The multi-disciplinary team at The Center for Cancer Care at St. Luke’s Hospital is pleased to present our annual report, which features a statistical overview of our Cancer Registry data and also provides insight to the various services we offer. We are proud to be an approved Commission on Cancer (CoC) program.

This is a very exciting and momentous time for us. We have embarked on a 30,000 square foot, $6.2 million renovation and expansion of our current Center which will enhance the way we are able to deliver the highest quality of care to our patients and their family members. This initiative was conceived through countless hours of planning, collaboration and design and reflects the devotion we share toward finding new and innovative ways to diagnose, treat and prevent cancer.

The first phase of the renovation is currently underway with a new Infusion Center already complete. By incorporating large windows in this space, patients and loved ones will be able to view the new Healing Garden and its beautiful trees and landscaping. The design allows for natural light to fill the infusion stations and also offers ample room for family and friends to remain with the patient while they receive treatment.

We are excited about the Center’s improvements. Some highlights of the new Center, when complete, include:

• Better access for patients and their families
• Improved patient registration process
• New infusion area offering the latest in comfort and technology
• New and expanded medical oncology office space

The Cancer Registry of St. Luke’s Hospital is staffed by four Certified Tumor Registrars. All staff members participate in ongoing oncology-related continuing education annually by attending local and regional association meetings and Commission on Cancer sponsored meetings.

In 2010, there were 1,467 cases accessioned to the St. Luke’s Hospital Cancer Registry. Of this number, 1,331 were analytic incidences of cancer with initial diagnosis and/or first course of treatment at St. Luke’s Hospital, and 136 of these cases were considered non-analytic or cases of recurrent/persistent disease.

The graph below reflects the top five primary sites seen at St. Luke’s Hospital in 2010. Based on 1,331 analytic primary cancers accessioned into the Registry’s database, the top five primary sites represent 56 percent of the overall cases seen at St. Luke’s Hospital.

Cancer Registry report on 2010 activity

Julia Kang, CTR
Manager of Cancer Registry

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Summary of 2010 Cancer Accessions

Dr. Albert Van Amburg, III
Chair 2011 Oncology Peer Review Committee

St. Luke’s Hospital Top Five Primary Sites with National Comparison

Source of national data is from American Cancer Society Cancer Facts & Figures for 2010.
Breast cancer

According to the American Cancer Society's Breast Cancer Facts & Figures 2009-2010, breast cancer is the most common malignancy among women, excluding cancer of the skin, and accounts for nearly one in four cancers diagnosed in U.S. women. Breast cancer in men is a rare disease. Approximately one percent of breast cancer cases seen in the U.S. are men.

In 2010, there were a total of 298 breast cancers seen at St. Luke’s Hospital. Of this number, 297 were female breasts while one was male breast cancer. Over the past five years, there have been a total of 1,305 primary breast cancers diagnosed and/or treated at St. Luke’s Hospital. The chart below reflects the number of new breast cancers that have been diagnosed and/or treated at St. Luke’s Hospital for the past five years.

### Breast Cancer New Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases</td>
<td>252</td>
<td>269</td>
<td>260</td>
<td>298</td>
<td></td>
</tr>
</tbody>
</table>

Since breast cancer typically produces no symptoms when the tumor is small and most treatable, it is very important for women to follow the recommended screening guidelines by the American Cancer Society for detecting breast cancer at an earlier stage, before symptoms develop. Early detection of breast cancer by mammography may lead to a greater range of treatment options, including less-aggressive surgery and adjuvant therapy. Mammography dosage has limitations, though. Not all breast cancers will be detected by a mammogram and some breast cancers detected by mammography may still have poor prognosis. Despite these limitations, mammography is the single most effective method of early detection since it can identify cancer several years before physical symptoms develop. Treatment is more successful when cancer is detected early.

