

  
**ST. LUKE'S**<sup>®</sup>  
Episcopal  
Hospital

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[StLukesHouston.com](http://StLukesHouston.com)

 **ST. LUKE'S**<sup>®</sup> Cancer Center

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*The mission of the Cancer Center at St. Luke's  
is to provide high-quality, personalized cancer care  
to each patient through a full range of integrated,  
state-of-the-art services, ministering to the whole patient:  
**body, mind and spirit.***

*St. Luke's delivers Faithful, Loving Care®.*



It gives me great pleasure to report on the progress made at the St. Luke's Cancer Center during 2011.

Our Cancer Center renewed its accreditation by the Commission on Cancer at the end of 2011. As a result of the triennial survey conducted on October 14, 2011, we were awarded a three-year renewal with commendation to our continued efforts through 2014. This accreditation furthers our national recognition in Cancer Care.

In July 2011, *U.S. News and World Report* released its annual survey of "America's Best Hospitals," and once again St. Luke's excelled. In addition to St. Luke's ranking among the top 50 hospitals in the nation in six specialties—Heart; Diabetes and Endocrinology; Ear, Nose and Throat; Gastroenterology; Geriatrics; and Urology—St. Luke's was designated high performing in six additional areas, including Cancer Care.

The Cancer Center continues to work diligently on a fully functional electronic medical orders system. With the adoption of EPIC as our electronic medical records system, an opportunity was identified to incorporate the NCCN cancer treatment guidelines to our institution's order templates. Active work is currently being conducted to complete this important project.

The cancer prevention program experienced substantial growth during this year. Our traditional skin cancer screening program evaluated 133 patients from the community and referred 56 for further medical care. Moreover, investigators for the National Lung Screening Trial Research Team reported the results of its lung cancer screening trial in June 2011. The study included 53,454 persons at high risk for lung cancer. This report was published in the *New England Journal of Medicine* and demonstrated that in comparison with chest radiographs, a relative reduction of 20.0% (95% CI, 6.8 to 26.7; P=0.004) was found in the mortality from lung cancer with low-dose CT screening. Furthermore, the rate of death from any cause was also reduced in the low-dose CT group, as compared with the radiography

group, by 6.7% (95% CI, 1.2 to 13.6; P=0.02). On the basis of these results, our Cancer Center's committee approved the development of a lung cancer-screening program. The program development and implementation initiatives are led by Lisa Kopas, MD.

Our multidisciplinary and comprehensive approach to patient care continued to improve during 2011. A total of 131 tumor board conferences were held throughout the year. Some 635 cases of cancer patients were presented at these one-hour CME category I accredited conferences. The conferences were attended by 912 physicians. Altogether, 32 percent of our analytic cancer cases were presented at these specialized meetings.

Our community outreach program remained vibrant. Led by Lawrence Foote, MD, St. Luke's Episcopal Health System and the Cancer Center supported the Susan G. Komen Race for the Cure in October as a gold sponsor, and a team from the Women's Center/ Breast Imaging Center represented St. Luke's. More than 230 St. Luke's employees participated – raising more than \$12,000 to support the Komen foundation. In addition, 18 volunteer St. Luke's registered nurses served on the first-aid medical triage team at the Race. At Cancer Committee, Phan Huynh, MD, director of the Women's Center, reported that 33,000 people attended the Race. During the month of October, the Breast Cancer Center held Saturday screening journeys for teachers and other groups of professionals who could not attend their screening procedures during weekdays. Other community outreach projects included cancer screenings and health fairs aimed at providing patient education, such as cancer prevention and diagnosis awareness.

Under the leadership of Philip Salem, MD, our cancer research efforts in 2011 included continued participation in the University of Texas M.D. Anderson Cancer Center's CCOP program

and several tissue collection and research opportunities in collaboration with Texas Children's Hospital and Baylor College of Medicine. A total of 521 patients participated in different forms of cancer investigations. Matthew Anderson, MD; Omar Barakat, MD; Steven Carpenter, MD; William Fisher, MD; Lawrence Foote, MD; Brian Miles, MD; and myself, carried out the top research enrollment efforts towards these investigational projects.

In this report, we have selected three different cancer types – colorectal carcinoma, breast cancer and pancreatic cancer – to be described and analyzed in comparison with the National Comprehensive Data Base. The results allow us to improve our patient care and explore new opportunities to continue providing state of the art cancer treatments to patients affected with these conditions.

Our clinical and programmatic goals for 2012 are geared to ensuring patient-centered care. In addition, to further develop our nutritional services for cancer patients, we will work diligently on the development of an integrative medicine program, and recruit and expand the nurse navigator program. A greater emphasis will be placed on accrual to research endeavors and comprehensive and multidisciplinary programs for our patients.

Beyond all our accomplishments this year, the greatest pleasure for our team of cancer care providers and administrators is to continue to serve our patient community with *Faithful, Loving Care*®.

Luis H. Camacho, MD, MPH  
Medical Director  
St. Luke's Cancer Center

# OVERVIEW OF CANCER REGISTRY

# CANCER REGISTRY

St. Luke's Cancer Registry is a case-specific database of detailed information about each patient's type of cancer and is a central component of St. Luke's Cancer Program. Monitoring survival statistics and disease recurrence improves the standard of care for cancer patients by pointing out areas of concern that need attention, as well as providing data to launch new research studies and clinical trials. The Cancer Registry also provides data to research investigators to enhance the planning of clinical research trials.

The data contributes to treatment planning, staging and continuity of care for patients. The most current data reveals that in 2011, the registry abstracted 2,407 cancer cases: 1,998 analytic and 409 non-analytic. St. Luke's database has grown to 37,127 diagnosed cases since the reference date in 1992. In addition, the registry tracked former patients—maintaining a 90 percent follow-up rate.

Laura Sulak, MD, Pathologist, who served as the Cancer Committee Coordinator of Quality Control of the Cancer Registry, reviewed a minimum of 10 percent of all analytical cases and ensured accuracy of the data reporting. St. Luke's Cancer Registry is 100 percent compliant in reporting statistical data to the National Cancer Data Base (NCDB) and to the Texas Department of Health State Cancer Registry.

St. Luke's cancer registrars remain actively involved in the Texas Tumor Registrars Association and participate in the National Cancer Registrars Association meetings. The Registry's role also includes active involvement and organization of 14 St. Luke's tumor boards and cancer conferences per month. All Cancer Registry operations meet the current Standards of the Commission on Cancer.

Site	Class of Case		Sex		AJCC Stage at Diagnosis						
	A	N/A	M	F	O	I	II	III	IV	Unkn	NA
<b>All Sites (2407)</b>	1998	409	1017	1390	146	593	370	307	222	144	216
<b>Oral Cavity/Pharynx (24)</b>	17	7	15	9	0	3	0	3	6	4	1
<b>Digestive System (483)</b>	404	79	272	211	15	83	99	93	51	42	21
Esophagus (10)	8	2	9	1	0	0	1	2	1	4	0
Stomach (39)	32	7	21	18	0	11	3	6	6	2	5
Small Intestine (18)	16	2	7	11	0	2	4	3	4	0	3
Colon (142)	116	26	77	65	11	22	30	35	13	4	0
Rectum (32)	29	3	19	13	1	10	2	7	1	8	0
Liver (77)	60	17	59	18	0	23	16	6	10	3	2
Pancreas (101)	84	17	47	54	0	6	31	19	12	16	0
Other Digestive (64)	59	5	33	31	3	9	12	15	4	5	11
<b>Respiratory System (259)</b>	228	31	143	116	4	62	25	47	69	20	1
Lung (245)	215	30	132	113	2	59	24	41	68	20	1
Larynx/Other Resp (14)	13	1	11	3	2	3	1	6	1	0	0
<b>Soft Tissue (15)</b>	12	3	9	6	0	7	1	0	0	2	1
<b>Skin-Melanoma (26)</b>	17	9	19	7	1	4	5	3	2	2	0
<b>Breast (495)</b>	449	46	2	493	92	168	103	34	14	37	1
<b>Gynecology (232)</b>	195	37	0	232	10	101	15	44	20	4	1
Cervix Uteri (36)	30	6	0	36	1	7	4	15	3	0	0
Corpus Uteri (112)	101	11	0	112	0	75	6	11	8	1	0
Ovary (51)	34	17	0	51	0	6	3	16	8	1	0
Other Gyn (33)	30	3	0	33	9	13	2	2	1	2	1
<b>Male Genital (184)</b>	152	32	184	0	1	14	90	34	7	6	0
Prostate (167)	140	27	167	0	0	8	88	32	7	5	0
Other Male/Genital (17)	12	5	17	0	1	6	2	2	0	1	0
<b>Urinary (174)</b>	144	30	129	45	23	60	17	21	17	6	0
Bladder (91)	74	17	75	16	20	16	12	10	12	4	0
Kidney (70)	61	9	44	26	2	41	3	10	5	0	0
Other Urin (13)	9	4	10	3	1	3	2	1	0	2	0
<b>Brain &amp; CNS (109)</b>	71	38	44	65	0	0	0	0	0	0	71
<b>Thyroid (100)</b>	93	7	24	76	0	60	7	14	7	5	0
<b>Lymphatic System (108)</b>											
Hodgkin's/Non-Hodgkin's	90	27	69	48	0	28	6	11	29	14	2
<b>Blood/Bone Marrow (82)</b>	51	31	54	28	0	0	0	0	0	0	51
<b>Unknown/Other (107)</b>	75	32	53	54	0	3	2	2	0	2	66



Patients at St. Luke's benefit from a full spectrum of continuously enhanced diagnostic technologies and treatment modalities.

