Melanoma remains a significant public health problem in the United States with the numbers of new cases continuing to rise. The diagnosis of melanoma is based on either the patient or physician finding a suspicious skin lesion.

Diagnosis of melanoma is typically confirmed with a skin biopsy. Based on the Breslow’s depth of the melanoma or the Clark’s level of penetration through the skin layers, the treatment is determined.

Treatment for melanoma is centered on surgical excision and staging. A margin of 1-2 cm of skin around the original melanoma site is measured and the skin subsequently excised down to, but not including, the muscle fascia. The amount of skin removed is based on the depth and thickness of the melanoma. Other factors that can contribute to the surgical decision making include the presence of ulceration and/or regression.

For melanomas that are diagnosed at 1 mm of thickness or deeper, Clark’s level IV or greater, and/or the presence of ulceration, lymph node staging is performed. The relevant lymph node basin to be assessed is determined by a pre-operative evaluation known as lymphoscintigraphy. This nuclear medicine examination determines the drainage from the melanoma site to the most relevant lymph nodes. In addition at the time of surgery an injection of vital blue dye is used to facilitate the identification of lymph nodes. Intraoperatively a probe is used that can detect
radioactivity and subsequently identify the most relevant lymph nodes for the area.

The pathologic assessment of lymph tissue is critical and typically is not done at the time of surgery but rather after appropriate fixation and processing with serial sections. Should melanoma be found in the lymph node, the standard of care is to perform a completion lymphadenectomy. Additional staging and treatments are offered at that point.

Following the initial surgical treatment of melanoma for patients that have Stage I or Stage II disease, patients are seen at 3-4 month intervals for a full skin and lymph node examination. Patients with early stage melanoma have a high risk of developing future melanomas; thus it is important that they undergo surveillance for identification of new abnormal lesions. Patients diagnosed with melanoma remain at risk for recurrence for an extended period of time. They typically are counseled to see a physician regularly for at least 10 years and to have lifetime skin exams. Counseling regarding sun protection is also part of the surveillance experience.

At Miami Valley Hospital we continue to see a large number of melanoma patients. The statistics reflect similar patterns as those seen nationally, particularly in regard to race and gender. The majority of patients are Caucasian males over the age of 30. Because the management of melanoma is primarily surgical, the first course of treatment in almost two-thirds of the patients occurs at the hospital. The majority of melanoma patients are diagnosed in the early stages, recognizing that educational programs such as skin screening programs have helped patients bring to the attention of their physicians any abnormal lesions with subsequent early diagnosis.

As mentioned previously, surgery remains the first course of treatment and the primary treatment. More than 87 percent of melanoma patients at Miami Valley Hospital have surgery as their first course of treatment. The comprehensive efforts of a multidisciplinary cancer team including pathologists, surgeons and medical oncologists for the primary treatment of melanoma at Miami Valley Hospital has allowed us to have a very high success rate in the treatment of these patients.
Optimal evaluation of a cutaneous melanocytic lesion requires complete excision that incorporates the full thickness of an intact lesion. Shave or punch biopsies that do not include the base or lateral borders of the lesion should be avoided.

Architectural criteria are used to distinguish a melanoma from a melanocytic nevus. Symmetry and circumscription are the key elements used to evaluate a melanocytic lesion. The overall silhouette of the lesion is examined. The density, pattern of distribution, and pigmentation of melanocytes as well as inflammatory response is compared from one side of the lesion to the other. Asymmetry of the above attributes favors a melanoma. Most nevi have sharp borders and melanomas indistinct ones. To judge a lesion as circumscribed, one has to be sure the most peripheral nest is truly the last nest and not just an irregular space interval to the next nest of cells. This is why an excision rather than biopsy is needed to diagnose a melanoma.

Melanoma is staged based on tumor thickness, ulceration, and mitotic activity. An ocular micrometer is used to measure from the granular layer of the overlying epidermis to the deepest point of tumor invasion. If the overlying epidermis is ulcerated, the base of the ulcer is used as the upper point of reference. This measurement is referred to as Breslow Thickness. Ulceration is defined as full-thickness
epidermal defect and reactive changes in the absence of trauma or surgical procedure. For thin melanomas (1.0 mm or less), level of invasion is more predictive of survival outcome than ulceration. For melanomas greater than 1.0 mm, ulceration is more predictive than thickness.

