St. Luke’s Center for Cancer Care
Annual Report 2012
Thanks to an expansion and renovation, St. Luke’s will significantly increase its ability to provide specialized care at the new 30,000-square-foot Center for Cancer Care.

The Center expansion will provide distinct areas to meet the needs of all patients throughout each treatment phase. Comfortable waiting areas, more patient exam rooms and upgraded technologies are a few of the enhancements to improve the care for our patients. The entire Center is designed to create an environment where patients feel cared for and comfortable.

You’ll find noteworthy design features on each page of this report.
The new 22-chair Infusion Center, where patients receive intravenous treatments, is an example of where high-tech medicine meets personal care in perfect balance. By incorporating large windows, patients and loved ones can view the new Mary Ann Lee Healing Garden and its beautiful landscaping. The design also allows for natural light to fill the infusion stations, while offering ample room for family and friends to remain with patients while they receive treatment.

This is a momentous time for St. Luke’s Center for Cancer Care. In addition to being honored as an approved Commission on Cancer (COC) program, we are also excited about our new facilities, which have been designed to enhance our patients’ experience.

As you will see, the focus of our annual report this year is lung cancer, and we are featuring treatments that combine innovative science with compassionate care. These services will be enhanced by the updates we are making to our Center.

Our patient-focused care is evident in every aspect of the renovated Center, from the beautifully-landscaped Mary Ann Lee Healing Garden to the cutting-edge Infusion Center. Highlights of the Center include:

• Warm and inviting patient environment
• Improved access for patients and their families
• Streamlined patient registration process
• Convenient laboratory draw area
• Comfortable infusion area offering the latest in technology
• Modern and expanded medical oncology office space
• Remodeled dressing and waiting areas in the Radiation Oncology Department
• Healing Garden to promote healing and reduce stress
• Spacious multi-purpose room for support groups
• Informative cancer resource library
• Electronic Medical Record (EMR) to facilitate coordination of patient care between healthcare providers

In addition to the structural improvements, we have devised new clinical initiatives including the Cancer Survivorship Program designed for patients who have completed treatment. This will provide a summary of their diagnosis, treatment and recommendations for comprehensive follow-up care.

Now is the time to bring a new dimension of cancer care to our community. As caregivers, nothing means more to our team than our patients and their overall health and well-being. We hope you enjoy the report.

Albert Van Amburg III, MD, Chair
2012 Oncology Peer Review Committee
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 2011, there were 1,430 cases accessioned to the St. Luke’s Hospital Cancer Registry. Of this number, 1,321 were analytic incidences of cancer with initial diagnosis and/or first-course treatment at St. Luke’s Hospital; and 109 of these cases were considered non-analytic or cases of recurrent/persistent disease.

Summary of 2011 Cancer Accessions

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<th>Primary Site</th>
<th>St. Luke’s Hospital 2011</th>
<th>National 2011</th>
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<tr>
<td>Breast</td>
<td>21%</td>
<td>14%</td>
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<td>Prostate</td>
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<td>10%</td>
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<tr>
<td>Colorectal</td>
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<td>9%</td>
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<td>Melanoma Skin</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>59%</strong></td>
<td><strong>56%</strong></td>
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In February 2011, St. Luke’s changed its reference date from 1995 to 2004. The Cancer Registry’s database now has 10,539 diagnosed cases from the new reference date of 2004. Of this number, 9,071 were analytic cases, with 6,616 (73 percent) known to be living and 2,455 (27 percent) expired. Successful follow-up was performed on 91 percent of the patients since the reference date. In comparison, follow-up performed on patients in the past five years is 93 percent. Both of these percentages are well above the standards set by the Commission on Cancer for successful follow-up.
Compassionate care and treatment during and after your cancer diagnosis

The First STAR-Certified Rehabilitation Program in the St. Louis Area

Cancer can be a life-changing diagnosis as treatment can take a great toll on an individual both physically and emotionally. At St. Luke’s Hospital, we understand the feelings and emotions that come with a cancer diagnosis and want to help you return to a fulfilling and high-functioning quality of life.