- CyberKnife® Stereotactic Radiosurgery System
- Radiation Therapy – IMRT (Intensity Modulated Radiation Therapy) and IGRT (Image Guided Radiation Therapy) with Trilogy®
- Brachytherapy and MammoSite®
- PET/CT Technology (fused metabolic images and anatomic images)
- Siemens CT-Scanners – 4-, 16-, and 64-Slice; GE 8- and 16-Slice in Radiation Oncology
- Siemens High-Field Strength 3 Tesla MRI Scanner
- High-Field Open MRI
- Super Dimension i-Logic™ System/Electromagnetic Navigation Bronchoscopy™
- Gene Therapy Research
- Endoscopic Ultrasound (EUS)
- daVinci® Robotic Surgery
- Digital Mammography
- Breast MRI following ACoS Guidelines
- Radiofrequency Ablation
- State-of-the-art operating room suites and dedicated inpatient surgical units to consolidate specialized care for breast, colorectal, lung, gastrointestinal, pancreas and other surgery
- Sentinel lymph node mapping for breast surgery and for melanoma
- Stereotactic biopsy and fine-needle biopsy
- Laparoscopic surgical procedures
- Mastectomy with immediate reconstructive surgery
- Breast conservation surgery
- Targeted cancer therapies
- Chemotherapy, biochemotherapy, hormone therapy, chemoprevention

ONCOLOGY COLLABORATIVE PRACTICE TEAM  
**QUALITY INITIATIVES**  
 IMPROVEMENTS THAT DIRECTLY AFFECT  
**CANCER PATIENT CARE**

CANCER PROGRAM COMPONENTS & CREDENTIALS

The **Cancer Program Quality Plan** was reviewed and approved at the April 20<sup>th</sup> Cancer Committee meeting.

A special sub-committee developed guidelines for pathologists, hematologists, interventional radiologists and oncologists regarding **coagulation screening for high-volume procedures (lumbar punctures, thoracentesis and paracentesis)**.

Medical oncologists met with radiologists to request that **measurements of tumors** be indicated on each imaging film or report. The measurement of tumors is now part of cancer research protocols. The Committee is following up with Radiology.

The **Chemotherapy Administration Policy** has been revised to include guidelines for chemotherapy administration for oncology patients on- and off-service.

The **oncology pharmacist** is notifying physicians about chemotherapy drug shortages and assisting with substitutions until the shortage is over.

- Oncology Nursing**
- is monitoring **foley catheter-associated infection rates** in order to decrease the rates. Infection rates have been reduced.
  - is **monitoring central line-associated infection rates** in order to decrease infections. The infection rates have been significantly reduced.
  - continues to institute **fall prevention** best practices in an effort to reduce patient falls, including hourly rounding, fall huddles at shift changes, bed alarms, chair alarms and mandatory annual fall prevention education for staff.
  - is improving the **continuity of care for oncology patients admitted for chemotherapy** administration by reducing actual wait time from the patient's admission to when chemotherapy is administered.

- American College of Surgeons Commission on Cancer Accreditation with Commendation as an Academic Comprehensive Cancer Program, 2011-2014
- Multidisciplinary Cancer Committee
- Medical Director of the Cancer Center at St. Luke's
- Cancer Registry with automated data management and patient follow-up, and National Cancer Data Base and State of Texas Cancer registry participant
- Patient Care Evaluation and Quality Care Outcomes Studies
- Oncology Patient Education Libraries and Resource Centers located on the Oncology Inpatient Care Unit at the Outpatient Services location
- 12 Multidisciplinary Cancer Conferences and Tumor Boards held monthly, CME-accredited by Texas Heart® Institute at St. Luke's through the Accreditation Council for Continuing Medical Education and one AMA PRA Category 1 Credit™ for participation at each tumor board
- Professional education opportunities for the medical and nursing staffs
- Clinical trials and Cancer Research Program affiliated with NSABP, SPORE, Industry and others
- Community Outreach Programs: Education, Early Detection and Screening
- Oncology Service Auxiliary volunteers for patient visitations
- Full range of services for diagnosis and treatment of cancer
- Board-Certified Physicians and Oncology Specialists
- Oncology Certified nursing staff and Magnet accreditation for nursing
- Dedicated 34-bed Oncology Inpatient Care Unit and 13-station Outpatient Oncology Infusion Center
- Three-vault St. Luke's Radiation Therapy and CyberKnife® Center
- Service Line management for continuum of care
- St. Luke's Residency Program and academic affiliations with Baylor College of Medicine and The University of Texas Medical School at Houston
- Palliative Care Service
- Rehabilitation and Physical Therapy
- Pain Management Nurse
- Dietitian for oncology inpatients and outpatients
- Oncology Social Service Professional
- Mammography program accredited by the American College of Radiology and State of Texas
- Pathology Department and Laboratory accredited by the College of American Pathologists and Department of Health and Human Services CLIA Laboratory Certification
- St. Luke's Episcopal Hospital accredited by Det Norske Veritas Healthcare



ACHIEVEMENTS

“Three-Year Approval with Commendations” is the result of a review by the Commission on Cancer. The triennial survey was conducted in October 2011; and St. Luke’s Cancer Program was accredited through 2014.

#### LUNG CANCER SCREENING PROGRAM

The Cancer Committee, Oncology Service Line Director and Medical Director explored the feasibility of offering lung cancer screening by low-dose CT scanning for high-risk patients 50 years or older. St. Luke’s reported 221 cases of lung cancer treated in 2010 and 245 cases treated in 2011.. Lung cancer is the second highest volume of cancer types seen at St. Luke’s. In December, the Cancer Committee voted on offering lung cancer screening in the outpatient area to meet community need. Screening was discussed at the February 2012 Cancer Committee

#### CANCER REGISTRY UPDATES, CONVERSIONS, REPORTING

During 2011, the Cancer Registry went through several conversions that include an AJCC Staging 9<sup>th</sup> Edition update, collaborative staging updates and a 2011 Metriq conversion. Error-free reporting to the NCDB is being maintained as well as reporting data monthly to the State of Texas Cancer Registry.

#### CANCER CENTER AT ST. LUKE’S WEBSITE

The Cancer Center at St. Luke’s, located at [StLukesHouston.com/cancercenter](http://StLukesHouston.com/cancercenter), includes the Center’s annual reports, treatments, technologies and clinical trial information.

#### 2011 ONCOLOGY LECTURE SERIES ST. LUKE’S INTERNAL MEDICINE GRAND ROUNDS

The Cancer Committee continued its Cancer Education Lecture Series featuring St. Luke’s specialists speaking at the Internal Medicine Grand Rounds to physicians, fellows, medical students, residents and nurses. Approximately 80 medical professionals attended each of the grand rounds.

*Ajail Alva, MD*, Medical Oncologist, presented “Renal Cell Carcinoma,” which included a discussion of staging, prognostic indicators and evidence-based national guidelines for treatment planning from NCCN. (August)

*Garth Beinart, MD*, presented “ASCO 2011 – Oncology Update for the Internist,” which discussed significant breakthroughs learned at the ASCO meeting, such as the new directed therapy at non-small cell lung cancer (NSCLC) that added months to outcomes of this typically fatal disease. Also reviewed was new specific therapy for melanoma where several new agents have been approved that are directed toward specific enzyme targets in melanoma cells; and renal cell cancer has several new agents that appear to substantially improve survival. (August)

*Arthur Bracey, MD*, Pathologist and Chief, St. Luke’s Blood Bank, presented “Update on Adverse Outcomes Related to Blood Transfusions.” St. Luke’s Hematology/Oncology Section requested that Dr. Bracey present this lecture to students, residents, fellows and physicians; and it was considered to be an extremely important part of their clinical education. (September)

*Christina Montalvo, MD*, presented “Molecular Testing for Colon Cancer.” Dr. Montalvo discussed current molecular testing (Elisa or PCR) for colon cancer—each type of testing has its own advantages. This testing suggests the various types of pathogenesis of colon cancer, which may respond better to different types of therapy directed at specific enzymes and molecular mechanisms. (November)