Mitotic index is reported as the number of mitoses per square millimeter. A mitotic rate of 1 or more per square millimeter is a powerful adverse prognostic factor for cutaneous melanoma and will upstage pT1 lesions from pT1a to pT1b according to the 7th edition of the AJCC staging manual. The distinction between T1a versus T1b is of significant clinical importance, as the AJCC recommends that sentinel node examination be considered for melanomas stage T1b and above.

Removal of sentinel lymph nodes may be performed for patients with primary localized cutaneous melanomas with a thickness of 1.0 mm or greater. Frozen section analysis of sentinel lymph nodes is not advised. Review of the H&E stained slides from multiple levels of serially sectioned sentinel lymph nodes increases the sensitivity of detecting microscopic metastases. The use of immunohistochemical stains further increase sensitivity in finding metastases. Immunohistochemically identified micrometastases are accepted as representing greater than NO disease by the 7th Edition of the AJCC staging system.

References:
Protocol for the Examination of Specimens from Patients with Melanoma of the Skin based on AJCC/UICC TNM, 7th Edition
WHO Classification of Skin Tumors

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**Melanoma Histology/Behavior**
*Miami Valley Hospital, 1996-2002*

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<thead>
<tr>
<th>Histology/Behavior</th>
<th>Cases</th>
<th>Percent</th>
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<tr>
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<tr>
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</tr>
<tr>
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**Malignant Melanoma Incidence by AJCC Stage**
*Miami Valley Hospital, 1996-2002*

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<td>IV</td>
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</table>

*The AJCC Cancer Staging Manual 5th Edition was used during this diagnostic period.*
Systemic Therapy for Malignant Melanoma

By Basel Yanes, MD, Medical Oncology

Adjuvant Therapy
Patients with high risk for recurrence (Stage IIB and III) require systemic therapy to improve their outcome. High dose alpha (α) interferon was reported by the Eastern Cooperative Oncology Group (ECOG) to improve relapse-free survival (median 1 year versus 1.7 years) and 5-year disease-free survival (26 percent versus 37 percent). There was also improved 5-year survival of 37 percent to 46 percent. Further follow-up showed the survival benefit was limited to Stage III. Unfortunately, an Intergroup Study failed to show survival benefit but confirmed relapse-free survival benefit. High dose alpha (α) interferon causes significant morbidity with extreme fatigue, fever, chills and depression.

Metastatic Disease

Chemotherapy
The treatment of metastatic melanoma with chemotherapy has been characterized by poor response and significant side effects. Dacarbazine (DTIC) is the cornerstone of all chemotherapy regimens. It has a response rate of 15-20 percent with duration of 4-6 months. Temozolomide, an oral analogue, may be equally effective. Multiple combination chemotherapy regimens have been investigated; although response rate may be better, survival benefit is questionable.

Biotherapy
Both alpha (α) interferon and Interleukin 2 (IL2) have been widely used to treat metastatic melanoma. Response rates similar to dacarbazine, in the 15-20 percent range, were observed. A small number of patients achieve a durable complete remission with high dose IL2. On the other hand, this treatment is highly toxic and requires intensive monitoring and skilled management.

Chemotherapy/Biotherapy
Chemotherapy combined with biotherapy, usually IL2 and interferon, is reported to achieve a higher response rate but again survival benefit is lacking.

Raf Inhibitor
A major breakthrough in melanoma was recently reported in patients treated with PLX4032. This is a B-raf inhibitor. About 50 percent of patients with melanoma have B-raf mutation. A response rate of 80 percent was reported in these patients.

Conclusion
Systemic therapy of melanoma remains challenging but significant progress has been made. Hopefully the new data with B-raf inhibitors will change the course of this dreadful disease.
Radiation Therapy and Melanoma

By Douglas W. Ditzel, DO, Radiation Oncology

Melanoma continues to present a significant challenge to the oncologic treatment team. Both systemic and local relapses are problematic.

Historically melanoma has been labeled as “radioresistant.” Therefore, radiation therapy (RT) has been relegated to largely a palliative role. This may be in the form of treatment to bone, skin nodules, whole brain or even stereotactic treatment to isolated metastasis.

Many retrospective studies do suggest radioresponsiveness if hypofractionated (larger single doses) are utilized. Some practitioners recognize this and will utilize RT in high risk patients.

