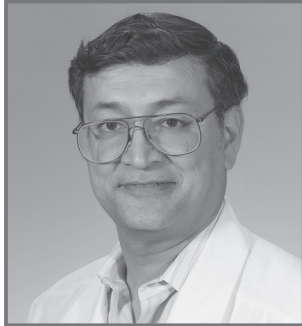


# TOGETHER, THE STRENGTH TO FIGHT CANCER



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Pictured from left to right: Emily McNulty, RN; Cindy Daihl, RN, BSN, OCN, Manager; Peggy Nieman, RN; Melinda Wissel, Unit Coordinator

Fighting Cancer With the  
People You Trust

## Decatur County Memorial Hospital's 2010 Cancer Report

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Prepared by Community Cancer Care  
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## DECATUR COUNTY MEMORIAL HOSPITAL'S 2005-2009 BREAST CANCER STUDY

This study reviews the age, stage, treatment and survival of breast cancer patients diagnosed at Decatur County Memorial Hospital (DCMH) between 2005 and 2009 and compares findings with national statistics. From 2005 to 2009 Decatur County Memorial Hospital had 67 patients with breast cancer while 1,464,614 were reported nationally.

Other than non-melanoma skin cancer, breast cancer is the most common form of cancer in women. Breast cancer is the second most common cause of cancer deaths after lung cancer in women of all ethnicities except Hispanics, for whom it is the leading cause of death. In 2006, the most recent year for which information is available, 191,140 women in the United States were diagnosed with breast cancer, and 40,820 women died from this disease. Though some breast cancers are known to be clearly linked to specific genetic factors, the cause of breast cancer is mostly unknown. There is no known way to prevent breast cancer. Therefore, the goal is to detect the presence of cancer in its earliest, most treatable stages. The goal of cancer screening is to check the breasts for cancer before there are signs and symptoms of the disease. The main tests currently used to screen the breast for cancer include self-breast examination, clinical breast examination and mammography.

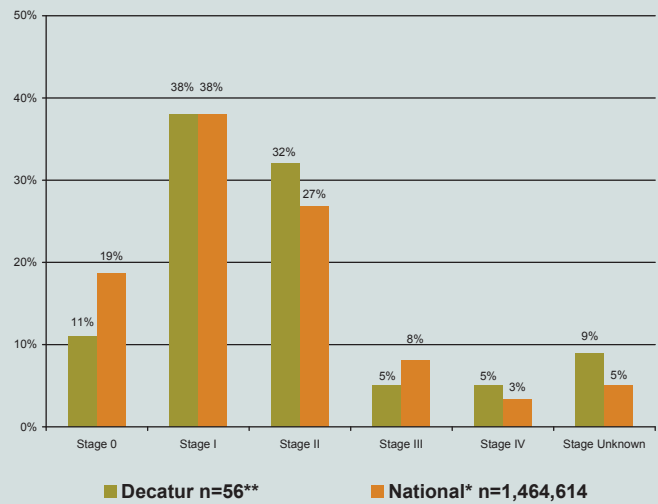
### Age At Diagnosis (See chart page 4)

As noted in the analytical national cancer data base chart on page 4, DCMH is generally in line with the national demographics in regard to age at diagnosis of breast cancer. Given the statistical difficulty in analyzing a small number of cases, relatively fewer younger patients were diagnosed with breast cancer at DCMH, whereas relatively older patients were diagnosed with breast cancer. Thirty-one percent of the patients were diagnosed in the 60 to 69 year-old age group. Only 2% were diagnosed in the 40 to 49 age group which shows a somewhat later diagnostic trend than national averages – though not unexpected with a small data base and a disease which increases in prevalence with age.

### Stage At Diagnosis (See chart this page)

As seen in the 2005 to 2009 breast cancer by AJCC stage chart on this page, the stage at diagnosis of breast cancer patients at DCMH is very much in line with national averages. The goal is to screen patients regularly so cancers may be detected early.