*Jaime Rueda, MD*, presented “Multiple Myeloma: The Management of Its Complications.” Dr. Rueda discussed the pathogenesis and optimal management of hypercalcemia and bone disease. Since multiple myeloma has numerous ways of damaging the kidney case, nephropathy is associated with high levels of monoclonal proteins and light chains. Patients with the disease also are at an increased risk for infection due to impaired production of immunoglobulins, including T-cell defects. Also, chemotherapy used to treat the disease causes various neurologic complications. (December)

## ONCOLOGY COLLABORATIVE PRACTICE TEAM QUALITY INITIATIVES IN 2011 ACHIEVED AND ONGOING

- Physicians, Main Admissions staff and the Oncology Inpatient Care Unit nursing staff on 20 Tower collaborated to develop an improved routing system for patients' orders from the Main Admissions office to the Oncology Inpatient Care Unit.
- The Oncology Pharmacy Coordinator consulted with the medical oncologists at the Oncology Collaborative Practice in order to update individual chemotherapy IV agent guidelines.
- Drs. Lawrence Foote and Susan Escudier presented the updated chemotherapy restricted drug list (Addendum A) to the PNT Committee, which was approved.
- Dr. Bracey; Dr. Escudier; Kelty Baker, MD; Meredith Reyes, MD; and Timothy Seipel, MD, neuroradiologist, reviewed existing guidelines for coagulation screening for patients having interventional radiology diagnostics or treatments, such as paracentesis, thoracentesis or lumbar puncture. The committee signed screening guidelines to these high volume procedures that stated the preferred platelet counts and INR before each type of test. The guidelines were approved by the Hematology/Oncology Section.
- The Oncology Pharmacy Coordinator continued to update physicians on drug shortages and alternatives. Drug shortages affecting cancer patients included Leucovorin, Donarubicin, Dexamethasone IV, Bleomycin, Cytarabine and Cisplatin. Bleomycin became available at the end of 2011. Shortages are nationwide due to discontinuation by manufacturers or safety issues at the pharmaceutical plants.
- The Quality Plan for the 2011 Cancer Program was approved by the Oncology Collaborative Practice Team and the Cancer Committee.
- The Oncology Outpatient Nurse Manager provided inservices on Risk Evaluation and Mitigation Strategy (REMS) and Erythropoiesis-Stimulating Agents (ESA) processes to the oncology nursing staff. Certification is an FDA-mandated requirement that affects prescribing Epogen, Procrit, Aranesp (ESAs). Physicians must have certifications and an ESA Apprise ID number before prescribing the drug. The federal government initiated this practice as a patient medication safety measure.
- The Oncology Unit's *Resource Guide for Inpatients* was updated and approved by the Oncology Collaborative Practice Team. The guides are distributed to selected oncology inpatients.
- The new drug Yervoy (Ipilimumab), FDA-approved for treating metastatic melanoma, will be REMS restricted and also will require approval from the Oncology Section Chief since the drug is not on St. Luke's formulary.
- Informed consents for patients receiving blood transfusions are now available electronically at St. Luke's outpatient clinics.
- The Chemotherapy Administration Policy was reviewed, updated and revised with final approval in October. The policy is posted under policies on St. Luke's Intranet, *The Source*.
- Medical oncologists on the Oncology Collaborative Practice Team and the Hematology/Oncology Section are developing physician chemotherapy order form templates; however, the project was placed on hold until Epic is fully integrated.

## CANCER COMMITTEE

The Cancer Committee at St. Luke's Episcopal Hospital is responsible for upholding current cancer program standards as set forth by the Commission on Cancer of the American College of Surgeons in the *Commission on Cancer Standards 2009 Revised Edition*.

The Committee provides programmatic leadership in setting goals, as well as planning, initiating, implementing, evaluating and improving all cancer-related activities at St. Luke's Episcopal Hospital. The Committee enhances patient care through quality management initiatives; consultative prospective and educational cancer conferences covering major cancer sites; an active supportive-care system for patients, families and staff; accessibility of clinical research; and accurate and timely accession, staging and follow-up of cancer patient data in the Cancer Registry. The Committee consists of board-certified physician specialists and non-physician hospital staff representing hospital administration, quality assurance, social services, nursing, palliative care pharmacy, cancer registry and other cancer-related fields.

### MEMBERS

**Luis Camacho, MD, Chairman, 2012**  
**L. Steven Carpenter, MD, Chairman 2011**

**Ajjai Alva, MD**  
**Michael Appel, MD**  
**Omar Barakat, MD**  
**Eric Bernicker, MD**  
**Conception Diaz-Arrastia, MD**  
**Susan Escudier, MD**  
**William Fisher, MD**  
**Lawrence E. Foote, MD**  
**Geri-Lynn Fromm, MD**  
**Paul Holoye, MD**  
**Phan Huynh, MD**  
**Gilchrist Jackson, MD**  
**Lisa Kopas, MD**  
**Hsin Lu, MD**  
**Garrett Lynch, MD**  
**Warren Moore, MD**  
**Priya Ramshesh, MD**  
**Ross Reul, MD**  
**Mary Round, MD**  
**Philip A. Salem, MD**  
**Laura Sulak, MD**  
**Vilmos Thomazy, MD**

**William Brosius**  
**Carol Ahlschlager, CTR**  
**Valerie Baron, RN**  
**Kurt Berk**  
**Maureen Brunetti, RN**  
**Shalonda Ervin, RN, OCN**  
**Michelle Cassity, CTR**  
**Risa Chosed, RN, OCN**  
**James Comeaux, RPh**  
**Patrick Denison, BSN, RN**  
**Lupe Funk**  
**Natasha McClure, BSN, RN, MBA**  
**Marilyn Nickleberry, RN**  
**Diana Ruffin, LMSW-APSW**  
**Sopar Seributra, RN, CCRP**  
**Elizabeth Walker, BA, CCRP**  
**Chava White, LMSW-AP, CCM**

### SPECIALTY

Hematology/Medical Oncology  
 Radiation Oncology

Medical Oncology  
 General Surgery  
 General Surgery  
 Hematology/Medical Oncology  
 Gynecologic Oncology  
 Hematology/Medical Oncology  
 General Surgery (Pancreatic)  
 Hematology/Medical Oncology  
 Gynecologic Oncology  
 Hematology/Medical Oncology  
 Radiology (Women's Center)  
 Surgical Oncology; Physician Liaison  
 Pulmonary Medicine  
 Radiation Oncology  
 Hematology/Medical Oncology  
 Nuclear Medicine  
 Hematology/Medical Oncology  
 CV Surgery/Thoracic  
 Interventional Radiology  
 Hematology/Medical Oncology  
 Pathology  
 Pathology

Vice President and CFO, St. Luke's  
 Supervisor, Cancer Registry  
 Director, Oncology Service Line  
 Chairman, Oncology Auxiliary Volunteer  
 American Cancer Society  
 Nurse Manager, Oncology Outpatient Services  
 Cancer Registry; Coordinator of Tumor Boards  
 Assistant Nurse Manager, Oncology Inpatient Care  
 Pharmacy  
 Radiation Oncology  
 Cancer Registry  
 Nurse Manager, Oncology Inpatient Care  
 Oncology Case Manager  
 Palliative Care  
 Cancer Research Nurse Coordinator  
 Coordinator, Cancer Program  
 Social Work



PROFESSIONAL EDUCATION

### TUMOR BOARDS AND CANCER CONFERENCES

More than 131 tumor boards and cancer conferences were held in 2011. All tumor boards sponsored by the Cancer Center at St. Luke's are approved for one hour of CME Category I\* by the Texas Heart® Institute (THI). The Radiology/GI conferences have not been CME-approved, but were well attended. The hospital's medical staff presented approximately 635 cancer cases in 2011 via multidisciplinary forums:

- 912-plus physicians attended the conferences
- 715 allied health staff also attended the tumor boards

From January to December 2011, there were a total of 1,627 attendance records from professional staff.

Number of required conferences for St. Luke's Cancer Program is 15 percent of analytic cases or .15 x 1,998 (most current total from 2011) = 300 cases required a final report on 2011 totals was presented at the February 2012 Cancer Committee meeting.

Specialty tumor boards and cancer conferences include:

- Gynecological Oncology Tumor Board – monthly
- Pancreas Tumor Board – weekly
- Hematological Malignancies Tumor Board – monthly
- Thoracic Tumor Board – monthly
- Neuroscience Tumor Board – monthly
- Kelsey-Seybold Tumor Board – monthly
- Breast Cancer Conference – monthly
- GI/Radiology Conference – weekly

Current statistics show that the total number of cases was 635, which equals 32% of analytic cases presented in 2011.

\*St. Luke's Episcopal Hospital is accredited by the Texas Medical Association to provide continuing medical education for physicians. St. Luke's Episcopal Hospital designates these educational activities for a maximum of one AMA PRA Category 1 Credit™ per tumor-board occurrence. Physicians should claim only credit commensurate with the extent of their participation in the activity.

