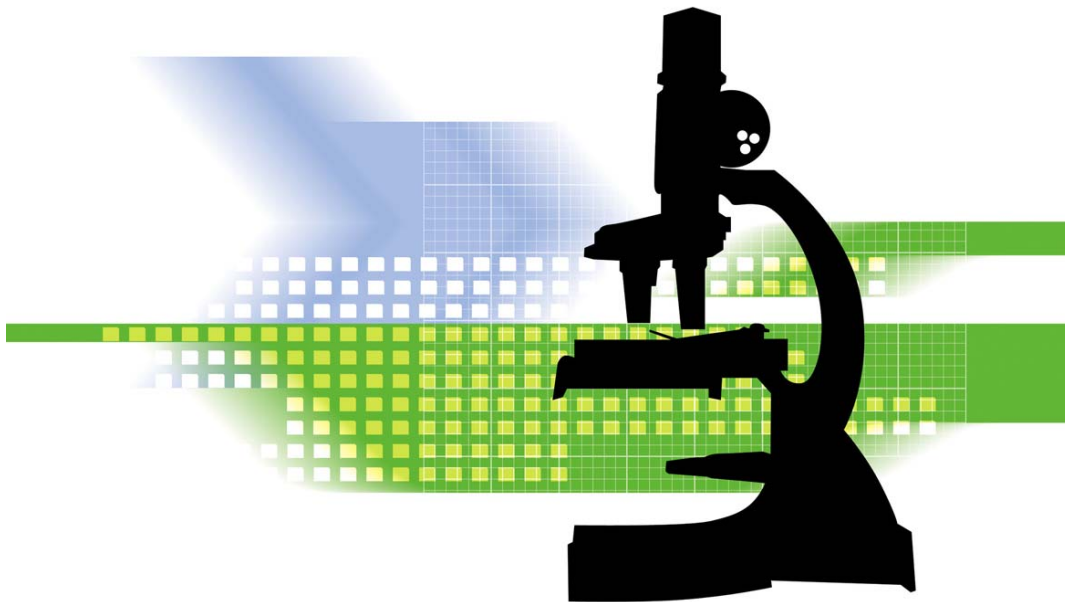




THE CANCER CENTER
AT
HEARTLAND REGIONAL MEDICAL CENTER



2008 ANNUAL REPORT
Based on 2007 Data

Breast Cancer Study 2003 - 2007

Robert Johnson, MD
Radiation Oncology

A large number of breast cancer patients are evaluated and treated at Heartland Regional Medical Center. Well over 120 patients are seen and treated each year from 2002 through 2007. The majority of these cancers are picked up on a screening mammogram. The stage distribution remains the same as in years past.

Multimodality treatment has continued to be a hallmark of the care that breast cancer patients receive. Within the last year, the physicians at HRMC have developed a breast cancer multimodality conference meeting after our routine tumor board conference each week. The pathologic and radiographic findings are discussed by a multidisciplinary team of physicians including medical oncologists, breast surgeons and radiation oncologists.

In addition to the dedicated breast tumor conference, a new Breast Clinic has been developed driven by the breast surgeons and radiologists. The new center will provide clinic exam rooms, procedure rooms, family and patient conference rooms as well as the latest technology in breast imaging, including digital mammography. Radiologists trained in breast MRI provide diagnostic evaluation as well as the ability to perform MRI directed biopsies.

Each patient found to have an abnormal mammogram or abnormal physical findings are followed by a Nurse Navigator who will educate the patient and facilitate their services through the diagnostic and interventional process as well as oncologic evaluations if required. This will shorten the time from an abnormal finding to initiation of the appropriate care for that individual patient.