In the fall of 2009 the results of a well designed Intergroup Trial (TROG 02.01/ANZMTG01.02) were presented. The trial looked at adjuvant RT versus observation in patients with lymph node recurrence with significant risk of relapse after lymphadenectomy. The RT group had a local control advantage of 82 percent versus 65 percent in the observation group. There was not a statistically significant survival advantage, but this should serve as a spring board for future trials.

As better systemic treatments evolve, improved local control measures may offer not only a quality of life advantage, but also add to overall improved survival.

Malignant Melanoma 5-Year Comparative Observed Survival 1996-2002

The AJCC Cancer Staging Manual 5th Edition was used during this diagnostic period.
The Cancer Team

Inpatient Units
Miami Valley’s nursing staff provides inpatient care, specializing in surgical care, chemotherapy administration, central venous access devices, infusion services, cardiac monitoring and the management of immuno-suppressed patients. Three nursing units are dedicated to the care of cancer patients and their families: 5E is a 28-bed surgical/gynecologic oncology unit; 5NE is a 20-bed medical oncology unit and BMT is a 6-bed blood and marrow transplant unit. Many of the staff are oncology-certified nurses.

Blood and Marrow Transplant
Miami Valley Hospital’s Blood and Marrow Transplant Program offers two transplant options: autologous bone marrow transplants and autologous peripheral stem cell transplants. The cancer treatment involves the administration of high doses of chemotherapy and/or radiation followed by the infusion of previously collected bone marrow or stem cells. Throughout the transplant process, a dedicated team of highly trained specialists coordinates patient care.

For more information call (937) 208-2957.

High Risk Breast Cancer Center
People with an increased risk for breast cancer based on personal or family history can now choose to have ongoing care at the High Risk Breast Cancer Center (HRBCC) at Miami Valley Hospital South in Centerville. This center is dedicated to providing women with a comprehensive breast cancer risk evaluation, medical history review, family history review, clinical breast exam and genetic counseling.

The HRBCC is staffed by an advanced practice nurse, a certified genetics counselor, and two breast cancer coordinators. Medical Director Paula Termuhlen, MD, oversees care in the HRBCC.

For more information or appointment scheduling, call (937) 438-3810.

Gynecologic Oncology Center
The Gynecologic Oncology Center offers women a team of professionals with advanced training in the diagnosis, treatment and follow-up care for cancer of the reproductive organs. The team consists of board-certified gynecologic oncologists, a nurse practitioner specializing in oncology, and oncology-certified registered nurses.

The center’s staff is dedicated to the concept of total patient care. Our goal is to provide patients with advanced cancer treatments as well as the resources and information needed to make informed decisions about their care.

For more information or to schedule an appointment, call (937) 208-2901.
delayed recovery, increased susceptibility to infection, energy and weight loss, and an overall feeling of ill health.

Miami Valley Hospital’s Premier Cuisine room service brings increased food choice and control to the hospitalized patient. Patients receive a restaurant style menu and use their telephone to order food any time between 7 a.m. and 7 p.m. Food is prepared and delivered within 45 minutes to the patient’s room.

Premier Cuisine Room Service is another example of Miami Valley Hospital’s commitment to providing quality care and a positive experience for patients and their families.

Integrative Care Management

The Integrative Care Management team is responsible for coordinating the care of oncology patients during their hospital stay. Members of the team include nurse care coordinators, a social worker and an oncology/surgical clinical nurse specialist. The ICM team works closely with all members of the health care team in providing comprehensive care and a seamless discharge transition.

Additionally, breast cancer coordinators are available to assist women through the diagnosis and treatment of breast cancer. The breast cancer coordinators provide patients with educational information regarding breast cancer and breast cancer treatments as well as information on supportive services at Miami Valley Hospital and in the community.

Nutrition Services

As if being hospitalized wasn’t challenging enough, cancer diagnosis and treatment often lead to alterations in patients’ nutrition status.

Decreased appetite, taste changes and nausea are the most common changes reported. These alterations, if left unchecked, may lead to delayed recovery, increased susceptibility to infection, energy and weight loss, and an overall feeling of ill health.

Miami Valley Hospital’s Premier Cuisine room service brings increased food choice and control to the hospitalized patient.