### ONCOLOGY CERTIFIED NURSING EDUCATION

St. Luke's oncology nursing staff is actively engaged in continuing education. Oncology nurses participate in oncology certification programs with the Oncology Nursing Society. These certifications help ensure that staff members are well-equipped with best practice oncology patient care skills, safety standards and techniques.

Oncology nurses learn hospital policies and procedures as they relate to Oncology. The nurses also are skill-certified by the nurse educator. Frequent inservice training reinforces skills and training.

- One additional RN obtained OCN certification – total of seven OCN RNs.
- Two RNs received Chemotherapy/Biotherapy Certification.
- All oncology nursing staff attended Fall Prevention Refresher Inservices in April.
- The Chemotherapy Administration Policy was revised to include chemotherapy administration in non-oncologic patient care areas.
- In Review: Central Line Access & Care I inservices were held in June.
- Inpatient oncology staff participated in the 2011 Susan G. Komen Houston Race for the Cure: Natasha McClure, MBA, BSN, RN, OCN-Inpatient Oncology Nurse Manager; Maria Mayoral, BSN, RN, OCN-Staff Nurse; and Yvonne DeLeon, RN, OCN-Staff Nurse.

### ONCOLOGY RESEARCH & EDUCATION

Philip A. Salem, MD, hosted the lecture/discussion, "Chronic Myeloid Leukemia: Exploring Controversies in Patient Management," with Hagop Kantajian, MD, at the Salem Oncology Centre in April.

### CANCER REGISTRY PROFESSIONAL EDUCATION

- Lupe Funk attended the Texas Department of Health (educational workshop)—"Collecting 2011 Data Items."
- Denise Harrison, CTR, (contract registrar) attended the National Cancer Registrars Association's 37<sup>th</sup> Annual Educational Conference in Orlando, FL.

### ONCOLOGY NURSING INSERVICES

The following inservices were presented to the Oncology nursing staff in 2011:

- Tumor Ablation Treatment: A Review of Modalities by Rustica Bautista and Maria Mayoral
- Thyroid Modalities by Ashley Cooper
- Intraperitoneal Chemotherapy by Ellie Australie and Rustica Bautista
- Radiation Safety by Eddie Giles
- Interleukin by Estella Pezzat and Maria Mayoral
- Lymphoma by Rachel Archer and Justina Okolo
- Rituxan by Ralph Delgado
- SIADH by Y. DeLeon, R. Josue and J.Rampy

### PANCREATIC CANCER RESEARCH RETREAT

- The Elkins Pancreas Center at Baylor College of Medicine presented an educational event on pancreatic cancer research in April. Topics and presentations included: protocol development of research trials; relationship between obesity, diabetes and pancreatic cancer; sequencing of the pancreatic cancer genome; immunotherapy for pancreatic cancer; and reports concerning translational research projects.
- "Robotic Surgery: Team Implementation" was presented by Jubilee Brown, MD, at the St. Luke's Clinical Research Symposium in May.





BY MICHAEL F. APPEL, MD

PHYSICIAN ARTICLE

In 2012, according to the National Cancer Institute, approximately 103,000 new cases of colon cancer will be diagnosed, as will approximately 40,000 new cases of rectal cancer. In addition, 51,690 deaths will occur from the two cancers combined.

In the United States, more men than women of all races/ethnicity develop colon and rectal cancer—54 per 100,000 men vs. 40 per 100,000 women. However, the incidence is highest among Black men and women—67 per 100,000 men and 50 per 100,000 women. Rates for Asian/Pacific Islanders, American Indians/Alaska Natives, and Hispanics are somewhat lower than the rates for all races combined.

Fortunately, colon cancer is very treatable and frequently curable when localized to the bowel. Surgical treatment typically results in cure for approximately half of these patients. Unfortunately, a recurrence of the cancer presents a major difficulty, and that recurrence often results in death.

Several risk factors are associated with the development of colon cancer: age over 50, one's own health history and that of one's family, as well as a patient's history of polyps in the colon, ulcerative colitis or Crohn's disease. Because of our ability to identify high-risk groups, the accuracy of screening tests and the significantly greater survival of patients with early-stage disease, routine screening of all adults aged 50 years and older is highly recommended.

**Diagnosis** Among the methods and tests used for diagnosis are the digital rectal exam, fecal occult blood test, and possible barium enema, sigmoidoscopy, colonoscopy and/or biopsy. Thereafter, one or more post-diagnosis tests are employed to determine the stage of disease, including CT scan, MRI, PET scan, lymph-node biopsy and a complete blood count workup.

**Prognosis and Staging** The greatest prognostic factors for patients with colon cancer are the degree of penetration of the tumor through the bowel wall, the existence of nodal involvement, and the potential of distant metastases. Among the indicators of poor prognosis are bowel obstruction/perforation and elevated serum levels of carcinoembryonic antigen (CEA).

Determination of staging is based on the extent of penetration and spread of the disease, Stage 0 being abnormal cells found in the mucosa of the colon wall, Stage I cancerous cells spread to the submucosa and possibly the muscle layer, Stage II spread through the muscle layer to or through the serosa, or to nearby organs, Stage III spread to lymph nodes and/or nearby organs, and Stage IV spread to one of more organs not near the colon or into the lining of the abdominal wall.

Certain retrospective studies have shown that the number of lymph nodes examined in colon and rectal surgery may be related to patient outcome. Therefore, it is recommended that 12 or more lymph nodes be examined in patients with suspected colon or rectal cancer.

**Treatment and Follow-up** The primary treatment for colon and rectal cancer is surgery, and a variety of surgical approaches to these tumors is employed at St. Luke's.

Not only is colonoscopy an important screening tool, but it is also employed in the therapeutic management for certain colon and rectal cancers, namely those in polyps and small non-polypoid cancers. If the malignancy is confined to superficial layers

of the polyp or mucous membrane, a colonoscopic mucosal resection may be the only necessary treatment.

Certain cancers in the lower portion of the rectum can be removed with local resection performed through a transanal approach. In these cases, the role of transrectal endoscopic ultrasound examination is valuable in the staging of rectal cancers, and it can indicate whether a local superficial resection may be adequate or whether a more radical and traditional surgical technique is called for.

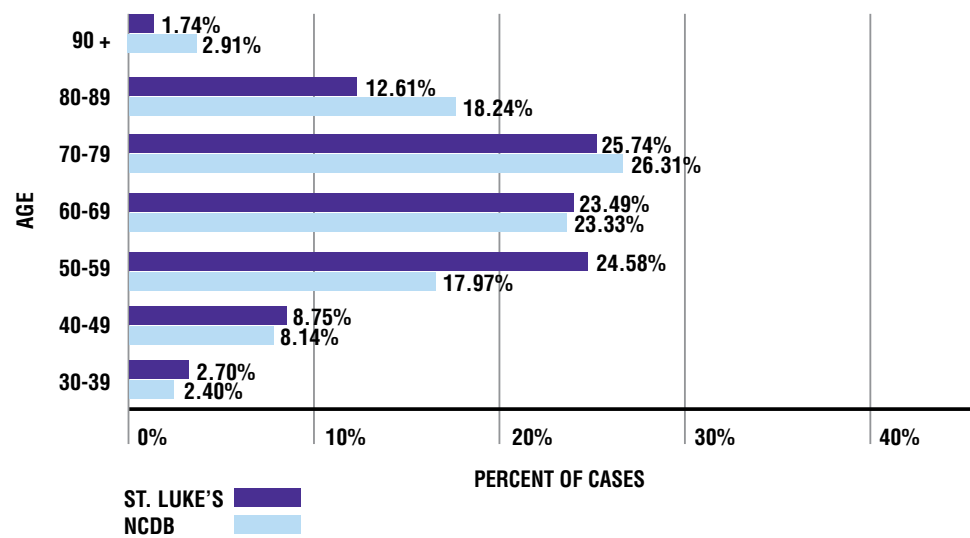
The majority of colon and rectal cancers are treated with traditional resection, which includes the primary tumor site as well as the lymph node-bearing tissues that relate to that site. Currently, these operations can be performed with laparoscopic surgical techniques or traditional open surgical techniques. At St. Luke's, approximately an equal number of colon resections were performed with each of these techniques during the past six years.

Nationally, robotic-assisted laparoscopic surgery has been introduced in the last several years, but to date it has not assumed a major role in colo-rectal cancer surgery at St. Luke's.

The frequency of the traditional Miles' resection (abdominal perineal resection) has diminished over time as more sphincter-preserving cancer resections are performed. Part of this change has occurred as a result of an increasing use of neo-adjuvant chemotherapy/radiation therapy in cases of carcinoma of the rectum. The neo-adjuvant approach can convert a less favorable tumor to a more favorable one for the purpose of preserving the sphincter, and it offers equivalent cure rates. Therefore, the neo-adjuvant approach has been increasingly used at St. Luke's.