According to the National Cancer Data Base (NCDB), the majority of breast cancer is being diagnosed at much earlier stages. For example, in the state of Missouri, more than 55 percent of the breast cancer patients who were diagnosed from 2000 to 2008 were at the Stage 0 and I stage (Stage 0 and 1) at the time of diagnosis. In the state of Missouri, the percentage of breast cancer patients being diagnosed at an early stage (Stage 0 and I) is 55 percent. For the same time period, St. Luke’s had 57 percent of the patients being diagnosed at an early stage (Stage 0 and I).

### Stage of Breast Cancer Diagnosed in 2000 to 2008

<table>
<thead>
<tr>
<th>Stage</th>
<th>SLH</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18.4%</td>
<td>18.85%</td>
</tr>
<tr>
<td>I</td>
<td>38.42</td>
<td>37.71</td>
</tr>
<tr>
<td>II</td>
<td>25.48</td>
<td>28.58</td>
</tr>
<tr>
<td>III</td>
<td>5.36</td>
<td>8.23</td>
</tr>
<tr>
<td>IV</td>
<td>1.82</td>
<td>3.41</td>
</tr>
<tr>
<td>NA</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>UNK</td>
<td>10.43</td>
<td>5.12</td>
</tr>
</tbody>
</table>

Cal. TOTAL: 100% 100%

This graph reflects an increase in the diagnosis of breast cancer at earlier stages to 66 percent, which is significantly higher over previous years. It is hoped that this increase is a reflection of increased screening mammography and the implementation of improved ultrasonic technology. It is anticipated that the number of breast cancers diagnosed at earlier stages will continue to increase over the next few years with the addition of SonoCiné at St. Luke’s Hospital.

### 2010 AJCC Stage at Diagnosis

<table>
<thead>
<tr>
<th>Stage</th>
<th>SLH</th>
<th>NATIONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Stage 1</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>Stage 2</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Stage 3</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Stage 4</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

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### Treatment at the Breast Care Center at St. Luke’s Hospital

In 2010, St. Luke’s Hospital saw patients with the following American Joint Committee on Cancer (AJCC) stage at diagnosis:

- Stage 0 (27%)
- Stage 1 (39%)
- Stage 2 (23%)
- Stage 3 (7%)
- Stage 4 (2%)

The Breast Care Center at St. Luke’s Hospital is dedicated to providing highly specialized diagnostic and therapeutic services for women who are concerned about or diagnosed with breast cancer. Service include physical examination, diagnostic mammography, breast ultrasound, sentinel node biopsy, fine needle aspiration, core biopsy, surgical consultation, educational materials and instruction in breast self-exam. In 2011, the Breast Care Center was granted a three-year full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program that is administered by the American College of Surgeons.

Treatment decisions are based on stage of disease at diagnosis and a multi-disciplinary team approach. In 2010, a Breast Navigation Program was established for breast cancer patients diagnosed at St. Luke’s. The BreastCare team works closely with a multidisciplinary team of experts in radiology, medical and radiation oncology and surgery to guide women on their journey. They are available to offer valuable support and to answer questions that patients and their loved ones may have during this very difficult time.

Each patient’s treatment plan takes into account their tumor size, stage of disease, activity level and other medical conditions, as well as patient preference. The multi-disciplinary team bases most of their treatment recommendations on the National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology, which are the most comprehensive and most frequently referenced recommendations for care of cancer patients, stage by stage, from diagnosis through lifetime follow-up.

Treatment according to the National Cancer Data Base indicates most breast cancer patients are treated with a multi-modality approach. First course treatment in 2010 reflects 89 percent of the breast cancers treated at St. Luke’s Hospital were treated with multi-modality therapies.
According to the American Cancer Society, the five-year relative survival is lower among women with a more advanced stage at diagnosis. Considering all races, five-year relative survival is 98 percent for localized disease, 84 percent for regional disease and 23 percent for distant-stage disease. Larger tumor size at diagnosis is associated with decreased survival.

There are many clinical trials available to patients at St. Luke’s Hospital who have been diagnosed with breast cancer. Patients receive either the state-of-the-art standard treatment or a new therapy that may offer improved survival and/or fewer side effects. Participation in a clinical trial provides essential information on the effectiveness and risks of a new treatment.