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Premier Cuisine Room Service is another example of Miami Valley Hospital’s commitment to providing quality care and a positive experience for patients and their families.
Pharmacy Services

Providing optimal care to each individual patient often requires a multidisciplinary team approach, and Pharmacy Services is a part of the team.

One of the major roles of the pharmacist is to prepare and dispense medications while ensuring that these drugs are safe and effective for each patient. Pharmacists review medication orders and evaluate the medication profile for drug interactions, duplicate therapy, patient allergies, and appropriate dosing.

Pharmacists provide drug information to the medical and nursing staff as well as to patients. Pharmacy Services works with Nutrition Services to implement and manage parenteral nutrition for oncology patients.

With each treatment modality, there may be side effects that must be managed to preserve or improve the patient’s quality of life. Pharmacists can offer recommendations for medications to help control side effects such as nausea, vomiting, pain and anemia.

Throughout their interaction with other health care professionals – physicians, nurses and support staff – Miami Valley Hospital pharmacists constantly strive to ensure high quality care for oncology patients.

Pastoral Care

A diagnosis of cancer can test personal emotional boundaries. A chaplain from the Department of Pastoral Care and Education can provide compassionate care in times of physical, emotional, and spiritual stress. Our professionally trained chaplains respond to requests 24 hours a day for patient visits and referrals to assess spiritual needs.

We provide church notification and affirmation of the patient’s own faith and values. In addition, we offer comfort to the patient and grief support for family and friends at the end of life. The hospital’s Interfaith Chapel is a quiet respite for prayer and medication, available around the clock for patients and their families, friends and caregivers.

The chaplain can be contacted at any time by phone during office hours, 8 a.m. to 4:30 p.m., at (937) 208-2499.
Clinical Trials
Cancer clinical trials are research studies, conducted with volunteer participants, to assess the safety and efficacy of new approaches to prevent, detect, diagnose and treat cancer. Standard treatments used today are the direct result of clinical trials of the past. About 80 Miami Valley Hospital patients enroll in clinical trials each year (see Primary Site Incidence Report, pp. 14-15). Access to clinical trials is through the Dayton Clinical Oncology Program (DCOP) and Wright State University Boonshoft School of Medicine. To learn more about local clinical trials, call (937) 208-2387 or visit www.med.wright.edu/dcop.

Cancer Liaison Physician
By H. Stanley Jenkins, MD
The cancer liaison physician serves as a physician champion of the cancer program, as the liaison between the program and the Commission on Cancer, and as a community change agent.

These volunteer individuals manage clinically related cancer activities in their local institution and surrounding community. The physician ensures compliance with the Commission on Cancer standards and supports improving the quality of care delivered to cancer patients. Community outreach includes strengthening relationships with the American Cancer Society to reduce the burden of cancer in the community.

Miami Valley Hospital has outstanding oncology services. The hospital contributes to community activities by offering cancer education, prevention, and screening activities. MVH is an active member of the American Cancer Society supporting community outreach activities including the community quality of life group, annual survivorship program and colorectal cancer task force.

Palliative Care
Cancer can be a serious illness that patients and their families face together. Symptoms of cancer or its treatments may be uncomfortable. Additionally, families facing cancer may have a lot of new information to understand.

The Palliative Care team at Miami Valley Hospital helps patients and families feel more comfortable, informed and empowered, focusing on improving quality of life.

Members of the Palliative Care team work closely with the oncology care team and hospice organizations, when appropriate, promoting a comforting environment for cancer patients and their families.
Cancer Prevention and Education

On behalf of Miami Valley Hospital, Premier Community Health (PCH) offers community health programs focusing on prevention, early detection and disease self-management of four chronic disease areas. One of those areas is cancer. The cancer sites targeted are breast, colorectal, skin, and lung.

Breast and Cervical Cancer
PCH houses the Breast and Cervical Cancer Early Detection Program (BCCP), which is funded by the Ohio Department of Health with a grant from the Centers for Disease Control and Prevention. This program provides free mammograms, Pap testing, and some advanced diagnostics for women who do not have health insurance. Other grants to PCH funded additional free mammograms for uninsured or underinsured women. In 2009, PCH provided 1,456 mammograms, finding 20 cancers, and 903 Paps, finding 467 women with cancer or dysplasia.