Another non-traditional approach to colorectal cancers is the resection of known metastatic disease. Regional lymph nodes as well as omentum can be resected, and resection of liver metastasis has come to the forefront. These liver metastases can be single or multiple, and they can be managed

**FIGURE 1**  
**AGE DIAGNOSIS with Colon Cancer 2000-2010**



in both lobes of the liver, depending on the volume of residual healthy liver tissue. And with the liver component, certain adjuvant therapies have aided the surgical management of certain patients by reducing the volume of the metastatic disease with either radio-frequency ablation, thermal therapy, and/or local, directed chemotherapy.

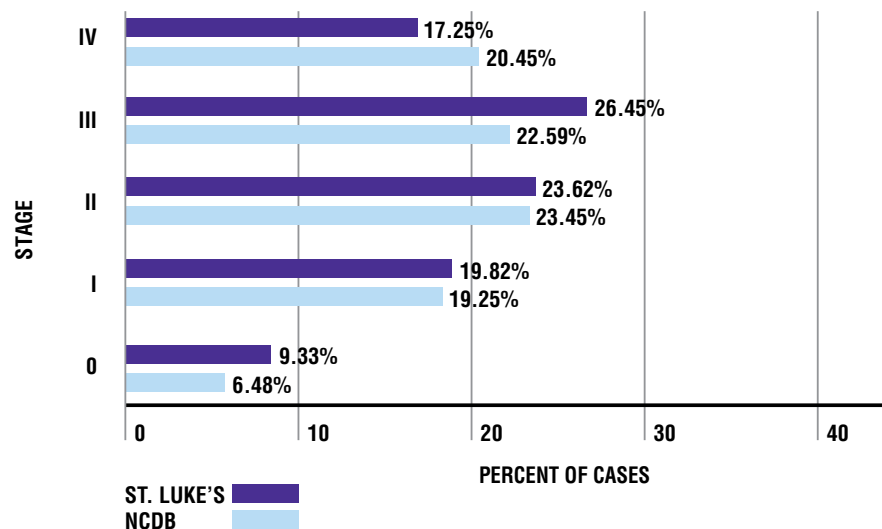
All these techniques are in active practice at St. Luke's, and all have combined to help in

the management of certain tumors once considered untreatable.

**St. Luke's and National NCDB Experience**  
During the 10-year period 2000 to 2010, St. Luke's saw 1,554 patients with colon or rectal cancer, while the NCDB reviewed 205,371 patient cases.

Although St. Luke's figures are far fewer than those of NCDB, we can note that as far as

**FIGURE 2**  
**Stage of Colon Cancer Diagnosed 2000-2010**



age at diagnosis is concerned, St. Luke's diagnosed a somewhat higher percentage of colon cancer patients in their 50s (24.58%) vs. NCDB (17.97%), while diagnosing a lower percentage of patients in their 80s and 90s (St. Luke's 12.61% and 1.74% vs. NCDB (8.24 % and 2.91%). This is gratifying, but we would not give it overstated significance (Figure 1).

When it comes to the stage at which colon cancer is diagnosed (Figure 2), St. Luke's experience is generally comparable to that of the NCDB; however, we would note that the percentage of patients diagnosed at St. Luke's both at Stage 0 (9.33%) and at Stage III (26.45%) is greater than those in the NCDB (6.48% and 22.59%, respectively), while the data from NCDB show higher percentages of patients diagnosed at Stage IV and Unknown. Again, we are pleased to see that St. Luke's patients have been diagnosed at somewhat earlier stages.

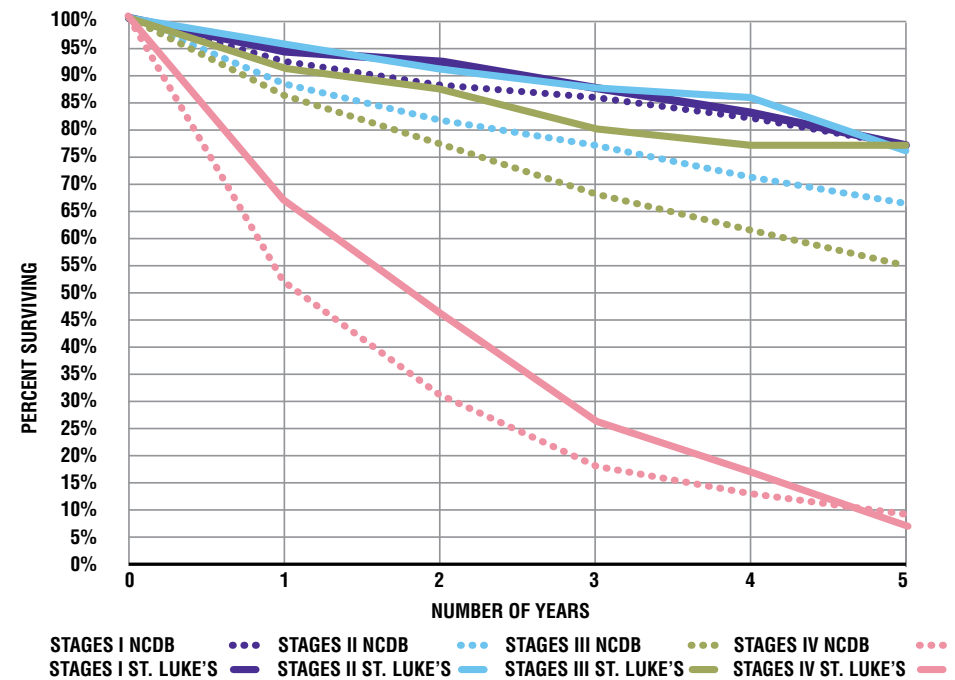
Data from both St. Luke's and NCDB (Figure 3) show that the five-year survival rates

for patients diagnosed at Stages I through III are relatively strong, but the five-year survival rate of those diagnosed at Stage IV hovers at only about 10%. While that rate is disappointingly low, researchers and surgeons at St. Luke's remain devoted to increasing longevity for all our patients.

**Summary** In general, St. Luke's 10-year data concerning age, stage at diagnosis and survival for our colon and rectal cancer patients is in line with national data. The several favorable points of data related to age and stage of diagnosis for St. Luke's patients offers us stimulus to maintain our strong record.

Clinicians at St. Luke's are continually striving to employ every new surgical and therapeutic approach that proves promising through basic and clinical research—including minimally invasive surgery and combination therapies—in the constant effort to improve outcomes and survival rates for our patients. Our goal is to serve our patients with the finest care available, contributing to their survival and quality of life.

**FIGURE 3**  
**Survival Data by AJCC Stage**



PANCREATIC CANCER:  
ST. LUKE'S PATIENT-CENTERED APPROACH

BY WILLIAM FISHER, MD



It's estimated  
that in 2012,  
43,920 Americans  
will be diagnosed  
with pancreatic cancer

PHYSICIAN  
ARTICLE

Currently, pancreatic cancer is the fourth leading cause of cancer death in the U.S. behind lung, colorectal and breast cancer. Unlike many other cancers, the survival rate for pancreatic cancer has not improved substantially in the last 40 years. It's estimated that in 2012, 43,920 Americans will be diagnosed with pancreatic cancer and 37,390 will die from the disease. Seventy-four percent of patients will die within the first year of diagnosis and the overall five-year survival is only six percent.

The Pancreatic Cancer Action Network recently released an alarming prediction that pancreatic cancer will become the number two cancer killer by 2020. This prediction is based on an anticipated rise in the incidence of cancer as the "baby boomers" age and the fact that advances in the treatment of other cancers continue to outpace progress with pancreatic cancer.

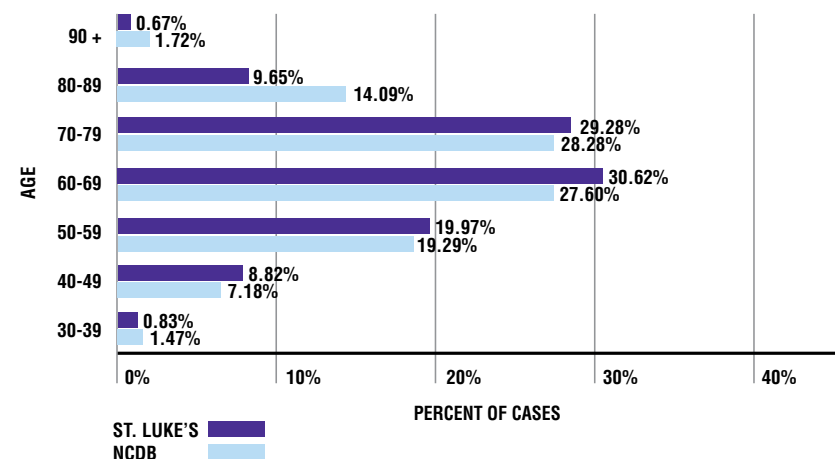
I'm often asked by patients and their families, "Why is pancreatic cancer so bad?" The reasons are complex, but simply stated, there are three main reasons. First, we diagnose pancreatic cancer late because the symptoms are initially vague. The pancreas is located deep in the abdomen, and we don't have good early diagnostic tests compared to other cancers. Second, unlike other cancers that are commonly cured when removed with surgery, pancreatic cancer tends to recur even when it appears that the entire tumor was removed. Pancreatic cancer spreads rapidly and there are likely "micrometastases" (stray cancer cells in the circulation) at the time of diagnosis. Finally, pancreatic cancer is biologically more aggressive than other cancers. The tumor cells are armored with a dense surrounding stroma, and they can survive without much oxygen, making it difficult for standard treatments to have much effect.