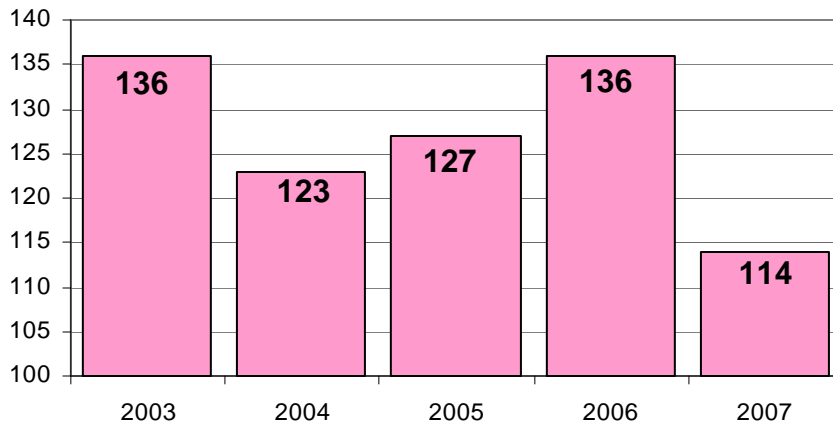
The 5-year survival survival rates remain comparable and slightly higher in Stages 0, I, II and III with national results. The use of sentinel lymph node evaluation has become the standard of axillary lymph node evaluation among all surgeons. Standards from the NCCN and most recently from our affiliation with the MD Anderson

Physicians Network are being established between all treating physicians.

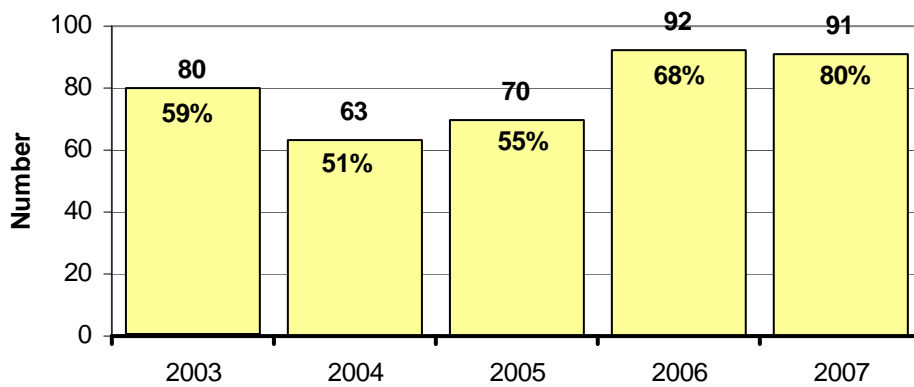
Patients receiving breast preserving therapy represent, on average, two-thirds of our patients receiving some form of breast surgery. The remainder of patients had a mastectomy.

The 5 year distribution of initial therapy is illustrated as well as the distribution of breast cancer patients across age groups.

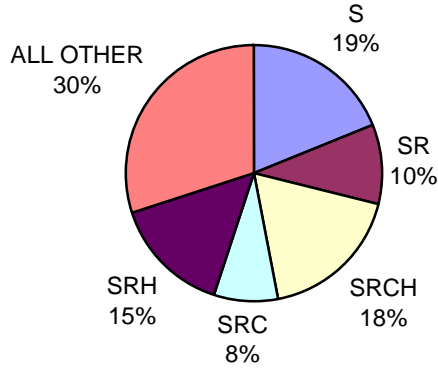
HRMC Breast Cancer Incidence by Year



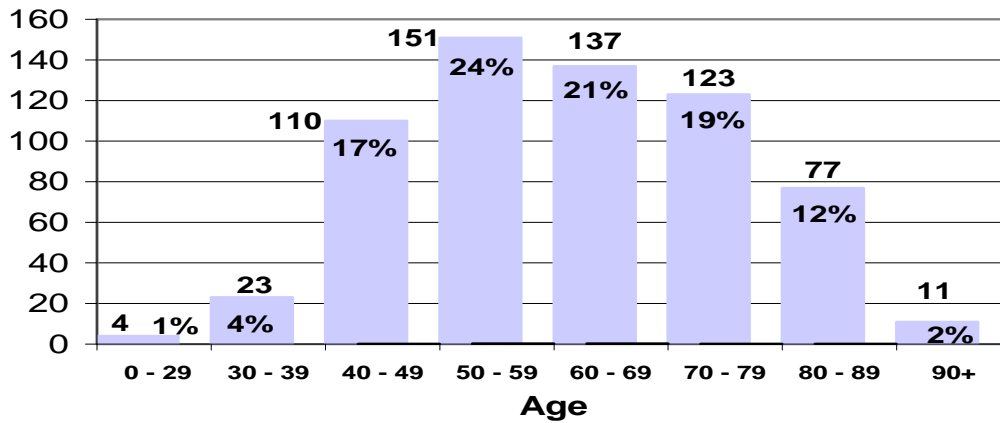
HRMC Breast Cancer Detected by a Screening Mammogram