Colorectal Cancer
To promote early detection, MVH participates in an annual colorectal cancer screening campaign called Test for Life. This program is a collaborative effort of PCH, MVH, Good Samaritan Hospital, Atrium Medical Center, WDTN-TV2, Kroger pharmacies, the National Cancer Institute’s Cancer Information Service and Vectren. In 2009 Test for Life received the Bronze Award from the Healthcare Marketing Report Advertising Awards and the Merit Award for the National Health Information Awards.

Test for Life distributed free fecal occult blood tests to more than 15,000 people in 2009.

Skin Cancer
Miami Valley Hospital continued its collaboration with Wright State University Boonshoft School of Medicine’s Department of Dermatology, the American Cancer Society, Good Samaritan Hospital and Atrium Medical Center to offer free skin cancer screenings at area locations. In 2009, 391 people received a screening, from which 8 were diagnosed with some form of skin cancer.

Lung Cancer Prevention and Awareness
Individuals who smoke and are hospitalized at MVH can be referred for one-on-one counseling by respiratory therapists who are certified smoking cessation counselors. Premier Community Health offers the services of a tobacco treatment specialist free of charge. MVH and PCH are active in statewide coalitions to decrease health disparities related to tobacco.
Support Groups

Continuing the Journey
Adults who have undergone or are considering a blood and/or bone marrow transplant are invited to attend this free monthly support group. Family members and friends also are welcome.
Meets: fourth Wednesday of each month from 10 - 11 a.m.
Contact: Ellen Cato, (937) 208-2252

High Risk Breast Cancer Support Group
Open to women whose personal or family history places them at higher risk for developing breast cancer. Partners and family members welcome.
Meets at Miami Valley Hospital South (Centerville)
Contact: Pam Kraft, (937) 438-3810

Myeloma Support Group
This group is for patients with multiple myeloma and their families and friends. The meeting includes information sharing and discussion. Free refreshments and parking.
Meets: first Thursday of February, May, August and November from 6 - 7 p.m.
Contact: Leukemia & Lymphoma Society, (866) 671-2873

Still Me of the Greater Dayton Area
Breast cancer patients, their families and friends are welcome to join this group, which provides cancer information, hotline counseling, education, and self-help meetings. Free refreshments and parking.
Meets: third Tuesday of each month from 7 - 8:30 p.m.
Contact: Nancy Thoma, (937) 208-2743

Young Women’s Breast Cancer Support Group
For women who have been diagnosed with breast cancer and are in their 40s or younger.
Meets: first Thursday of every month from 6:30 - 8 p.m.
Contact: Amy McKenna, (937) 208-4926

Your Breast Cancer Journey
This is a pre-operative class for individuals preparing for breast cancer surgery. Partners/support persons welcome.
To schedule a meeting, contact Amy McKenna, (937) 208-4926.

American Cancer Society Community Programs
These additional resources are available to Miami Valley Hospital patients and families. For information on program dates, contact the American Cancer Society, (800) 227-2345.

I Can Cope
I Can Cope is a free series of workshops geared toward helping newly-diagnosed cancer patients, their families and friends. Sessions help to dispel cancer myths by presenting straightforward facts about cancer, as well as providing answers to cancer-related questions.

Man to Man
For men coping with prostate cancer, Man to Man offers support to both patients and their families. Participants learn about prostate cancer, how to manage the disease and its treatment, including side effects.

Look Good … Feel Better – for Women
This group program is facilitated by a trained, volunteer cosmetologist who teaches women how to cope with skin changes and hair loss, the most common appearance-related side effects of cancer treatment. Free self-help materials are also available by calling the Look Good … Feel Better toll-free number, (800) 395-5665.
Data collected by the Registry is used to:

- Calculate survival rates by site, stage of disease and other variables.
- Provide follow-up information on cancer patients for evaluation of patient care, treatment, survival and early detection of disease recurrence.
- Group and tabulate information by selected variables specified by physicians and other researchers to help in future understanding of the disease.
- Develop guidelines and procedures for patient management.
- Aid the hospital Oncology Committee to evaluate the hospital’s overall cancer program.
- Analyze referral patterns of cancer patients to identify needs for future health care facilities and programs.
- Develop education programs and material for medical personnel, patients and the public.
- Monitor activities of Miami Valley Hospital’s cancer program, which is approved by the American College of Surgeons Commission on Cancer.