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



This chart compares Decatur County Memorial Hospital with national statistics relative to "stage" for breast cancer. The word "analytic" refers to those cases diagnosed and/or treated initially at Decatur County Memorial Hospital. Note: \* National Comparison: 2000-2007, National Cancer Data Base, Chicago, IL. \*\*Excluded from this chart are 2006-2009 cases diagnosed at Decatur County Memorial Hospital with treatment elsewhere (Class 0).

**Stage 0:** Abnormal cells are found in the ducts or lobules where it started.

**Stage I:** The tumor is 2 cm or less in size or the tumor has not spread to the lymph nodes.

**Stage II A:** No tumor is found in the breast, but cancer is found in the lymph nodes, or the tumor is 2 cm or smaller and has spread to the lymph nodes or the tumor is between 2 cm and 5 cm, but has not spread to the lymph nodes.

**Stage II B:** The tumor is between 2 cm and 5 cm and has spread to the lymph nodes or the tumor is larger than 5 cm, but has not spread to the lymph nodes.

**Stage III A:** No tumor is found in the breast, but cancer is found in the lymph nodes under the arm, or the tumor is 5 cm or smaller and has spread to lymph nodes or the tumor is larger than 5 cm and has spread to lymph nodes.

**Stage III B:** The tumor may be any size with movement to the chest wall/skin, or the cancer may have spread to the lymph nodes.

**Stage III C:** The tumor may be any size, or the cancer may have moved to the chest wall/skin or the cancer has spread to the lymph nodes.

**Stage IV:** The tumor may be any size, or the cancer has spread to the lymph nodes or the cancer has spread to other parts of the body (known as distant metastasis).

*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.*

### **Treatment Modalities – National Comprehensive Cancer Network (NCCN Guidelines)**

The most common form of treatment for breast cancer is surgical treatment. Radiation therapy, chemotherapy and hormonal therapy may be added based on the stage and tumor characteristics at the time of diagnosis. The treatment by AJCC stages of disease at diagnosis illustrates that treatment protocols at DCMH closely follow national trends in treatment protocol. Radiation therapy and chemotherapy are generally being added to surgical therapy more often at more advanced stages of disease, and hormonal therapy is being added as indicated by the specific tumor characteristics found.

### **Survival Data**

Analytic breast cancer observed survival data and analytic breast cancer observed by best AJCC stage data show DCMH survival rates are in line with national averages. The 2000-2004 data shows an overall five-year survival rate of 73%. The Stage I survival rate of 94% and the Stage III survival rate of 86% are actually higher than the national average for these stages. The survival statistics for DCMH are quite good, especially considering the small number of patients available for comparative statistical analysis.

### **Detecting Breast Cancer**

Many conditions, including breast cancer, can cause lumps in the breast. Most lumps are not cancer but are caused by other conditions such as cysts. Self-breast examination and clinical breast examination are important to detect lumps. All lumps should be evaluated to be certain they are not cancer. A small number of lumps may not be visible on mammography.

Mammography is the best proven way to detect breast cancer in its earliest stages. A mammogram is an x-ray of the breast which allows a radiologist to look for masses, calcifications and changes in breast architecture which may indicate an early cancer. At DCMH a computerized program is also utilized with the mammogram to help detect these changes. Some findings may need to be further evaluated with other studies such as ultrasound or MRI, and some findings may require biopsy.

Current American College of Radiology and American Cancer Society guidelines recommend routine annual mammogram screening beginning at age 40. Women over age 40 may schedule a routine screening mammogram by simply calling the DCMH Radiology Department at 812-663-1156.