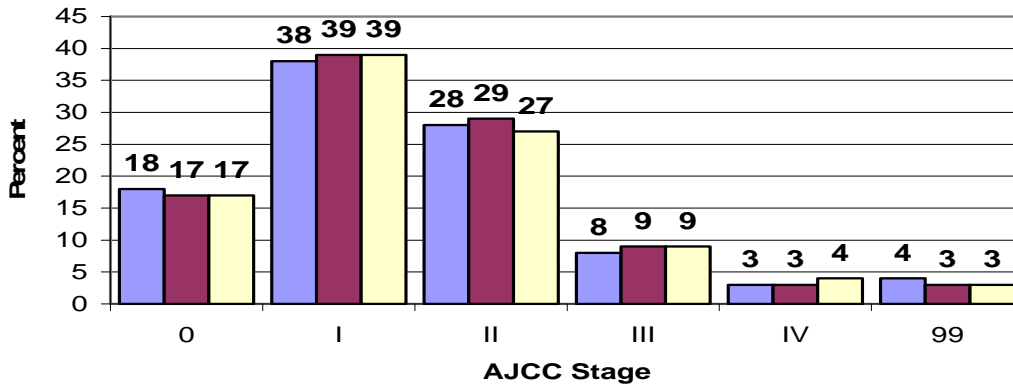
HRMC Breast Cancer Initial Therapy 2003 - 2007



