancer were discussed, including breast, prostate, testicular, lung, colon, kidney, rectal, bladder, pancreas, and endometrium. 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.

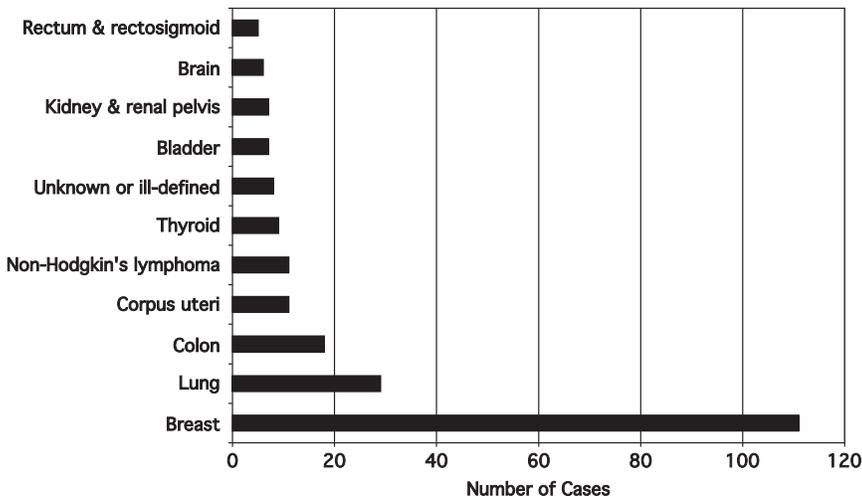
**EXHIBIT II**

**American Joint Committee on Cancer Stage at Diagnosis for Mercy Iowa City in 2008\***



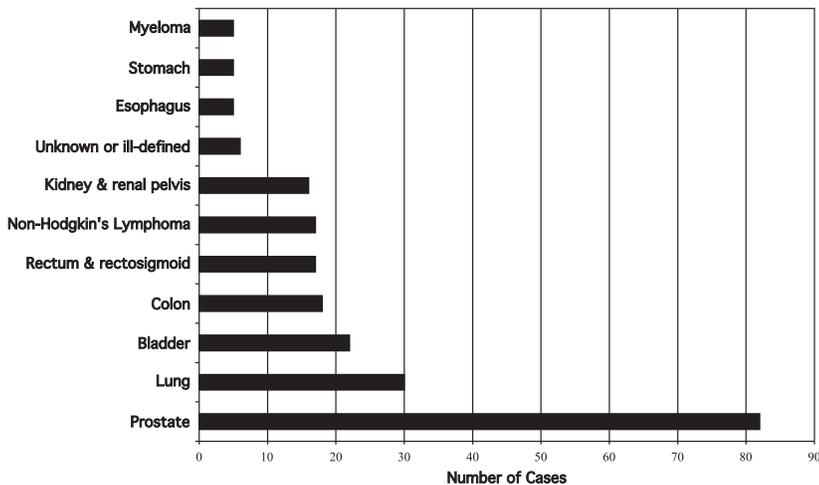
**EXHIBIT III**

**Top Cancers Among Females at Mercy Iowa City in 2008\***



**EXHIBIT IV**

**Top Cancers Among Males at Mercy Iowa City in 2008\***



\*Source: State Health Registry of Iowa



# Site Specific Analysis of Prostate Cancer

By Dr. James Magera, Urologist

## Introduction

Prostate cancer is diagnosed in one of six men during their lifetime in the United States. In addition, 9 percent of cancer deaths are from prostate cancer, making it the second most common cause of death from cancer. Fortunately, since the mid-1990s, the death rate from prostate cancer has been steadily declining.

## Risk Factors

No specific modifiable risk factors are widely accepted; however, the concept that heart healthy is prostate healthy has been gaining support. The micro-nutrient selenium and vitamin E do not prevent prostate cancer, as demonstrated in a recent randomized clinical trial. Age has a major impact on the risk of developing prostate cancer, with young men rarely developing prostate cancer and older men being at substantially higher risk. In addition, ethnicity is a major risk factor, with African-American men at significantly higher risk of developing and dying from prostate cancer than Caucasians. Exhibit V shows the age at diagnosis for prostate cancer cases at Mercy Iowa City in 2006 (most recent statistics available for comparison from the National Cancer Database Benchmark Reports).

## Prevention

Finasteride, a medication that modifies the hormonal milieu in the prostate, has been demonstrated to reduce the risk of prostate cancer by ~25 percent. A small proportion of patients taking this medication will experience side effects which include decreased ability to obtain an erection, decreased sexual desire, breast tenderness, and breast growth. Approximately 70 men would need to take Finasteride for seven years to prevent one case of prostate cancer. The side effect profile, cost (~\$1,000 per year), and large number of patients needed to treat to prevent one case of prostate cancer have limited the number of patients selecting this approach.