St. Luke’s Cancer Rehabilitation Program offers patients compassionate and customized programs that can help minimize or eliminate symptoms such as pain, fatigue, loss of strength, cognitive impairment, sleep difficulties, nutrition problems, depression and anxiety that may come with treatment. This program is appropriate for anyone who has the potential to improve their physical and emotional well-being.

Each member of our rehabilitation staff has specialized training through the STAR Program™ (Survivorship Training and Rehab Program) to help patients reach their goals.

STAR training covers essential topics for survivor care, including evaluating and treating cancer survivors for pain, fatigue, de-conditioning and a host of other problems that may be due to the cancer itself or the treatments that patients may have to undergo. STAR-certified staff are also required to keep up on the latest oncology rehabilitation research and clinical care. The St. Luke’s Hospital Center for Cancer Care is the first facility in the St. Louis area to be certified by the STAR Program. We are proud of this designation as we continue our mission of offering one of the most comprehensive cancer programs in the region.
St. Luke’s breast care coordinators offer support and guidance for cancer patients

From the time our patients make their first appointment through any treatment they may need, the breast care coordinators at St. Luke’s Hospital will be there with them every step of the way. Whether they have questions about a screening, what their test results mean or what the next step in their care should be, our specially-trained breast care coordinators will assist and guide them through the diagnostic workup, diagnosis and treatment process.

The breast care coordinators serve as a patient advocate, navigator and educator, supporting each stage of the breast health experience. The coordinator can:

- Work with patients to develop a personalized breast health program
- Help patients understand their diagnostic work-up and medical terminology
- Help patients understand what to expect with regard to tests, treatments or procedures
- Serve as a liaison between the patient and their team of physicians and other healthcare providers
- Communicate the patient’s unique needs and concerns to their team of physicians
- Assist patients to find answers to insurance questions

Our breast care coordinators can also provide relevant information and resources and determine how to make the patient experience more comfortable, understandable and manageable.

Lab

The new Lab in the Center for Cancer Care will provide vital information to determine the nature of our patient’s health and recommended care. Our board-certified pathologists and certified medical technologists facilitate care by providing accurate and timely information.
Drs. David Krajcovic and Patricia Limpert, surgeons at the St. Luke's Hospital Center for Cancer Care, also play vital roles as cancer liaison physicians. In this position, they volunteer their time to provide leadership and direction to establish, maintain and support programs at the Center for Cancer Care as well as in the community. The cancer liaison physicians also serve as representatives for the Commission on Cancer (COC) and are responsible for implementing COC initiatives at the local level.

The liaison physicians also promote the use of the National Cancer Data Base, encourage enrollment in clinical trials and are involved in the state cancer plan. In addition, they serve as advocates for the Cancer Registry, facilitate accurate physician staging, promote appropriate clinical guidelines and monitor the quality of data reported to the National Cancer Data Base by St. Luke’s Hospital.

Objectives for the Center for Cancer Care liaison physicians during the past year included improving the quality of clinical care, promoting community cancer screenings, strengthening the patient navigation program and solidifying relationships with the American Cancer Society and other community groups.

Renovated Radiation Oncology Department
The newly-renovated radiation oncology department will be one example of our commitment to our patients to provide high quality healthcare. We have improved our ability to deliver it in an environment that is comfortable, safe and efficient and truly designed to put the patient at the center of this team. Intensity modulated radiation therapy (IMRT), image guided radiation therapy (IGRT), the Trilogy System and prostate seed brachytherapy are just a few of the treatments available.
Mary Ann Lee was inspired to create a place of peace and serenity for patients and family members at St. Luke's. Although work is still in progress, once complete, the garden will include many amenities such as sculptures, flowering trees, fountains, pergolas and benches among others.
St. Luke’s Palliative Care Team is dedicated to providing family and patient-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. The specially-trained team includes a physician, nurse, social worker and chaplain.