Patients may visit the American Cancer Society Clinical Trials Matching Service at cancer.org/clinicaltrials or call the American Cancer Society Clinical Trials Matching Service at 1-800-303-5691 to identify clinical trials options. This service is free and confidential for patients and their families to help locate a cancer clinical trial most appropriate to the patient’s medical and personal situation.

Patients should consult their personal physician and cancer specialists for detailed information about appropriate treatment choices and availability of clinical trials at St. Luke’s Hospital.

New Infusion Center offers comfort to patients and family

Patients being treated at the Center for Cancer Care at St. Luke’s Hospital will notice the renovation and upgrades to the new Infusion Center located on the third floor of the hospital. The Infusion Center is a world-class facility, offering state-of-the-art, personalized care for both the patient and their family members.

The new Infusion Center, where patients receive intravenous chemotherapy treatments, accommodates up to 23 patients at any given time. It also offers many amenities that make it one of the most patient-friendly centers in the area.

Highlights include:
- Large reclining chairs for optimal patient comfort
- Individual TV monitors
- ‘90s Fi room
- Personalized seating for family and friends
- More privacy for the patient, family and friends
- New waiting area for friends and family members

One of the centerpieces of the Infusion Center is the new Healing Garden and its calming views that can be seen by patients while they receive care. The Center’s large windows allow patients to look out to a tranquil landscape which can help reduce the stresses of illness and hospitalization for patients and their guests.

“The new Infusion Center follows our tradition of well-rounded care, not only through an excellent team of experts and the latest technology, but also in a comforting, convenient environment,” says Lori Schweppe, Infusion Center manager.

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The Radiation Oncology Department at St. Luke’s Hospital has continued to work closely with its doctors and hospital administration to ensure our patients receive the latest advancements in cancer care. As part of this commitment, we were proud to upgrade our linear accelerator during this past year.

When cancer is diagnosed in a patient, St. Luke’s Hospital offers a range of services to treat this disease. In addition to chemotherapy and surgery, radiation oncology is also available. Used to treat cancers including lung, breast and prostate cancer, radiation therapy is delivered in an environment from a piece of equipment called a linear accelerator. Directed at specific areas of the body, the high-energy X-rays interfere with cancer cells’ ability to multiply and make new tumor cells and kill existing cancer cells.

The new state-of-the-art linear accelerator is equipped with IGRT or image-guided radiation therapy. IGRT allows for delivery of powerful, tightly-focused radiation beams to a tumor from many angles, all with unmatched accuracy. This makes it possible to treat even very small localized tumors that are close to vital structures, while avoiding or minimizing damage to surrounding healthy tissue. In some of the most precise and powerful cancer treatment technologies available.

“This is the cutting edge in radiation therapy,” said Dr. David Butler, chief, Department of Radiation Oncology. “It allows us to make the radiation dose much more uniform and to contour or shape it more accurately to the shape of the tumor,” says Dr. Butler. “The shaping allows us to spare normal internal areas while treating the desired cancerous tissue.”

St. Luke’s Center for Cancer Care installs new state-of-the-art linear accelerator
The Breast Care Center at St. Luke’s Hospital has been granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Accreditation by the NAPBC is only given to those centers that have voluntarily committed to providing the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance. During the survey process, the Center demonstrated compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of: center leadership, clinical management, research, community outreach, professional education and quality improvement. A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.

Receiving care at a NAPBC-accredited center ensures that a patient will have access to:

• Comprehensive care, including a full range of state-of-the-art services
• A multi-disciplinary team approach to coordinate the best treatment options
• Information about ongoing clinical trials and new treatment options
• Quality breast care close to home

Recognition from the NAPBC highlights the integrated, multi-disciplinary approach our Center provides our breast cancer patients and we are honored to have earned this esteemed accreditation.