For more information about our data, please call (937) 208-2349 or (937) 208-2731.
2009 Primary Site Incidence Report

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<th>Class of Case</th>
<th>AJCC Stage</th>
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<tr>
<td>Pancreas</td>
<td>34</td>
<td>19</td>
<td>18</td>
<td>32</td>
<td>5</td>
</tr>
<tr>
<td>Retropertitoneum</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Peritoneum, Omentum &amp; Mesentery</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Respiratory System</strong></td>
<td>209</td>
<td>111</td>
<td>98</td>
<td>192</td>
<td>17</td>
</tr>
<tr>
<td>Nasal Cavity, Middle Ear &amp; Accessory Sinuses</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Larynx</td>
<td>12</td>
<td>0.8%</td>
<td>11</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>197</td>
<td>13.8%</td>
<td>99</td>
<td>98</td>
<td>180</td>
</tr>
<tr>
<td>nonSmall cell lung</td>
<td>171</td>
<td>87</td>
<td>85</td>
<td>155</td>
<td>18</td>
</tr>
<tr>
<td>small cell lung</td>
<td>26</td>
<td>13</td>
<td>13</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>3</td>
<td>0.2%</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>13</td>
<td>0.9%</td>
<td>8</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Soft Tissue (including Heart)</td>
<td>13</td>
<td>8</td>
<td>5</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Skin Excluding Basal &amp; Squamous</td>
<td>32</td>
<td>2.2%</td>
<td>23</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>Melanoma – Skin</td>
<td>27</td>
<td>1.9%</td>
<td>20</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Other Nonepithelial Skin</td>
<td>5</td>
<td>0.4%</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Breast</td>
<td>254</td>
<td>17.8%</td>
<td>4</td>
<td>250</td>
<td>241</td>
</tr>
</tbody>
</table>

Continuing education attendance:
- Quarterly Miami Valley Cancer Registrars Association
- Annual Ohio Cancer Registrars Association
- National Cancer Registrars Association

Registry staff:
There are three certified tumor registrars on staff of 4.6 FTEs.
2009 Analytic Cases

Breast cancer continues to be the most common form of cancer diagnosed and/or treated at Miami Valley Hospital. Eighty-one percent of the newly diagnosed breast cases were staged zero, one and two.

Lung cancer is the second most common cancer. Of 180 analytic lung cases, there are 155 non-small cell lung cases.

Top 10 Major sites 2009 Analytic Cases by Gender

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Cases</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>241</td>
<td>90</td>
<td>151</td>
</tr>
<tr>
<td>Lung (all primary lung cancers)</td>
<td>180</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>Prostate</td>
<td>161</td>
<td>161</td>
<td>0</td>
</tr>
<tr>
<td>Colon/Rectosigmoid/ Junct/Rectum</td>
<td>122</td>
<td>66</td>
<td>56</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>102</td>
<td>0</td>
<td>102</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>50</td>
<td>38</td>
<td>12</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>49</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Ovary</td>
<td>49</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Pancreas</td>
<td>49</td>
<td>28</td>
<td>21</td>
</tr>
</tbody>
</table>

Note: the American Joint Committee on Cancer (AJCC) limits its classification to specific anatomical sites.

Miscellaneous Stage Definitions

Unknown stage = UNK
No applicable stage via TNM = N/A

Future statistics may vary slightly due to "late finding" cases.
Cancer conferences focus on oncology patient care and provide general cancer updates to the medical staff. Often referred to as tumor boards, each conference is multidisciplinary in attendance with case presentation. Conferences are a consultative service for cancer diagnosis and treatment planning.

**Total Cancer Conferences Held:** 119

**Disease-specific cancer conferences are offered regularly:**
- Weekly breast cancer conference
- Bi-monthly thoracic oncology conference
- Weekly gynecologic oncology conference

These conferences allow the cancer team — including surgeons, radiation oncologists, medical oncologists, pathologists, radiologists, care coordinators and clinical trial nurses — to discuss cancer cases and determine the best treatment plan for patients.

The longest ongoing cancer conference is the weekly hospital-wide tumor board that has a case composition of the major sites and/or unusual sites as well as histologies requiring treatment decisions. This conference and the site-specific conferences offer Category 1 CME credits to the medical staff. All conferences provide prospective case review.