Palliative care helps:

- Those who have been diagnosed with a chronic disease or serious illness
- Integrate psychological, spiritual and social support for patients and families
- Incorporate patients’ goals of care across the continuum, providing coordination between inpatient and outpatient settings
- Enhance patient well-being by relieving suffering through symptom control and other measures to enhance quality of life
- Maximize use of community resources to support the family
- Use appropriate resources that support patient and family goals

The benefits go beyond just providing a service. New studies suggest certain cancer patients who receive this patient-centered care upon diagnosis live longer, healthier and happier lives. So, for us, palliative care is much more than a standard of care. It is a reflection of our mission to provide a substantial difference in the quality of life for our patients.

“We care deeply about our patients,” says Peggy Kurlandski, nurse coordinator. “We are passionate about addressing our patients’ physical, intellectual, emotional, social and spiritual needs. We strive to facilitate patient autonomy, access to information and choice.”

Patient Registration/Waiting Area

The new patient registration and waiting area is immediately accessible as patients and their families enter the Center for Cancer Care. The main reception area sets the tone for a warm and welcoming visit and features a larger area with more seating and a registration area separate from inpatient care and testing.
St. Luke’s Tumor Board and Lung Conference Experts work together to improve care of patients with lung cancer

From early detection and diagnosis, through treatment and recovery, St. Luke’s cancer patients are in the hands of a strong team of professionals who are focused on fighting lung cancer.

One important component of cancer care is St. Luke’s weekly Tumor Board Conferences. Once a month, it convenes to review current lung cancer cases. A multidisciplinary committee, consisting of cardiothoracic and general surgeons, pulmonologists, medical and radiation oncologists, radiologists and pathologists, collaborates to create an individualized treatment plan for those diagnosed with complicated, complex or unusual lung cancers. The lung conference is part of a series of weekly conferences covering all types of cancers.

During the lung conferences, the team of lung experts thoroughly reviews patient cases in order to develop recommendations to improve and coordinate the care of each patient presented. Each discussion includes an outline of pertinent patient medical history, physical findings, clinical course, clinical stage, radiographic studies and pathologic interpretations. Using the latest national guidelines determined by world-renowned experts from 21 of the world’s leading cancer centers, treatment options are discussed. Options for clinical trials are also presented.

These site-specific conferences are based on recommendations by the Commission on Cancer (COC) and the National Comprehensive Cancer Network (NCCN) Guidelines. Daniel Potts, MD, and Albert Van Amburg, MD, serve as Lung Conference Co-Directors and Mary Ellen Bruenderman, RN, serves as Conference Coordinator. In 2012, forty-nine lung cancer cases were discussed.

The Family Conference Room is specially-designed to accommodate the needs of family members while their loved ones are receiving care. Planned with input from hospital staff, patients and their families, the Family Conference Room’s warm, comforting and inviting atmosphere will provide our guests some of the familiar comforts of home.
Lung cancer at St. Luke’s Hospital: A closer look

By Albert Van Amburg III, MD

Lung cancer continues to be a major cause of morbidity and mortality in the world and in the United States. St. Luke’s Hospital has been a provider of multi-modality therapy for lung cancer for many years. Lung cancer is divided in two classes - small cell and non-small cell lung cancer. The non-small cell cancers include adenocarcinoma, squamous cell carcinoma, large cell carcinoma and bronchioloalveolar carcinoma. Multimodality treatments include local therapies such as surgery and radiation therapy as well as systemic therapy with intravenous and oral medications.

Physicians at St. Luke’s Hospital treat approximately 140 to 150 patients annually with non-small cell lung cancer. Most of the patients are older, with the median age between 60 and 70 with 14 percent of patients over the age of 80. Half of the patients seen at St. Luke’s Hospital were female, reflecting the national trend of increasing incidence of lung cancer among women.

Lung cancer is staged by evaluating the extent of the disease by computed tomography (CT) and positron emission tomography (PET) scans. Stage I disease is a tumor confined to the lung and is removed surgically unless the patient is medically inoperable. Stage II disease includes patients with the spread of cancer to local lymph nodes and is also usually treated with surgery. In some Stage II cases, post-operative chemotherapy and/or radiation therapy is recommended. Stage III disease includes patients with spread to lymph nodes in the middle of the chest (mediastinum) and are treated with a combination of chemotherapy and radiation therapy. Stage IV lung cancer tumor nodules spread to the opposite lung (pleural or pericardium) or spread outside the chest. Stage IV disease is treated primarily with systemic therapy.