"As a recipient of the Women’s Health Excellence Award™ from HealthGrades, achieving the NAPBC certification for our Breast Care Center is a further indication to our patients and our community of our commitment to providing quality healthcare for women," says Sally Rappold, nurse manager at the Breast Care Center.

Women with a high risk of developing breast cancer now have a specialized clinic with state-of-the-art diagnostic equipment that can detect cancer earlier and with better accuracy. The High-Risk Breast Clinic at St. Luke’s Women’s Center in Chesterfield Valley,分析s the patient’s risk through accurate approaches including an assessment of family history with genetic testing, a review of clinical history, including prior breast biopsies, and the evaluation of breast density.

This dedicated center is particularly beneficial for women who:

• Have a family member who was diagnosed with breast cancer before age 50
• Have several family members who were diagnosed with breast cancer and/or ovarian, prostate, pancreatic and other related cancers
• Have someone in their family who has tested positive for a known breast cancer mutation
• Have had atypical cells detected during a breast biopsy
• Have a previous history of breast cancer

The High-Risk Breast Clinic is an additional resource to help women who need more specialized attention when it comes to their mammograms and other breast cancer screenings. Once referred to the clinic, patients receive:

• Comprehensive risk assessment based on personal risk factors, as well as family history
• Ongoing surveillance for high-risk women including clinical breast exams
• Genetic counseling and testing, when appropriate
• State-of-the-art imaging and procedures, including digital mammography, ultrasonography, breast MRI and minimally-invasive biopsy techniques
• Personalized surveillance program based on an individual risk profile
• Referral and coordination of care, as needed, to psychology, oncology, gynecology and plastic surgery

“Opening this Clinic was important,” says Patricia Limpert, MD. “We’re able to assist area women in understanding their risks for developing cancer, and help them take preventive measures to maintain their health.”

Becky Tackett, RN, BSN consults with a patient at the High-Risk Breast Clinic.
At St. Luke’s Center for Cancer Care, we are proud to offer the best available treatment for all our cancer patients, including those diagnosed with gynecological cancers. Typically, the most frequent type of treatment for these types of cancers is surgery, which is an evolving field. In the past 40 years, the use of minimally-invasive surgery has surged tremendously because of technological advancements and because it reduces morbidity including pain, hernias, adhesions and infections.

Our doctors can now perform minimally-invasive gynecological procedures using the da Vinci Surgical System, a robotic and computer-assisted technology that allows our surgeons’ hand movements to be scaled, filtered and translated into precise movements within the operative site. The system allows our doctors to gain access to diseased organs that are affected with better visualization of vital structures using three-dimensional views and enhanced magnification. In addition, the ergonomics of the da Vinci System not only help with physician comfort as they operate, but also assist in aligning their eyes and hands during the procedure. All of these factors help our doctors better identify and avoid sensitive structures such as nerves, veins and arteries, while focusing solely on the surgical site.

“‘The da Vinci Surgical System allows our highly-trained team to perform minimally-invasive procedures on a wide range of gynecological conditions including most endometrial cancers, cervical cancers and ovarian cancers,” says Francisco Xynos, MD. “This includes robotic radical hysterectomies, pelvic lymph node dissections, para aortic lymphadenectomies and omentectomies. It also allows us to operate with greater precision and control, minimizing the pain and risk associated with large incisions while increasing the likelihood of a fast recovery and excellent clinical outcomes.’”

Gynecological cancer treatment becomes more advanced, less invasive with da Vinci Surgical System
In 2010, St. Luke’s became the first hospital in Missouri to offer the SonoCiné breast ultrasound exam to patients with dense breasts. Since that time, numerous patients have taken advantage of this advanced test.

According to research, 40 percent of women have dense breast tissue. Researchers have found that breast density is a predictor of increased risk for developing breast cancer. Women with dense breasts have a four-to-six times higher risk of developing breast cancer compared to women with less dense breasts.