HRMC 5-Year Breast Cancer Cases by Age at Diagnosis

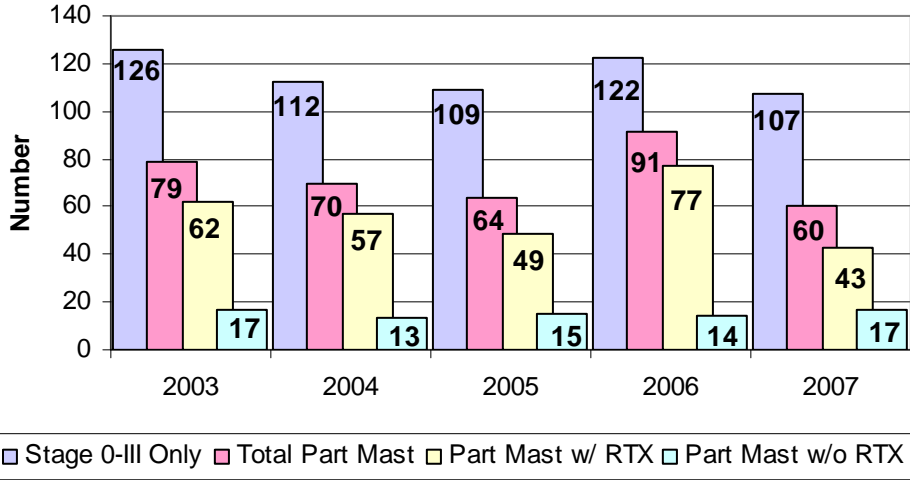


HRMC Percent 5-Year Distribution

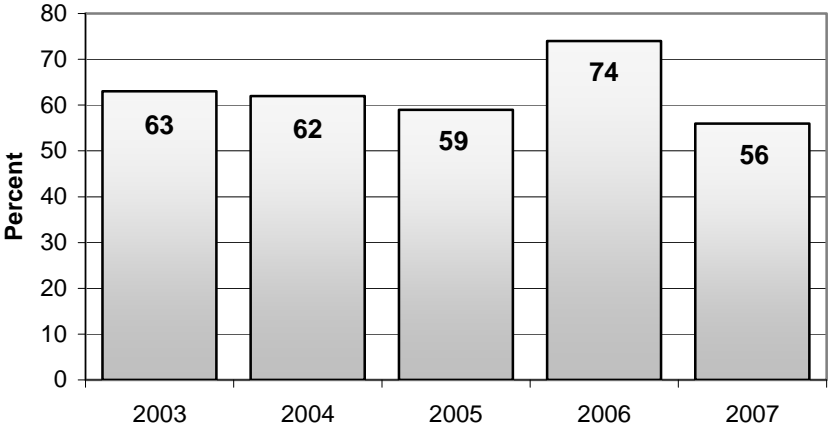


■ National
 ■ Missouri
 ■ HRMC

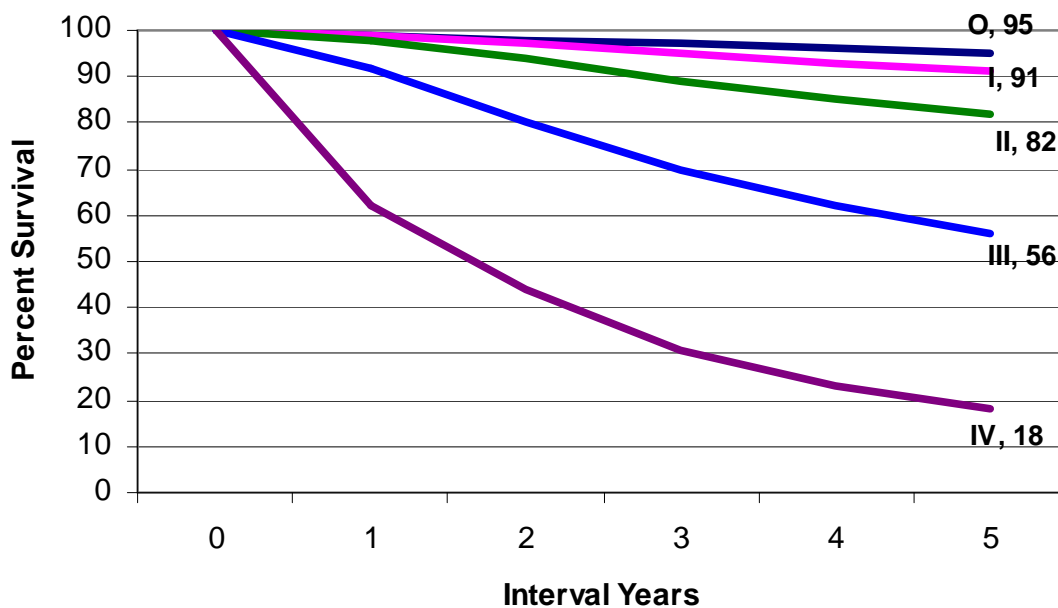
HRMC 5-Year Partial Mastectomy & Radiation Therapy Comparison Stage 0 to III Only



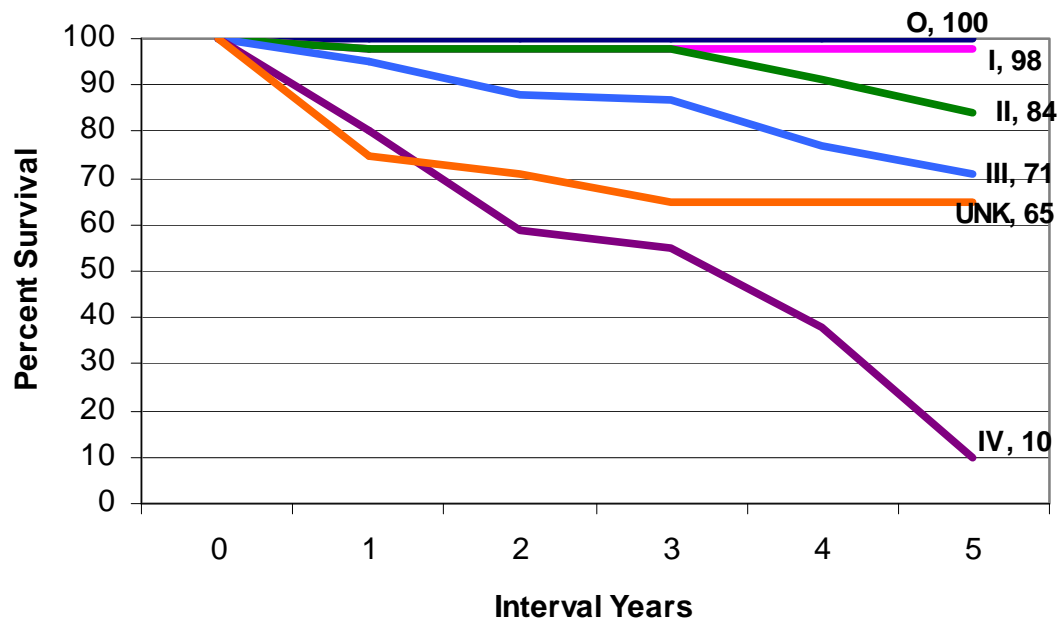
HRMC Percent Treated by Partial Mastectomy



National Cancer Database 5-Yr Relative Survival



HRMC 5-Yr Relative Survival



Testicular Cancer: Long-term Study

Rony Abou-Jawde, M.D.