At St. Luke's, 601 patients were diagnosed with pancreatic cancer in the last five years. Most of the patients were in their 60s to 70s (Figure 1). Thirty-nine percent of our patients had stage 0-II disease and were candidates for surgery (Figure 2). Outcomes for pancreatic surgery at St. Luke's are excellent. Among 255 pancreatic resections performed by myself in the last five years, the mortality rate has been <1% and complication rates compare favorably

with all of the major cancer centers in our area and throughout the nation.

Patients are usually discharged from the hospital within seven days of surgery. Unfortunately, 49 percent of patients who presented with Stage III-IV disease were not candidates for surgery (Figure 1). Survival statistics for each stage of disease are shown in Figure 3.

FIGURE 1  
AGE DIAGNOSIS with Pancreas Cancer 2000-2010



The good news is that we have a dedicated team of clinicians and researchers at The Elkins Pancreas Center, a partnership between SLEH and BCM, who are devoting their careers to rise to the challenges of pancreatic cancer. I'm pleased to report that, for the fifth year in a row, more patients are seeking treatment at our Center. I believe that is partly due to our dedication to a patient-centered approach. We provide rapid access to personalized care from our multidisciplinary team of experts, and our outcomes are second to none. We believe in a minimally invasive approach to treatment and have extensive experience with laparoscopic distal pancreatectomy.

I'm pleased to announce that George Van Buren, MD, was recently recruited to join our team and help cautiously develop our laparoscopic Whipple program. We will certainly never compromise our excellent outcomes, but we believe that this advanced approach may be better for some patients.

For patients who are interested in clinical trials, we continue to offer the most exciting emerging treatments available. Our group has a longstanding interest in immunotherapy for pancreatic cancer, and our team of researchers is leading the nation with new discoveries with astounding progress against pancreatic cancer. The Center's collaborative group sequenced the entire exome of a large

collection of pancreatic cancers and provided the world with an accurate "significantly mutated gene list." <sup>1</sup> New pathways on this list are already being investigated as potential therapeutic targets. Other members of the team are performing high-throughput functional assays to learn which of these mutated genes are driving pancreatic cancer. We believe these studies will lead to better diagnostic tests and more effective treatments. We also are excited that we are anticipating approval for clinical use of a new adoptive cellular immunotherapy developed by our group.

The Pancreatic Cancer Action Network has proposed a challenge to double the survival rate for pancreatic cancer by 2020. I believe that as we continue to provide the best possible care for our patients and make great discoveries, we are making significant strides

1. Biankin AV, Waddell N, Kassahn KS, et. al. Pancreatic cancer genomes reveal aberrations in axon guidance pathway genes. Nature. 2012 Nov.; 491(7424):399-405.

FIGURE 2

Stage of Pancreas Cancer Diagnosed 2000-2010

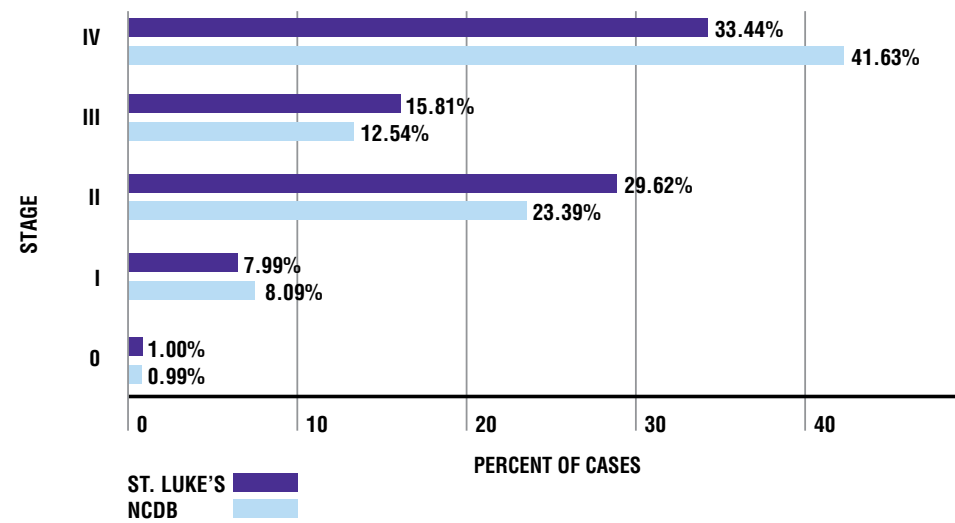
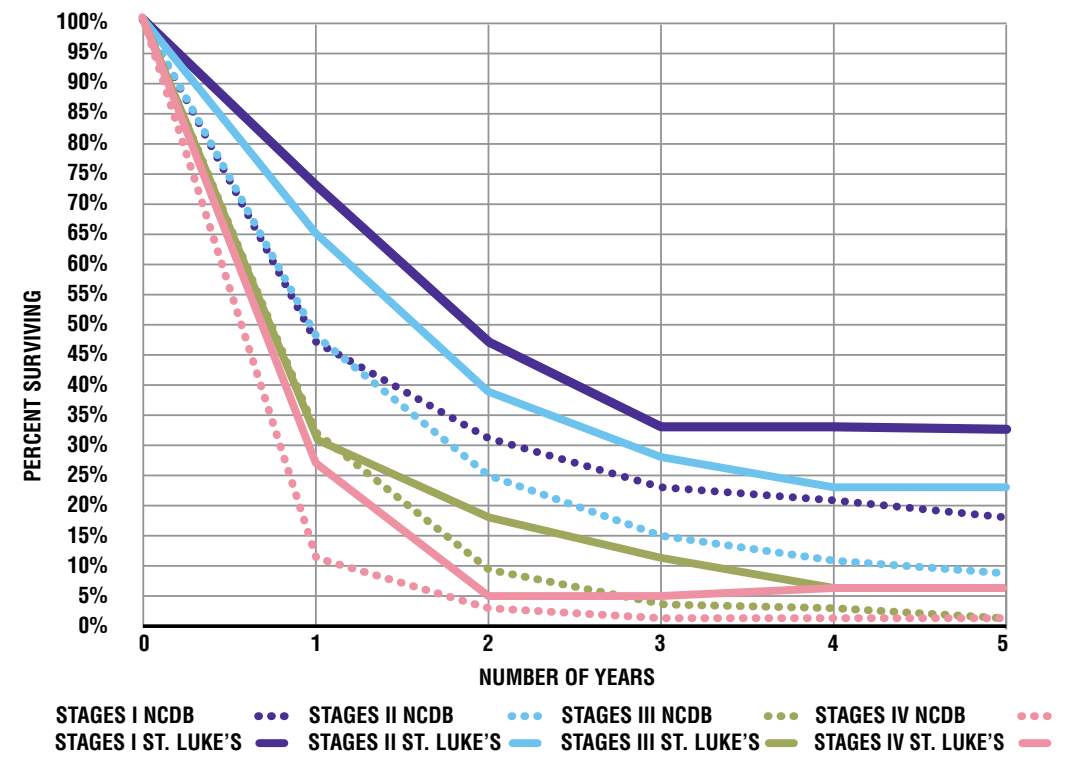


FIGURE 3

Survival Data by AJCC Stage



BREAST CANCER: EXPERIENCE AT ST. LUKE'S COMPARED TO NATIONAL CANCER DATA BASE

BY SUSAN ESCUDIER, MD



# BREAST

# CANCER



Breast cancer is the most common cancer in women, affecting one in eight. According to the American Cancer Society, more than 230,000 new cases of invasive breast cancer were diagnosed in the United States in 2011, and more than 57,000 women were diagnosed with *in situ* cancers. More than 39,000 women are expected to die from breast cancer this year, exceeded only by the death rate from lung cancer in women.

More than 2,100 men will get breast cancer, and 450 will die. The National Cancer Institute estimates 2,600,000 breast cancer survivors were alive in 2008. Many of these were 10-year survivors.

The number of identified new cases of *in situ* cancer grew rapidly in the 1980s and 1990s due to the increased use of mammography. This peaked in 2000 and has since stabilized. Invasive breast cancer increased rapidly in the 1980s and stabilized in the 1990s, then began to fall after 2002. This is thought to be due to the decreased utilization of hormone replacement therapy after the 2002 publication of The Women's Health Initiative's randomized trial, which showed that hormone replacement therapy increased the risk of breast cancer. As a result, many women discontinued or chose not to start hormone replacement.