This density can also make finding abnormalities in the breast difficult since both dense tissue areas and tumors show up white on a mammogram. Women with dense breasts can now consider adding the SonoCiné exam to their yearly mammograms. The SonoCiné exam is not a substitution for screening mammography. SonoCiné is an automated whole breast ultrasound (AWBU) exam that, when added to an annual mammogram, may find additional and smaller cancers than mammography alone. The SonoCiné exam is also computer-guided, requires no breast compression or injections and is permanently recorded for physician review and follow-up.

A study published in the journal *European Radiology* reported the benefits of adding the SonoCiné exam to a standard mammogram. In 6,425 cases, it found that breast cancer detection doubled from 23 cancers discovered by mammography alone to 46 using AWBU along with mammography. In addition, the number of detected invasive cancers 10 millimeters or less in size increased from 7 to 21 when AWBU imaging was added to mammography. The study concluded that AWBU resulted in significantly higher cancer detection improvement compared with mammography alone in women with dense breast tissue.

“More and more women with dense breast tissue are taking advantage of the SonoCiné automated whole breast ultrasound for supplemental screening for breast cancer,” says Carrie Morrison, MD, director of Breast Imaging and Mammography at St. Luke’s Hospital. “These women are making a conscious choice to improve their odds of early detection should they be affected with breast cancer. As women learn about breast density, we find they are very grateful to have the SonoCiné exam available to them.”

St. Luke’s Hospital was the first facility in St. Louis and the second in the United States to be accredited in mammography by the American College of Radiology (ACR). St. Luke’s is also designated a Breast Imaging Center of Excellence by the ACR for excellence in breast imaging.

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SonoCiné breast exam offers increased confidence for patients with dense breasts

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A diagnosis of cancer can have a profound impact on one’s physical, emotional and social well-being. Overwhelming feelings of fear, sadness, anger, uncertainty and isolation are common responses, and at St. Luke’s Hospital, we understand that.

Oncology social workers, with master’s degrees in social work, are available to provide psychosocial services to patients, families and caregivers through all phases of the cancer experience. Psychosocial support and interventions help patients and families:

• Cope and adapt to a diagnosis of cancer, its effects and the varied emotions that may be experienced
• Assist with discharge planning, transition planning, counseling, support groups, resource and referral, education and survivorship
• Sort through concerns about role adjustments within the family, work concerns and areas of distress
• Talk with children, family and/or friends about the diagnosis and treatment plan
• Address end-of-life care, needs and resources

Social workers provide information and coordinate referrals to community resources, including HavenHouse, whose mission is to provide “the comfort of home and a community of support” to those outpatient families seeking a distance from treatment and/or physician appointments in need of affordable lodging.

Social workers provide counseling through the Life & Hope Fund, which provides limited financial assistance to St. Luke’s patients with a diagnosis of cancer or malignant blood disorder who lack adequate resources for medically necessary services/supplies such as prescription co-pays and durable medical equipment.

They also provide information and resources for the Bridging the Gap Fund, developed by area oncology social workers and funded by the St. Louis Affiliate of Susan G. Komen, which provides financial assistance to eligible patients receiving active treatment for breast cancer.

In addition, social workers facilitate the Look Good…Feel Better Program, which partners with the American Cancer Society. This free program teaches beauty techniques to women who are in active treatment for cancer.

“As an oncology social worker, I think the very best way to take care of our patients is to collaborate and work closely with the team of professionals involved in their care,” says Jenny Candice, LCSW. “The medical and radiation oncologists, nursing staff, dietitians and chaplains ensure that each patient’s medical, psychosocial and spiritual needs are identified and met. I feel very fortunate to work with a team of professionals who are sensitive to all of the patient’s needs.”