Medical Oncology

We reviewed our data for testicular cancer patients over the past five years for seminomas and ten years for non-seminomas, using data from both the cancer registry and medical oncology office. We looked at stage at presentation, median age, type of treatment received and outcomes. Then, we looked specifically at the outcome of a subgroup of patients with predominantly embryonal component.

Seminomas:

There were 13 cases identified in our data base. The median age of those patients was 39 years. 85% presented with stage I disease, 15% with stage II disease. In patients with stage I disease, 90% had orchiectomy followed by radiation therapy and 10% had orchiectomy only followed by observation. For patients with stage II disease, all patients had orchiectomy followed by radiation therapy. Currently all patients are still alive, 92% are without evidence of disease recurrence and 8% had disease recurrence with treatment for that.

Non-Seminomas:

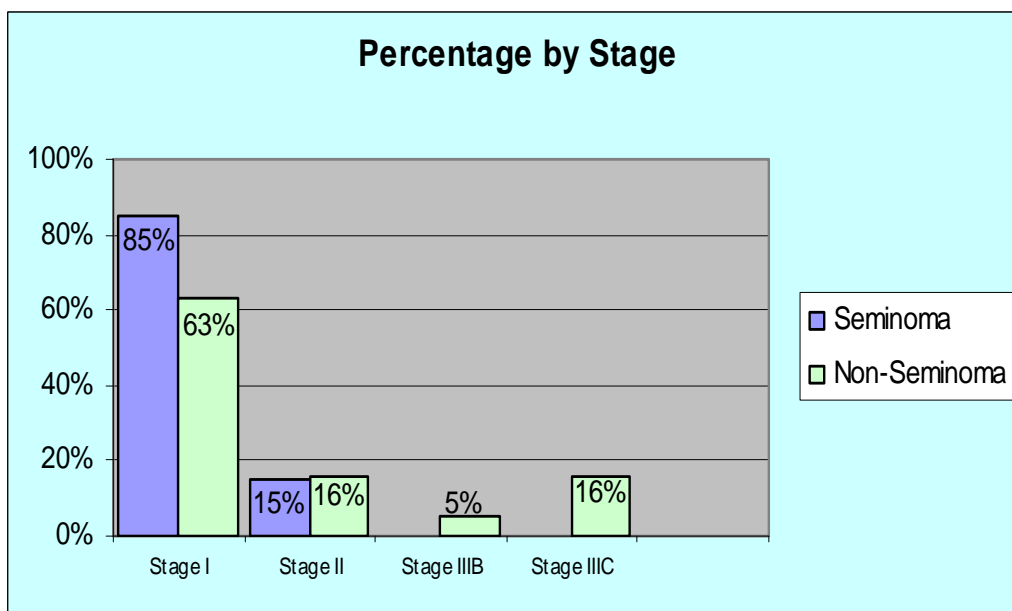
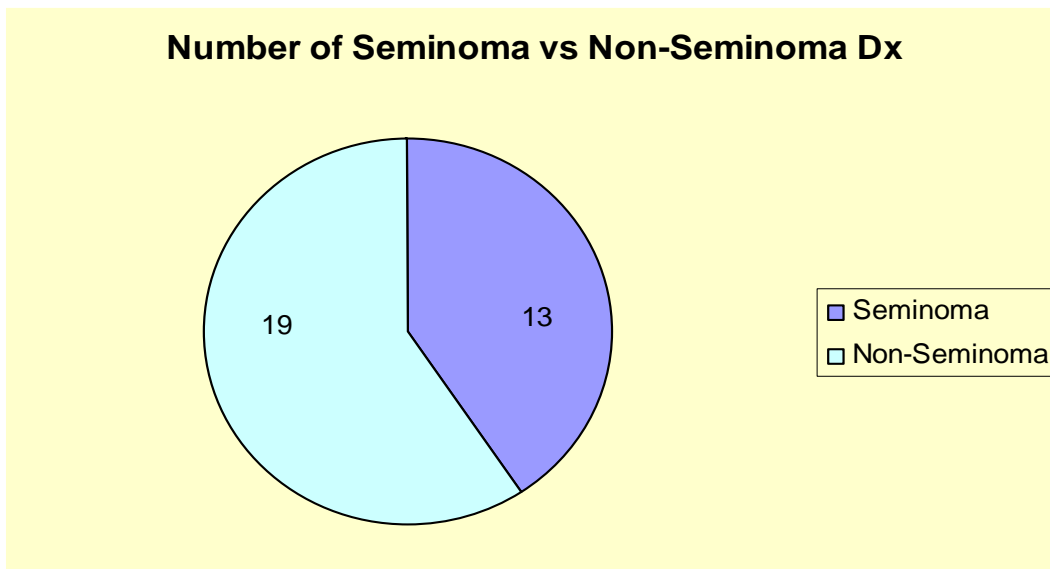
There were 19 cases identified in our data base. The median age for those patients was 31 years. 63% presented with stage I disease, 16% with stage II disease, 5% with stage IIIB disease, and 16% with stage IIIC disease.