**Total Prospective Case Review:** 310 cases presented

<table>
<thead>
<tr>
<th>2009 Top 5 Major Sites [place of primary site discussion]</th>
<th>2009 Analytic Cases</th>
<th>Cancer Conference Prospective Case Review</th>
<th>Percentage Case Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>241</td>
<td>151</td>
<td>62.7%</td>
</tr>
<tr>
<td>Lung</td>
<td>180</td>
<td>34</td>
<td>18.9%</td>
</tr>
<tr>
<td>Prostate</td>
<td>161</td>
<td>3</td>
<td>1.9%</td>
</tr>
<tr>
<td>Colon/Rectosig Junct/Rectum</td>
<td>122</td>
<td>16</td>
<td>13.1%</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>102</td>
<td>85</td>
<td>83.3%</td>
</tr>
<tr>
<td>Other presented sites</td>
<td>501</td>
<td>21</td>
<td>4.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,307</td>
<td>310</td>
<td>23.7%</td>
</tr>
</tbody>
</table>
AJCC Staging (American Joint Committee on Cancer Manual for Staging Cancer)
Recommended for use by the American College of Surgeons Commission on Cancer since 1983. During the 1990s the Commission mandated use of AJCC staging in approved cancer programs to ensure consistent cancer reporting.

The staging classification, either clinical or pathological or both, determines:
In situ carcinoma or local tumor growth (T)
Regional lymph node involvement (N)
Distant metastasis (M)

Stage Grouping condenses the combinations (TNM) into a convenient number of zero to four. The grouping adopted ensures that each stage group is relatively homogeneous with respect to survival and that the survival rates of these stage groupings for each cancer site are distinct.

Analytic Cases
Cases diagnosed at MVH only, cases diagnosed and treated at MVH, and cases referred to MVH for part of first course of treatment (a network clinic or outpatient center belonging to the facility is considered part of the facility).

First Course of Therapy
This includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence. “No therapy” is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment.

National Cancer Data Base (NCDB)
A joint program of the American College of Surgeons Commission on Cancer (CoC) and the American Cancer Society (ACS), NCDB is a nationwide oncology outcomes database containing approximately 20 million records from 1,400 Commission-approved cancer programs in the United States and Puerto Rico.

National Oncology Data Alliance (NODA)
NODA contains a broad range of data from cancer registries who are clients of Elekta IMPAC Software. The database encompasses more than 2 million cases from 1985 to the present.

Non-analytic Cases
Cases presenting for the first time at MVH with recurrent cancer or were never disease-free with first course of treatment elsewhere, diagnosed at autopsy, diagnosed and treated in physician’s office, pathology only.

Ohio Cancer Incidence Surveillance System (OCISS)
Located at the Ohio Department of Health, OCISS collects and analyzes cancer incidence data for all Ohio residents. All Ohio providers of medical care are charged, by law, with reporting to the OCISS all cancers diagnosed and/or treated in Ohio.

Survival Calculation Method
The Life-table (Observed/Actuarial) Survival Rate is a measure of survival of a patient group for a specific period of time after diagnosis (or treatment). Deaths from other causes are treated just like deaths from cancer. Therefore, the observed survival rate should be interpreted as the likelihood of surviving all causes of death for a certain time after cancer diagnosis, not the likelihood of surviving that cancer. (The closing date of the study is Dec. 31, 2008.)
Oncology Committee

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Chairman

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Director of Nursing

Patti Adams, RN, MSN, AOCNS
Nursing

Rebecca Balaj, MD
Pathology/Cytopathology

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Nursing: 5E/SE, 5NE, BMT

Iris Daniels, CTR
Oncology Information Center

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Pain Management/Palliative Care

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Linda Niece, MDiv
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Nikki Okoye, MD
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James R. Ouellette, DO
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Craig Pleiman, RPh
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General Surgery

Burhan Yanes, MD**
Hematology and Oncology

Michael Yu, MD
Urology

* ACOS Cancer Liaison Physician
** Registry Resource Physician

mvh.org/cancer

Miami Valley Hospital is an accredited Teaching Hospital Category Cancer Program of the American College of Surgeons Commission on Cancer (CoC). The CoC is dedicated to reducing the morbidity and mortality of cancer through education, standard setting and monitoring of quality of care.