“Increasing numbers of patients are surviving a diagnosis of cancer, thanks to continued medical advances and treatments,” says Diane Jorgenson, LCSW. “For the St. Luke’s healthcare team, when a patient finishes treatment, we celebrate. But, sometimes, this ending and subsequent beginning also brings about mixed feelings and emotional overload for patients. It is a privilege to help survivors process their cancer journey.”
Screenings, education for the public and ongoing support for those diagnosed with cancer continue to be an integral part of the St. Luke’s Center for Cancer Care. Support and education are provided through various programs. The FOCUS breast cancer support group meets monthly and provides education and support to women with breast cancer and their families. The Center participates in the following American Cancer Society patient programs: The Reach to Recovery program which pairs volunteers who have recovered from breast cancer with patients who are newly diagnosed and facing treatment and “Look Good, Feel Better” which is offered through St. Luke’s Social Services Department. The Center also sponsors a weekly Yoga for Cancer Patients class in cooperation with the Cancer Support Community (formerly known as The Wellness Community).

St. Luke’s physicians and staff also provided care and treatment to women with breast cancer referred by Gateway to Hope, a local non-for-profit organization that arranges care for uninsured and underinsured individuals with breast cancer.

In April, St. Luke’s Cancer Resource Center hosted several lunch and learn programs for both employees and the public that brought attention to Cancer Awareness Month. St. Luke’s physicians and professional staff spoke on several topics:• Prostate Cancer – When to Test and When to Treat• Caring for the Caregiver• Long-Term Effects of Cancer Treatments• Therapeutic Massage• Colorectal Cancer: Preventable, Treatable, Beatable

Through the Community Outreach Department, Spirit of Women programs and the Speakers Bureau, information was provided on cancer awareness, prevention and support at 27 different community locations. Venues included lunch and learn programs, large community events, tabling displays and individual education at screening events. Topics ranged from overall cancer prevention and awareness, disease-specific information on breast, prostate, lung, colon and skin cancers, healthy lifestyles that included nutrition and exercise and support through treatment. The St. Luke’s Spirit of Women program sent out over 2,000 membership packets to women that included the women and men’s health tip cards with information about important screenings needed for cancer detection. Other cancer prevention programs included:• Guidelines for the Girls• Are You Baffled by Cancer?• What’s My Risk? Breast Advantage Risk Assessment• Finding Overlooked “The Scoop on Airport Scanners”• What’s New in Oncology• Wellness College
• The Hoopla about Pelvic Health

Mary Ellen Brunsdenman, RN, BSN, OCN provides free resources to women undergoing cancer treatment

Community support and screenings

St. Luke’s is also an active member of the Cancer Agency Network of Greater St. Louis, a unique collaboration of prominent cancer support agencies focusing on providing services to cancer patients in the metropolitan area through its website, resource guide and special programs. The organization’s annual Cancer Wellness Fair reached out to and welcomed almost 300 cancer survivors and family members from the Greater St. Louis area.
Breast cancer consists chiefly of a group of tumors derived from epithelium, cells that line the ducts of the breast, when milk is secreted, and the ducts that carry milk to the nipple. These tumors are called carcinomas to distinguish them from carcinomas, malignancies of non-epithelial tissues like muscle, fat, bone and connective tissue. In situ carcinomas are confined to the ducts and have not invaded the surrounding fat and connective tissues. In some carcinomas, cells that line the ducts and have not invaded the surrounding fat and connective tissues.

In situ carcinomas consist of a group of tumors derived from epithelium, cells that line the ducts of the breast, when milk is secreted, and the ducts that carry milk to the nipple. These tumors are called carcinomas to distinguish them from carcinomas, malignancies of non-epithelial tissues like muscle, fat, bone and connective tissue. In situ carcinomas are confined to the ducts and have not invaded the surrounding fat and connective tissues. In some carcinomas, cells that line the ducts and have not invaded the surrounding fat and connective tissues.