## Screening and Detection

Controversy exists among advisory panels regarding the benefit and appropriate frequency of screening for prostate cancer. The risk of being diagnosed with prostate cancer (one in six men, which is ~16 percent) in the United States is higher than the risk of dying of prostate cancer (one in thirty, which is ~3 percent). The American Urological Association recommends screening with a digital rectal exam and prostate specific antigen (PSA) serum test starting at the age of 40 and continuing

### Age has a major impact on the risk of developing prostate cancer.

as long as the patient has a life expectancy of 10 years. The American Cancer Society recommends offering screening at the age of 50, discussing the limitations and benefits of screening, and allowing the patient to make an informed decision of whether to undergo screen. In contrast, the U.S. Preventative Services Task Force is unable to provide a recommendation regarding prostate cancer screen as it feels the data is insufficient to support or reject screening for men less than 75 years of age and condemns screening for men older than 75 years of age, suggesting harm of screening outweighs the benefits. Most clinicians would agree that discussing the controversies in prostate cancer screening and allowing the patient to make an informed decision is the best approach.

## Treatment

Many options are available for treatment of prostate cancer. The most widely accepted forms of therapy include surgical removal of the prostate gland and radiation therapy to the prostate gland. State-of-the-art surgical therapies, including da Vinci robotic prostatectomy and radiotherapies, including intensity modulated radiotherapy (IMRT), are provided at Mercy. Other forms of treatment include placement of radioactive pellets in the prostate (brachytherapy) and freezing of the prostate gland (cryotherapy). For patients with low grade prostate cancer or short life expectancy, options include active surveillance with intent to treat if

signs of cancer growth are noted or watchful waiting with palliative intervention when the cancer begins producing symptoms.

## Prognosis

Patients treated for organ confined, low grade prostate cancers are unlikely to have progression of their disease. In fact, some nomograms predict over 90 percent of patients will show no signs of progression 10 years after therapy. Factors that influence prognosis of a prostate cancer patient include the stage and grade of the prostate cancer. Organ confined prostate cancer has a high rate of cure with surgical and radiotherapy treatments. Prostate cancer that extends outside of the prostate gland into the seminal vesicles and adipose tissue immediately adjacent to the organ has a significantly worse prognosis. Prostate cancer that has metastasized to the regional lymph nodes or bone has the worst prognosis with the majority of patients dying of the disease. Exhibit VI shows a comparison of stage at diagnosis for Mercy Iowa City and other community hospital cancer programs.

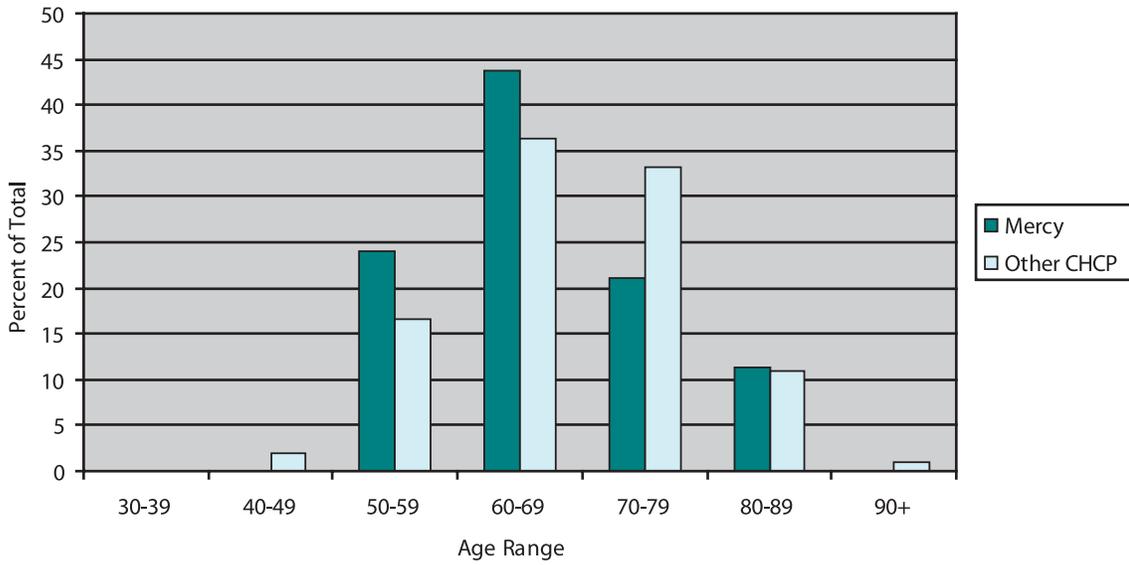
The grade of prostate cancer is determined by a pathologist examining the microscopic architecture of the tumor. The higher the grade, the more likely the prostate cancer will metastasize and lead to the death of the patient. Other prognostic features include serum PSA prior to treatment and size of the tumor. The bottom line is that when prostate cancer is detected in an early stage, prognosis is excellent. Exhibit VII compares the observed five-year survival rate for Mercy Iowa City and the State of Iowa (most recent statistics available for comparison).