In a review of cases from 2004 at St. Luke’s, 22 percent of cases were stage I, 5 percent stage II, 20 percent stage III and 31 percent stage IV at diagnosis. Twenty percent of patients were treated with surgery, 14 percent with radiation alone, five percent with surgery and chemotherapy and 20 percent with the combination of chemotherapy and radiation therapy. Stage IV patients were treated primarily with chemotherapy.

Lung cancer continues to be a challenge for patients and physicians. However, the last several years have seen a marked improvement in treatment with newly-developed targeted therapies.
Lung cancer: CT screening for early detection

By Robert Kanterman, MD

Lung cancer is the second most diagnosed cancer in both women and men. It is also the leading cause of cancer death in the country, accounting for 30 percent of all cancer deaths. Nationally, the five year survival rate is less than 16 percent, which continues to be substantially lower than other major cancers such as breast, colon and prostate cancers.

Improved detection of lung cancer at earlier stages, when lung cancer is much more easily treated, is the key to improved survival. In response to this need, a joint body of St. Luke’s Hospital physicians met to discuss the use of low-dose computed tomography (CT) scans to screen high-risk patients for lung cancer. These physicians include representatives from pulmonology, cardiothoracic surgery, medical oncology, radiation oncology and radiology. This body has recommended implementation of lung cancer screening for high-risk patients with low-dose CT scans. This program launched in the Fall of 2012 at St. Luke’s Hospital.

Publications in major medical journals, including The Journal of the American Medical Association (JAMA) and the New England Journal of Medicine, have validated the test, and specialty physician and medical organizations (American College of Chest Physicians, American Society of Clinical Oncology, the National Comprehensive Cancer Network, et al) are recommending this test for high-risk individuals. Screening has been shown to reduce deaths from lung cancer by 20 percent and has also reduced overall mortality by 27 percent in a large, multi-center prospective trial.

Screening Criteria

Low-dose CT screening is recommended for the following:

• Current or former smokers between the ages of 55 and 74 years
• A smoking history of at least 30 pack-years (this means one pack a day for 30 years, 2 packs a day for 15 years, etc.)
• No history of lung cancer

If you are in this group, you are at the highest risk for lung cancer and screening is recommended for you. Talk to your physician about getting a CT scan to screen for lung cancer.

In most cases, third-party payers are not providing reimbursement for the initial screening, so this test will be offered as a self-pay exam, unless otherwise pre-approved by insurance providers. The results of this examination will be coordinated by the radiology department with input from the pulmonary physicians. Appropriate referrals to St. Luke’s pulmonologists, oncologists and thoracic surgeons will follow.

Dr. Robert Kanterman and Dr. Robert Ryerson are the co-managers of the screening examinations in the department of radiology. Patients may call Radiology Scheduling at 314-205-6565 to schedule an appointment. Physician referral is not required.

Patient Library

The new library provides current information on early detection, screenings, diagnosis, treatment, coping techniques, support groups, complementary therapies and hospital/community resources in brochure, booklet and video format. Patients and family members can also access reliable Internet sites on the Center’s community computers. Nutritional counseling is also available on a referral basis.
Improving discoveries and the treatment of lung cancer mutations

By David Kuperman, MD

Lung cancer is a challenging foe. It is the biggest cause of cancer deaths in the United States and is the subject of much research into improved screening and treatment. Although progress has been slow, significant improvements are being made.

Lung cancer is traditionally divided into two types: small cell and non-small cell carcinomas. They are treated differently. It was not all that long ago that staging (where the cancer is located) and identifying whether it was small cell or non-small cell was all the information needed for making a treatment plan. This is no longer the case. Further information on the presence of mutations found in certain lung cancers can guide therapy.