The determinants of tumor aggressiveness are not known in breast carcinomas. Growth rate of breast carcinomas is an important determinant of tumor aggressiveness. Mitotic figures are observed microscopically by modern immune-staining methods, and is said to measure the "growth fraction", or 1-fraction of the cell population. G0-phase of the cell cycle is considered to represent cells that are not committed to growth and DNA synthesis or in mitosis, counting essentially any phase of the cell cycle. The Ki-67 protein can be detected micromicroscopically by modern immunohistochemical methods, and is used to measure the "growth fraction", or 1-fraction of the cell population. Notably, breast carcinomas are now analyzed for estrogen and progesterone receptors, protein molecules that are responsible for response of breast cells to hormones. In breast cancer, estrogen and progesterone receptors are present in and restricted to cells that were committed to growth and DNA synthesis or in mitosis, counting essentially any phase of the cell cycle. The Ki-67 protein can be detected micromicroscopically by modern immunohistochemical methods, and is used to measure the "growth fraction", or 1-fraction of the cell population.

by a microscopic count of 1,600 cells is a marker of proliferation that is similar to a "proliferative index" of the cell population. Atypical lobular carcinomas tend to have higher Ki-67 indices than the typical variant, but their ranges overlap. Atypical lobular carcinomas can be considered to be within the lobular carcinoma spectrum rather than a separate and distinct entity. A Ki-67 index of 8.9 percent or below by a microscopic count of 1,600 cells is a marker of proliferation that is similar to a "proliferative index" of the cell population. Atypical lobular carcinomas tend to have higher Ki-67 indices than the typical variant, but their ranges overlap. Atypical lobular carcinomas can be considered to be within the lobular carcinoma spectrum rather than a separate and distinct entity.

For the patients in this study received various types of cytotoxic therapy or chemotherapy, and in four patients, both systemic and adjuvant treatments. Interaction between systemic therapy and the proliferative index of the tumor can influence relapse-free survival and overall survival. Analysis of Ki-67 index for survival by adjuvant therapy revealed that the Ki-67 index for survival by adjuvant therapy and the proliferative index of the tumor can influence relapse-free survival and overall survival. Analysis of Ki-67 index for survival by adjuvant therapy revealed that the Ki-67 index for survival by adjuvant therapy and the proliferative index of the tumor can influence relapse-free survival and overall survival.
There is an exceptional difference at St. Luke’s Hospital

Karen Bryan knew she was high risk for breast cancer because her mother had been diagnosed with the same disease earlier in her life. Indeed, in 2000, she was herself diagnosed with invasive breast cancer by Dr. Mari Anne Fahrner and subsequently underwent a bilateral mastectomy.

“Dr. Fahrner is fabulous,” says Karen. “My children go to her, my sisters go to her. It’s just an all around general feeling of support, and that I’m getting the absolute very best and latest in breast care.”

Following the surgery, Karen was treated by Dr. Barbara Herr and received four rounds of chemotherapy. “Because of the superb and personal care I received from Dr. Herr and her staff, chemotherapy was not the scary, terrible treatment I imagined it would be,” says Karen. “Unless I told someone, they would never know I was undergoing chemotherapy treatment.”

In 2007, the cancer spread to her breastbone, and at that time was referred to Dr. David Butler, chief of radiation oncology. “Dr. Butler explained everything thoroughly, completely and honestly,” says Karen. “When you go into Dr. Butler’s office, you can feel the difference from the nurses to the radiation team. You feel like you are the only patient he has. It’s an incredible feeling to have a doctor that feels that way about you.”

She stayed cancer-free until 2009, when it was found in her left femur. Karen was treated by Dr. Jerome Piontek, orthopedic surgeon, who inserted a rod to stabilize her leg, and also underwent radiation treatment. In 2010, cancer was found in her hip and the lower part of her left femur, and again underwent additional radiation treatment.

“I live in Lake St. Louis next to a new cancer treatment center and my friends ask me why I don’t change and transfer everything out there,” says Karen. “It’s very easy – the thought of changing never occurred to me. There is an exceptional difference at St. Luke’s Hospital. They’re just a step above.”

“For help finding a cancer physician, visit stlukes-stl.com or call St. Luke’s Physician Referral Service at 314-205-6060.”

Oncology peer review committee: 2011 appointments

Core physician members

Albion Van Amburg, MD, Chairperson
David Bryan, MD
John Burnett, MD
Donald Busch, MD
David Butler, MD
Ronald DeGaree, MD
Marc Eisen, MD
Barbara Herr, MD
Rafi Kevorkian, MD
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