***Barbara Taylor, MD***

**Cancer Committee Chairperson**

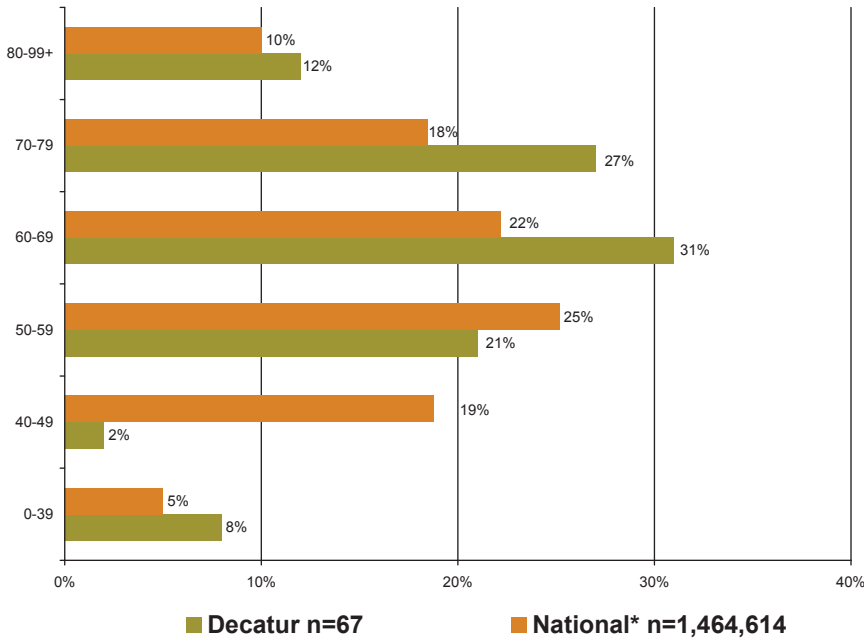
**Radiology Cancer Committee Chairperson**

## DECATUR COUNTY MEMORIAL HOSPITAL'S 2009 CANCER INCIDENCE BY SITE AND SEX COMPARED NATIONALLY

Male	Decatur		National		Female	Decatur		National	
	n=26		n=766,130			n=26		n=713,220	
Prostate	0	0%	192,280	25%	Breast	9	35%	192,370	27%
Lung	6	23%	116,090	15%	Lung	3	12%	103,350	14%
Colon & Rectum	3	12%	75,590	10%	Colon & Rectum	3	12%	71,380	10%
Urinary Bladder	0	0%	52,810	7%	Uterine Corpus	3	12%	42,160	6%
Melanoma Skin	5	19%	39,080	5%	Non-Hodgkin Lymphoma	2	8%	29,990	4%
Non-Hodgkin Lymphoma	0	0%	35,990	5%	Melanoma Skin	1	4%	29,640	4%
Kidney	0	0%	35,430	5%	Thyroid	1	4%	27,200	4%
Leukemia	1	4%	25,630	3%	Kidney	0	0%	22,330	3%
Oral Cavity & Pharynx	1	4%	25,240	3%	Ovary	0	0%	21,550	3%
Pancreas	1	4%	21,050	3%	Pancreas	0	0%	21,420	3%
All Other Sites	9	35%	146,940	19%	All Other Sites	4	15%	151,830	21%