Breast cancer death rates decreased from 1990 to 2007 after slowly increasing for many years. These changes are attributed to the increased rate of early diagnosis. Many improvements in treatment also have improved the overall survival, such as new chemotherapy and biologic therapy medications, such as Herceptin. These improve-

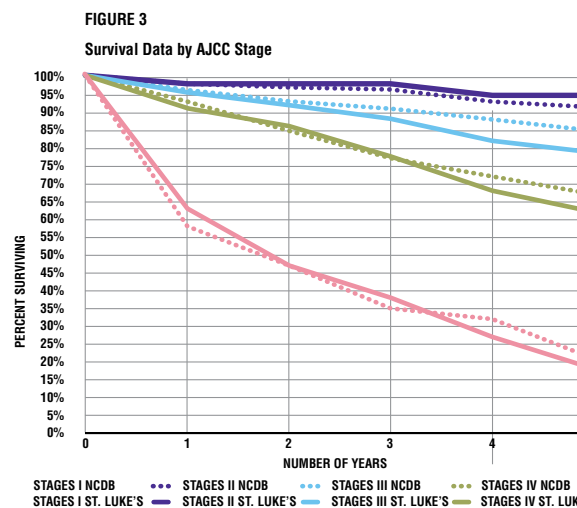
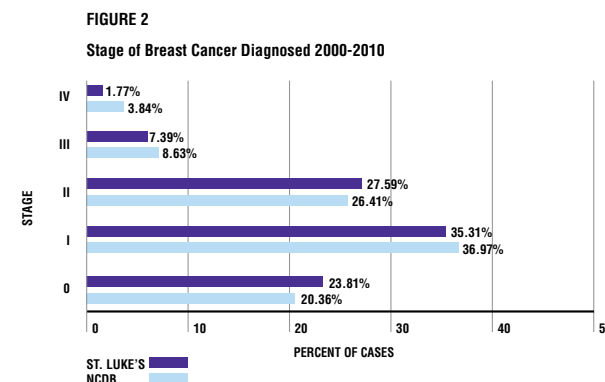
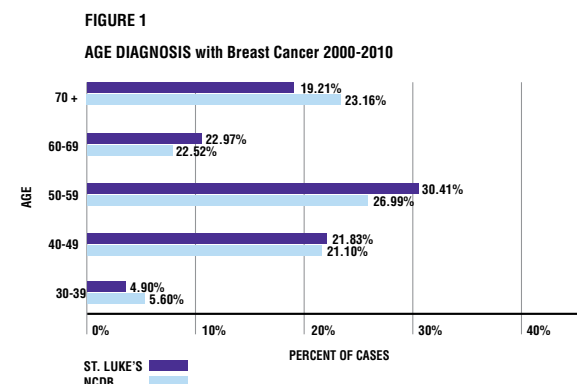
ments occurred even though only two-thirds of women over the age of 40 had received mammograms during the previous two years. These changes are more prominent in non-Hispanic whites than in African-American women. Despite a lower incidence of breast cancer, African-American women continue to have more advanced and deadly cancers. Some of this is likely due to lack of access to screening and treatment, but important biologic differences in these cancers also exist.

From 2000 to 2010, 4,183 cases of breast cancer were diagnosed at St. Luke's. Compared to the statistics from teaching hospitals across the country, we tend to see a slightly younger population, as well as a population younger than the national average (Figure 1). About five percent of the women diagnosed with breast cancer at St. Luke's were in their 30s, 22 percent in their 40s, 30 percent in their 50s, 23 percent in their 60s, and 19 percent over the age of 70. Fortunately, most women were diagnosed in the early stage of the disease. About 24 percent were Stage 0 or *in situ* breast cancer; 35 percent, Stage I; 28 percent, Stage II; 7 percent, Stage III; and 2 percent, Stage IV. This is compared to slightly higher stages in teaching hospitals across the country, where the rates, respectively, were: Stage 0: 20 percent, Stage I: 37 percent, Stage II: 26 percent, Stage III: 8.6 percent, and Stage IV: 3.8 percent (Figure 2).

Survival rates for St. Luke's, based on the most recent data, show a five-year survival for Stage I of 95.5 percent, Stage II of 79.5 percent, Stage III of 63 percent, and Stage IV of 18.8 percent. This data is similar to those seen in the NCDB (Figure 3). We are encouraged to see declines in death rates of breast cancer and the increasingly earlier stage at diagnosis.

Imaging capabilities at St. Luke's have improved, including the use of diagnostic ultrasound and breast MRI. The younger age of diagnosis at St. Luke's is likely due to our location in the Texas Medical Center, relatively close to Downtown and to upper-income urban neighborhoods. Educated women have a higher incidence of utilization of breast cancer screening and tend to be diagnosed earlier in their stage of the disease, according to the American Cancer Society.

St. Luke's has a multidisciplinary team of physicians and caregivers who develop personal treatment plans for every breast cancer patient. Regular breast cancer conferences provide a forum for surgeons, medical oncologists, radiologists, pathologists, nuclear medicine specialists, nurses and pharmacists to consult on cases and to keep the professional team attuned to advances in diagnosis and treatment. In addition, our oncology-trained nurses provide excellent care to breast cancer patients (inpatient and outpatient). In these collaborative ways, the St. Luke's team has been providing the highest quality of patient care available.





# INVESTIGATIONAL OPPORTUNITIES

As part of our commitment to providing high quality and personalized patient care, the Oncology team offered as many treatment options as possible. In 2011, the Cancer Center encouraged patients to participate in 29 studies that support breast, colorectal, gynecological, hepatic, lung, pancreas, prostate and solid tumors. Out of 1,998 analytic patients, our oncologists and research team successfully accrued 521 participants (26 percent) to investigational opportunities, thus excelling the Commission on Cancer standard of six percent. Major accruals are attributed to Matthew Anderson, MD; Omar Barakat, MD; Steven Carpenter, MD; Luis H. Camacho, MD; William Fisher, MD; Lawrence Foote, MD; and Brian Miles, MD.

## BREAST

Patient Accrual: Closed to accrual; patient follow-up only

SLEH 2006 Study of Tamoxifen and Raloxifene in the Prevention of Breast Cancer (STAR – NSABP)

- Randomized, Double Blind, Multicenter, Phase III Study of Irinotecan, Folinic Acid, and 5-Fluorouracil (FOLFIRI) Plus Ramucirumab or Placebo in Patients with Metastatic Colorectal Carcinoma Progressive during or following First-Line Combination Therapy with Bevacizumab, Oxaliplatin and Fluoropyrimidine

## COLORECTAL

Patient Accrual: 1

- Community Clinical Oncology Program with MDACC – Phase II Randomized, Double-Blind Comparison of CASAD versus Placebo for the Treatment and Prevention of Diarrhea in Patients with Metastatic Colorectal Cancer
- NSABP P-5 Statin Polyps Prevention Trial in Patients with Resected Colon Cancer

## GYNECOLOGICAL

Patient Accrual: 403

- A Multi-Center Prospective Clinical Study to Evaluate the Performance and Clinical Predictive Value of the Invader HPV HR Molecular Assay and Invader HPV 16/18 Molecular Assay for the Detection of Human Papillomavirus in Cervical Cytology Samples

- A Phase II, Multicenter, Randomized, Double-Blind, Placebo-controlled Trial Evaluating the Efficacy and Safety of GDC-0449 as Maintenance Therapy in Patients with Ovarian Cancer in a Second or Third Complete Remission
- MicroRNAs as Prognostic and Diagnostic Targets in Gynecologic Cancers
- Multi-Center, Randomized, Double-Blind, Phase III Efficacy Study Comparing Phenoxodiol (Oral Dosage Form) in Combination with Carboplatin Versus Carboplatin with Placebo in Patients with Platinum-Resistant or Platinum-Refractory Late-Stage Epithelial Ovarian, Fallopian or Primary Peritoneal Cancer Following at Least Second Line Platinum Therapy
- Novel Prognostic Markers and Associated Outcomes in Cervix Cancer
- The Role of X Chromosome Inactivation in Ovarian Cancer Pathogenesis and Treatment
- Prospective Evaluation of Robot-Assist Surgery in Gynecologic Oncology

- NLG-0405: A Phase III Study of Hyperacute-Pancreatic Cancer Vaccine in Combination with Chemotherapy and Chemoradiotherapy in Subjects with Surgically Resected Pancreatic Cancer
- Pancreas Center Tissue Bank Specimen Collection
- Randomized Prospective Multicancer Trial of Pancreas Resection with and without routine intraperitoneal drainage

## PROSTATE

Patient Accrual: 15

- An Open Label Study of Abiraterone Acetate in Subjects with Metastatic Castration-Resistant Prostate Cancer Who Have Progressed After Taxane-Based Chemotherapy
- Prostate Cancer – daVinci® Robotic Surgery Study
- ReCKord CyberKnife® Registry Protocol
- Program of Research Excellence in Prostate Cancer