The mutations in non-small cell lung cancers that have gained the most attention are changes in the Epidermal Growth Factor Receptor (EGFR) and in the ALK gene. In approximately 15 percent of certain non-small cell lung cancers, a mutation in the EGFR gene is present. It is more commonly found in patients with lung cancer who never smoked. Erlotinib (Tarceva) is an oral medication that is targeted to treat this mutation. This targeted therapy is both more effective and has fewer side effects than standard chemotherapy.

ALK mutations are found in approximately four percent of patients with non-small cell lung cancer. They are more likely to be found in younger patients and those who did not smoke. Crizotinib (Xalkori) is an oral medication that is targeted to treat this mutation. It has also been found to be more effective and has fewer side effects than standard chemotherapy.

While the majority of patients do not have EGFR and ALK mutations, they are a significant advancement in therapy. They represent a first step toward truly personalized and effective therapies for lung cancer. Further investigations are ongoing.
“St. Luke’s Center for Cancer Care has changed my life”

Ann knew she was doing the right thing.

“There is some breast cancer history in my family and getting my yearly mammogram has been something that I’ve always done,” says Ann. But, after having her mammograms done every year at one facility and then having all her other healthcare needs provided for at St. Luke’s Hospital, she decided to have all her care handled at St. Luke’s Hospital. She’s glad she did.

“We live way out in the country, and I put my foot down and said we’re going to do all of our healthcare at one place,” says Ann. “St. Luke’s caught my cancer. It confirmed my decision to move our care to St. Luke’s.”

After a treatment plan that included biopsies, a lumpectomy and radiation, Ann was referred to St. Luke’s Cancer Rehabilitation Program to complete her care. “Before entering the rehabilitation program, I started to lose hope because I was having headaches. I never realized it tied into my lymphatic system. Within a few sessions, I already noticed the difference. I just feel so much better. Everything is circulating the way it’s supposed to. It’s fantastic. The rehabilitation not only helped with swelling and other related issues, but my general wellbeing has improved immensely.”

“Laura Sherman, the therapist in the rehabilitation program, has taught me to re-train my lymphatic flow and kick-start my system,” says Ann. “Laura is just a knowledgeable, gentle and compassionate teacher.”

Ann also appreciated the care her doctors provided as well. “Drs. Gill, Limpert, Morrison and Butler were fabulous,” says Ann. “St. Luke’s Center for Cancer Care has changed my life. The whole team was great. Everybody was just wonderful, and I wouldn’t know how to begin thanking them all.”

You just did, Ann. Thank you for your courage and determination.

“A great place to be treated”

As Juanita Boyher tells it, “I know I’m still here 21 years later, and I guess that’s what really counts.” For our patients, time is really all that matters. More time with family, loved ones and, for Juanita, more time to bowl. For the clinical team at the St. Luke’s Hospital Center for Cancer Care, what matters to us is quality and compassionate care, and Juanita says she got that, too.

After an ovarian cancer diagnosis and subsequent surgeries with Dr. Carlton Pearse and Dr. David Krajcovic, Juanita says the care she received here was second to none. “I really appreciate the care the doctors showed me. Drs. Pearse, Krajcovic and Van Amsburg were really good and easy to talk to. I’ve recommended them to different people. And the nurses were really understanding, and I just adore them. It was just a great place to be treated,” says Juanita.

Now, Juanita is focused on living. “I told my friend if this cancer is going to get me, it’s got to catch me. I try to eat right and exercise. The first thing I do every morning is exercise. I work in the yard as much as I can, and I also have a little garden. You just have to keep at it and be around people that cheer you on. It would be easy to hibernate, but that can be depressing. I still bowl - not very well, but I try. I also try to help people who are less fortunate than I am. You just have to keep plugging away.”

Plugging away. After 21 years, time has really been on Juanita’s side. And so have we.
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<thead>
<tr>
<th>Core physician members</th>
<th>Ex officio physician members</th>
<th>Ancillary members</th>
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<tr>
<td>David Bryan, MD</td>
<td>Todd Arends, MD</td>
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<td>John Buettner, MD</td>
<td>Amit Bhatt, MD</td>
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<td>Patricia Limpert, MD</td>
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