For patients with stage I disease, 50% had orchiectomy only followed by observation, 25% had orchiectomy and retroperitoneal lymph node dissection (RPLND), 8% had orchiectomy followed by chemotherapy, and 17% had orchiectomy, RPLND and chemotherapy. For patients with stage II disease, 33% had orchiectomy followed by chemotherapy, 67% had orchiectomy with RPLND and chemotherapy. For patients with stage III disease, treatment was equally divided between orchiectomy and chemotherapy, orchiectomy with RPLND and chemotherapy or chemotherapy only.

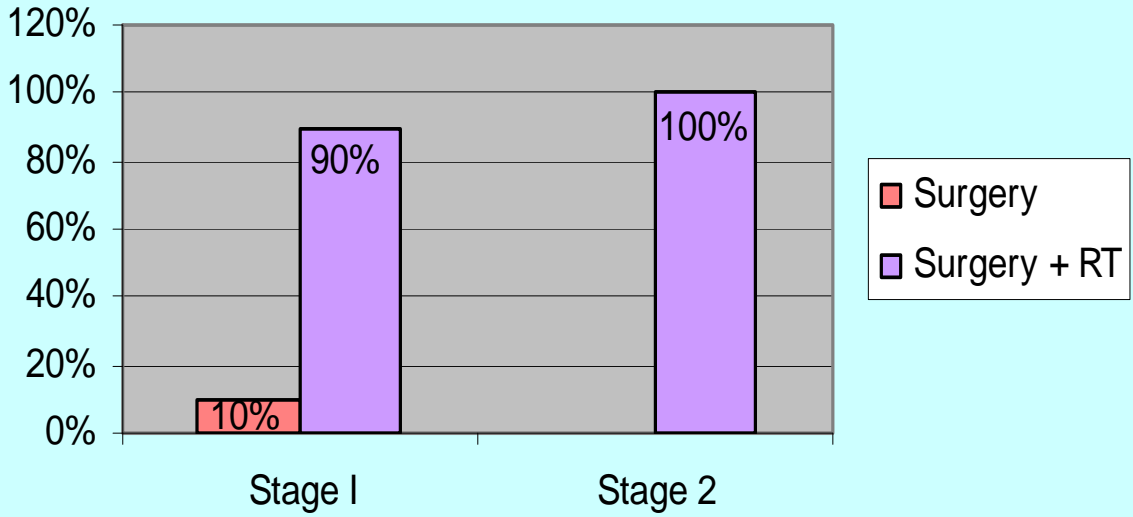
Currently 90% of patients with non-seminoma are still alive, with 85% alive with no evidence of disease recurrence, 5% had disease recurrence treated and are alive, 5% died with no evidence of disease recurrence and 5% died because of their disease.

As for the patients (N=7) with predominantly embryonal component, 91% are still alive with a median survival of around 7 years.