## SOLID TUMORS

Patient Accrual: 17

- A Phase I Dose Escalation Study of ARQ 197 Administered in Combination with Gemcitabine in Adult Patients with Advanced Solid Tumors
- A Phase I Multicenter, Open-label Study of the Effect on QTc, Pharmacokinetics, Safety and Preliminary Efficacy of Single-agent Palifosfamide-tris in Subjects with Advanced Solid Tumors
- An Extension Protocol for Subjects Who Were Previously Enrolled in Other ARQ 197 Protocols
- Compassionate IND Colorectal Cancer
- Open-Label, Multicenter Phase I Study of Anti-Heparin-Binding Epidermal Growth Factor-Like Growth Factor (HB-EGF) Monoclonal Antibody KHK2866 as Monotherapy in subjects with Advanced Solid Tumors and in Combination with Chemotherapy for Epithelial Ovarian, Extra-Ovarian Primary Peritoneal, or Fallopian Tube Cancer
- Phase I, Open-label, Multicenter, Dose-escalation, Multidose Study of MDX-1105 Administered Every 14 Days in Subjects with Selected Advanced or Recurrent Solid Tumors (MDX1105-01)
- Phase I Study of Oral Darinaparsin in Advanced Solid Tumors

## HEPATIC

Patient Accrual: 6

- Laser Tissue Welding

## LUNG

Patient Accrual: 3

- International Randomized Study to Compare CyberKnife® Stereotactic Radiosurgery with Surgical Resection in Stage I Non-Small Cell Lung Cancer: Lung Cancer STARS (Stereotactic Radiotherapy Vs. Surgery) Trial

## PANCREAS

Patient Accrual: 76 (53 tissue bank)

- A Randomized Dose Escalation, Safety and Exploratory Efficacy Study of Kanglaite Injection Plus Gemcitabine (G+K) Versus Gemcitabine in Patients with Advanced Pancreatic Cancer
- A Randomized, Double-Blind Placebo-Controlled Phase II Study of the MEK Inhibitor GSK 1120212 Plus Gemcitabine vs. Placebo Plus Gemcitabine in Subjects with Metastatic Pancreatic Cancer



COMMUNITY OUTREACH

The Cancer Committee Chairman and Medical Director of the Cancer Center at St. Luke's, the Physician Liaison (Outreach Coordinator to the Cancer Committee), the Cancer Program Coordinator and the Vice President who manages the Oncology Service Line are responsible for directing the public cancer education programs at St. Luke's.

The Cancer Program Coordinator collaborates with local agencies and facilities, such as the American Cancer Society (ACS) and CanCare to provide meaningful programs to the community. Since the survival rate for cancer patients who develop many types of cancer is improved by early detection, St. Luke's Cancer Program offers the following activities:

CANCER SCREENINGS & EDUCATION

Annually, St. Luke's provides to the public skin cancer screenings, as well as awareness and education for breast, prostate and colon cancers. Patients are referred to their physicians for discussions on the risks and limitations of prostate, colon, breast, skin and cervical cancer screening so that an informed decision can be made about testing. Included in the public outreach screenings is comprehensive education, risk assessment, consent forms explaining risks and benefits and participant follow-up. St. Luke's physicians and nurses volunteer their time to work at the screenings.

Screening guidelines of the American Cancer Society, the National Cancer Institute, the American College of Surgeons, the American Academy of Dermatology and other national organizations are closely followed.

- In March, the Cancer Center at St. Luke's co-sponsored a [Colon Cancer Awareness](#) exhibit with the ACS and the St. Luke's Endoscopy nursing staff. The exhibit included educational materials, and nursing staff answered questions regarding colonoscopies and other endoscopic procedures.
- The Cancer Center participated in a [Houston Citywide Skin Cancer Screening](#). Sylvia Hsu, MD; Rajani Katta, MD; and Suneel Chilukiri, MD, assisted by 19 St. Luke's RNs, screened 133 people. Twenty-six individuals were identified suspicious for basal cell carcinoma and were referred for biopsy and follow-up. Fifty-six people with either suspicious lesions or skin irritations were referred for follow-up to a dermatologist of their choice. Two people were identified for possible squamous cell carcinoma; two were suspicious for melanoma and nine people were suspicious for dysplastic nevi. The Cancer Center assisted the participants in finding follow-up care, as needed. Publicity about the event was disseminated via local and news releases to the general public and announced on [StLukesTexas.com](#).
- The Center collaborated and promoted the Indian American Cancer Network's program, "[Colon Cancer: How Screening and Early Detection Can Be a Life Saver](#)" in May.
- In November, the [Center and non-invasive cardiology outpatient nurses provided smoking cessation educational materials](#) from the American Heart Association in conjunction with the ACS' Great American Smokeout. Information on St. Luke's program, "Breaking Free," available through non-invasive cardiology, via physician referral, also was provided.

COMMUNITY AWARENESS

The Cancer Center provides cancer awareness through educational health fairs and special events, such as:

- The Cancer Center at St. Luke's participated in the [2011 Susan G. Komen Houston Race for the Cure](#) held on October 1. Phan Huynh, MD, served as team captain. Eighteen nurses volunteered for the Medical Triage/First Aid Team. More than 230 St. Luke's employees participated and raised more than \$12,000 to support the Komen Foundation. St. Luke's had the second largest presence at the race.
- [Diane Ibbott, RN](#), presented an educational lecture on lung cancer and [CyberKnife®](#) therapy to the National Active and Retired Federal Employees Association as part of an ACS speaker's bureau in March.
- [Risa Chosed, RN](#), and two fellow oncology nurses provided cancer education to visitors at the Westbury United Methodist Church Health Fair in March.
- Cancer education materials and new cancer screening guidelines were provided for the [Retiring Episcopal Clergy Health Fair](#) held at Camp Allen in Navasota, TX in May.
- [St. Luke's Auxiliary oncology volunteers](#) continued regular weekly visits to the Oncology Inpatient Care Unit, the Oncology Outpatient Infusion Center, and the St. Luke's Radiation Therapy and [CyberKnife®](#) Center. The volunteers work with CanCare volunteers who provide one-on-one support for cancer inpatients and outpatients.
- The American Cancer Society's "[Look Good, Feel Better](#)" was held monthly at the Cancer Center's outpatient location. A cosmetologist distributes cosmetic gift packages to participants who are having treatment or have been recently diagnosed.
- "[Road to Recovery](#)," free, round-trip transportation for patients to radiation therapy or chemotherapy treatment appointments, is provided by the ACS.
- CanCare Survivors Day Luncheon
- ACS Strides Against Breast Cancer
- American Cancer Society's Relay for Life
- Gynecology/Oncology Awareness
- Prostate Cancer Awareness Month

## PATIENT EDUCATION RESOURCE CENTERS

The Resource Centers provide educational brochures from the American Cancer Society, National Cancer Institute, National Cancer Survivors, Susan G. Komen Breast Cancer Foundation and other national organizations.

A computer kiosk and community resource literature also is available to patients and their families. A resource center is located on the 20<sup>th</sup> floor of the medical oncology inpatient care unit of St. Luke's for medical and nursing staff, patients and visitors. Additional resource center locations include the Cancer Center's Outpatient Infusion Service at St. Luke's Diagnostic and Treatment Center—Kirby Glen and at St. Luke's Radiation Therapy and CyberKnife® facility.

The Cancer Center's Program Office maintains educational materials for distribution as needed. The nursing and pharmacy staffs provide drug fact sheets for patients through the St. Luke's website. Social Service staff members provide the information packet "Services Available to Oncology Patients."

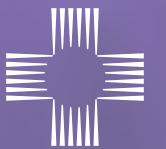
## PREVENTION PROGRAMS

- The Cancer Program offers an online site for prevention and early detection education. A dedicated phone number was created for specific questions to an Oncology Nurse Specialist at the Cancer Center.
- The Cancer Research Program participated in the chemoprevention trial, the NSABP breast cancer prevention trial using Tamoxifen. Ongoing follow-up for the STAR (Study of Tamoxifen and Raloxifene) for the Prevention of Breast Cancer.
- Presently, 25 women are enrolled in STAR and are being closely monitored by the oncology research nurse. The cancer research program opened a new NSABP colon cancer prevention protocol to determine the effect of statin medication on polyp prevention.
- The Cancer Program participates in the Great American Smokeout by offering the tobacco cessation program, "Break Free," with St. Luke's Cardiology service line.

## SUPPORTIVE SERVICES

Additional support activities are coordinated with internal and external groups:

- Grief Counseling – St. Luke's Palliative Care Service and Program and St. Martin's Episcopal Church Grief Counseling
- St. Luke's Palliative Care
- Hospice with several community hospices
- Nutritional Counseling – St. Luke's Dietitians
- Pastoral Care Services – St. Luke's Pastoral Care Department and the Community of Hope Organization
- Cancer Patient Education, Reference Library and website at inpatient and outpatient locations
- Auxiliary Oncology Volunteers and CanCare hospital volunteers



ST. LUKE'S®

Cancer  
Center