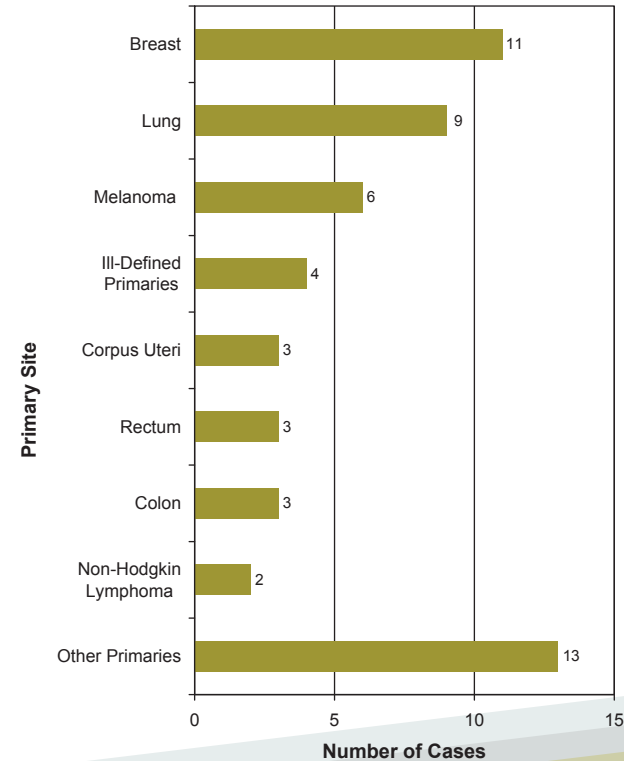
This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated initially at Decatur County Memorial Hospital) in 2009 and breaks them down by site of origin and sex. National estimates provided by the "American Cancer Society: 2009 Cancer Facts & Figures." Excluded from the comparison are basal & squamous cell skin cancers and in situ carcinoma except urinary bladder. Male Excluded: Skin = 0 (0%); In situ = 0 (0%); Female Excluded: Skin = 0 (0%); In situ = 2 (8%).

## DECATUR COUNTY MEMORIAL HOSPITAL'S 2005-2009 ANALYTIC BREAST CANCER BY AGE



This chart illustrates the number of breast cancer patients by their age at Decatur County Memorial Hospital between 2005-2009 compared nationally. The word "analytic" refers to those cases diagnosed and/or treated initially at Decatur County Memorial Hospital. The highest percentage of diagnosis at our hospital occurred between the ages of 60-69. Note: \* National Comparison: 2000-2007, National Cancer Data Base, Chicago, IL.

## DECATUR COUNTY MEMORIAL HOSPITAL'S 2009 INCIDENCE OF CANCER BY SITE 54 ANALYTIC CASES



This chart illustrates the total number of analytic cancer cases (those diagnosed and/or treated initially at Decatur County Memorial Hospital) in 2009 and breaks them down by site of origin.



## DECATUR COUNTY MEMORIAL HOSPITAL IS NATIONALLY ACCREDITED FOR CANCER CARE.

Did you know? For 5 years, Decatur County Memorial Hospital's cancer program has held national accreditation from the American College of Surgeons – [Commission on Cancer](#) – a national gold standard in cancer care. Of the 145 hospitals in Indiana, Decatur County Memorial Hospital is one of only 44 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 must also undergo an on-site review every three years to maintain their approval. Decatur County Memorial Hospital's program was re-accredited in 2008 with commendations.

## BREAST CANCER QUICK FACTS



- You are never too young to develop breast cancer! Breast self-exams should begin by the age of 20.
- Regular mammogram screenings are still the best way to detect breast cancer. The first sign of breast cancer usually shows up on a woman's mammogram before it can be felt or any other symptoms are detected.
- Because of targeted treatments, women are surviving breast cancer and living longer lives. There are different types of breast cancer, so we use different therapies for treatment. The molecular make-up of an individual's own tumor determines their treatment.
- The older you get as a female, the more at risk you are for breast cancer. Seventy-seven percent of women with breast cancer are over age 50.
- Breast cancer is the leading cause of cancer death in women between the ages of 15 and 54, and the second cause of cancer death in women 55 to 74.
- According to the American Cancer Society, breast cancer risk factors you can control include: postmenopausal obesity, use of postmenopausal hormones, alcohol consumption and physical inactivity.
- 1 in 8 women will get breast cancer in their lifetime. Ninety-six percent of women who find and treat breast cancer early will be cancer-free after five years.
- If you suffer from depression, anxiety, nausea, lack-of-appetite or other symptoms related to your cancer or its treatment, there is help. Be sure to ask your medical oncologist.

For more information about breast cancer, call the Decatur County Memorial Hospital oncology department at 812-663-1301.

Statistics taken from: [American Cancer Society](#), [National Cancer Institute](#) and [Komen Foundation](#)

## OUR CANCER COMMITTEE

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