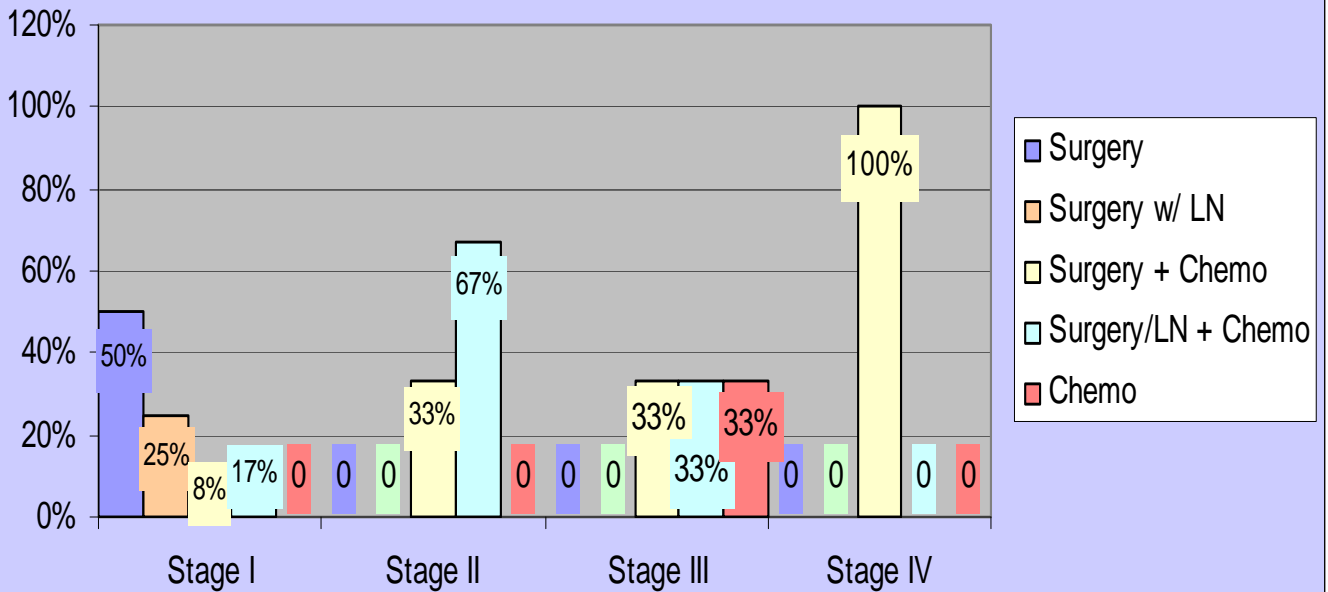
Our data shows that our outcomes for both seminoma and non-seminoma are not different than what is reported in the medical literature and, in fact, our results, albeit based on a small sample of predominantly embryonal component, looks better than previously described in the literature.



Treatment Percentage by Stage in Seminoma



Treatment Percentage by Stage Non-Seminoma



Cancer Registry Report

The Cancer Registry staff at Heartland Regional Medical Center collects, maintains, and analyzes data on all patients diagnosed with or treated for cancer, benign brain tumors, and hematopoietic diseases at our hospital and all Heartland owned clinics and offices. There were 772 new cases added in 2007 and, of these, 727 were analytic* and 45 were non-analytic#.

Follow-up is required, by the American College of Surgeons, on all analytic patients on a yearly basis in order to have an accredited cancer program. The follow-up rate since our Accession Year† is at 90% which is well above the required 80%. Five-year follow-up is 90%, which is equal to the required 90%.

The Cancer Registry staff coordinates the weekly Tumor Conference meeting. This meeting is made up of a multidisciplinary panel of physicians who discuss diagnostic and treatment modalities for cancer patients.

The Cancer Registry staff coordinates the bi-weekly teleconferences with MD Anderson Cancer Center in Houston, Texas. These conferences follow the same premise as the Tumor Conference meetings held at HRMC but with the input from the MD Anderson physicians.

The Cancer Committee is the governing body for the Cancer Registry staff. This committee is responsible for overseeing the Registry and aiding in compliance of all the Standards set forth by the American College of Surgeons in order to be an accredited cancer program.

Heartland Regional Medical Center has two certified tumor registrars and one part-time follow up clerk. Both certified registrars belong to Kansas City Area Tumor Registrars Association, Missouri State Tumor Registrars Association and the National Cancer Registrars Association. The registrars are required to submit educational credits every other year to maintain their certification.

Debra McDowell, CTR
Oncology Data Coordinator

* Analytic: diagnosed and/or received part of their first course of treatment in our facility.

Non-analytic: diagnosed and received their first course of treatment at another facility and are treated in our facility for progression or recurrence of their disease.

†. Accession Year: year first diagnosed at the reporting facility.

2007 Top Five Sites Compared to 2006