## Summary

Prostate cancer is a common disease diagnosed in one of six men in the United States. Patients and physicians should discuss the benefits and risks of screening for prostate cancer. If prostate cancer is detected, consideration of treatment with the intent to cure such as surgery or radiotherapy should be considered. Patients with low grade prostate cancer or a limited life expectancy may choose active surveillance or watchful waiting. The prognosis of early stage, low grade prostate cancer is excellent.

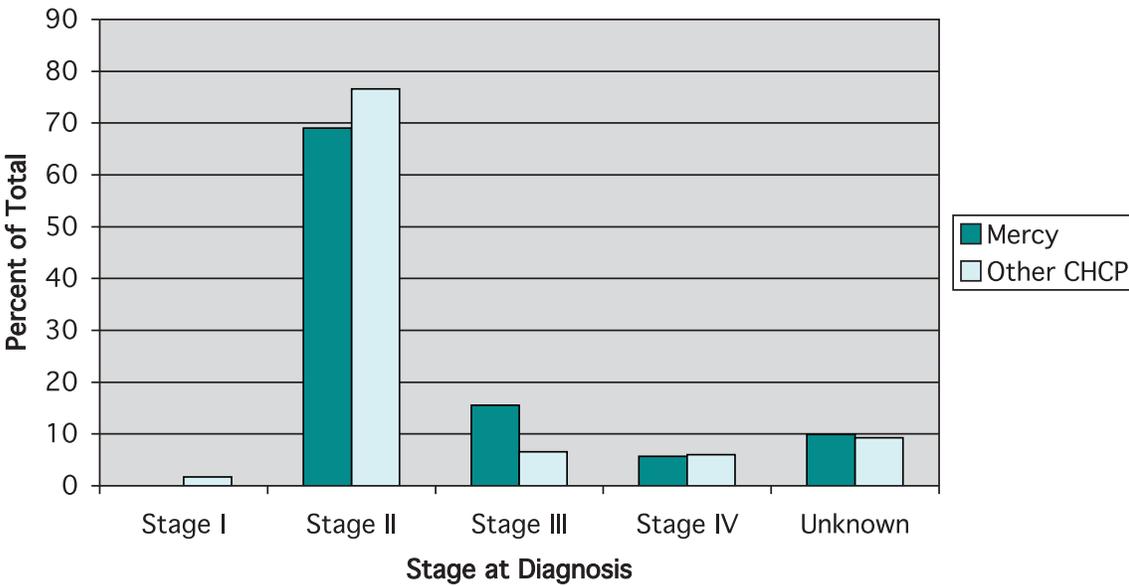
**EXHIBIT V**

**Age at Diagnosis for Prostate Cancer Diagnosed at Mercy Iowa City in 2006\***



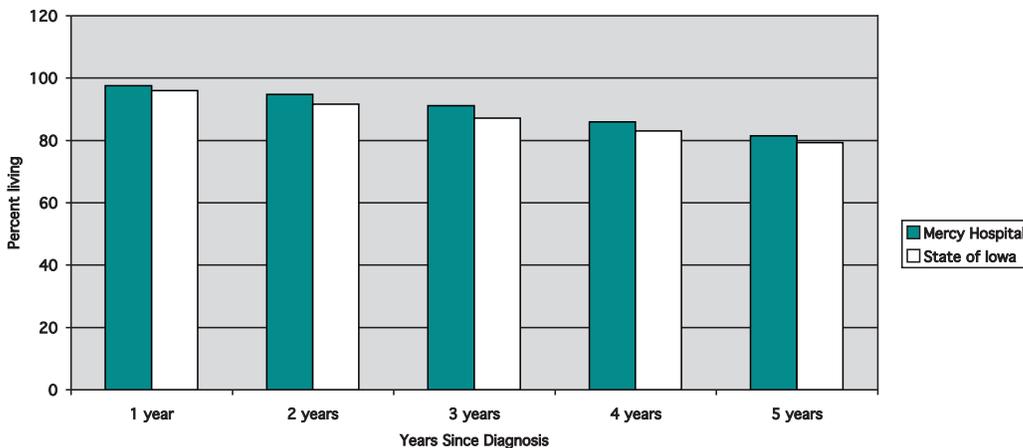
**EXHIBIT VI**

**Comparison of Stage at Diagnosis for Prostate Cancer for Mercy Iowa City and Other Community Hospital Cancer Programs in 2006\***



**EXHIBIT VII**

**Observed 5-Year Survival Rates for Prostate Cancer from 1999 to 2005\***



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

**Source for Exhibit VII:** State Health Registry of Iowa

**\* 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 Reach to Recovery, 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

A touch-screen cancer information computer, Cancer Help, is available to patients and families at Cancer Care of Iowa City. 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. Resources include written materials as well as videotapes. 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*