Comprehensive Cancer Program
Annual Cancer Report

2012

Comprehensive Cancer Program
701 Park Ave
Minneapolis, Minnesota 55415
www.hcmc.org
## CANCER COMMITTEE MEMBERS 2012

As required by the American College of Surgeons (ACoS) Commission on Cancer, The Cancer Committee membership is a multidisciplinary committee; representing physicians from the diagnostic and treatment specialties and non-physicians from other areas of care of the Cancer Program.

### PHYSICIAN MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas Rausch, MD</td>
<td>Oncology Medical Director, Cancer Committee Chair</td>
</tr>
<tr>
<td>Richard Zera, MS, MD, PhD</td>
<td>Surgical Oncology, Cancer Committee Cancer Liaison Physician, HCMC American College of Surgeons (ACoS) State Chair, Commission on Cancer</td>
</tr>
<tr>
<td>Satya Bommakanti, MD</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Steven Debol, MD, PhD</td>
<td>Pathology</td>
</tr>
<tr>
<td>Rachel Koreth, MD</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Fred Kravitz, MD</td>
<td>Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td>Josy Mathew, MD</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Gopal Punjabi, MD</td>
<td>Radiology</td>
</tr>
<tr>
<td>Natarajan Raman, MD</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Jeffrey Rubins, MD</td>
<td>Hospice and Palliative Medicine</td>
</tr>
<tr>
<td>Carl Smith, MD</td>
<td>Urology</td>
</tr>
<tr>
<td>Mark Solfelt, MD</td>
<td>Thoracic Surgical Oncology</td>
</tr>
<tr>
<td>Andres Wiernik, MD</td>
<td>Medical Oncology</td>
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</tbody>
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### NON-PHYSICIAN MEMBERS

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<th>Name</th>
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<tr>
<td>Annie Burrows, MS, CGC</td>
<td>Genetics</td>
</tr>
<tr>
<td>Chunny Daiker, BS, RHIT, CTR</td>
<td>Cancer &amp; Tumor Data</td>
</tr>
<tr>
<td>Betsy Grover, RN</td>
<td>Inpatient Medicine, Nurse Manager</td>
</tr>
<tr>
<td>Karen Holdgrafer, LICSW</td>
<td>Oncology Social Services</td>
</tr>
<tr>
<td>Mary Kurvers, BSN</td>
<td>Administrative Director of Ambulatory Medicine/Specialty Care</td>
</tr>
<tr>
<td>Lauren Levandoski, MS, RD, LD</td>
<td>Oncology Dietitian</td>
</tr>
<tr>
<td>Tatyana Leyderman, Health Care Data Analyst</td>
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<tr>
<td>Kathy Lougiu, RHIT, CTR</td>
<td>Cancer &amp; Tumor Data</td>
</tr>
<tr>
<td>Carole McCarthy, RN, BSN, OCN</td>
<td>Oncology Clinical Nurse Supervisor</td>
</tr>
<tr>
<td>Syndal Ortman, RN, DNP, FNP-BC</td>
<td>Oncology Nurse Practitioner, Survivorship Director</td>
</tr>
<tr>
<td>Julie Pierce, BA</td>
<td>Community Outreach Coordinator</td>
</tr>
<tr>
<td>Dana Pitzen, RN, BSN, OCN</td>
<td>Inpatient Medicine, Clinical Care Supervisor</td>
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<tr>
<td>Kelly Porter, RN, BS, OCN, CHPN</td>
<td>Oncology Practice Manager</td>
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<tr>
<td>Linda Sershon, RN, MA, OCN</td>
<td>R5 Medicine Manager</td>
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<tr>
<td>Hannah Simmons</td>
<td>American Cancer Society Account Manager</td>
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<tr>
<td>Carol Sojos-Schmidt, BA, RN, OCN, CCRP</td>
<td>Clinical Trials Research</td>
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<tr>
<td>DeCourcy Squire, PT, CLT-LANA, CI-CS,</td>
<td>Rehabilitation</td>
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<tr>
<td>Cindy Steele, MS, APRN, CNP, AOCN</td>
<td>Oncology Nurse Practitioner</td>
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<tr>
<td>Jane VanDeusen-Morrison, RN, MS, AOCN, ACNS-BC</td>
<td>Breast Cancer Clinical Nurse</td>
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<tr>
<td>Lynn Weber, PharmD, BCOP</td>
<td>Oncology Pharmacy</td>
</tr>
<tr>
<td>Katie Won, PharmD, BCOP</td>
<td>Oncology Pharmacy</td>
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As Chair of the Hennepin County Cancer Committee, I am pleased to present the Annual Cancer Program Report. The 2012 Hennepin County Annual Cancer Program Report will reflect our continued efforts to meet the individual needs of our patients and their families. This report highlights some of our achievements for 2012 and provides statistical analysis of our cancer patients.

Cancer Program Achievements for 2012

- Awarded Quality Oncology Program Initiative (QOPI) Certification by American Society of Clinical Oncology (ASCO). It is a honor to to be recognized for our commitment to delivering high quality cancer care and our efforts to ensure patient safety.
- We are fortunate to add 3 new positions to the Cancer Program;
  - Cancer Survivorship Director, Syndal Orman, RN, DNP, FNP-BC.
  - Financial Patient Advocate, Sara Phillips.
  - Lymphedema Rehabilitation Specialist, DeCourcy Squire, PT, CLT-LANA, CI-CS.
- Our very own Oncologist, Dr. Satya Bommakanti presented “Carcinomas of the Lung” at Medical Grand Rounds.
- Our very own Palliative Care Director, Dr. Jeffrey Rubins presented “Palliation of Pleural Effusion in Patients with Cancer” at Medical Grand Rounds.
- 22 Patients successfully entered into clinical trials.
- 430 new reportable cancer cases accessioned into the Cancer Data Registry.
- Decreased the time from patient admission for oncology treatment to initiation of the chemotherapy protocol by 50%, from 4 hours to 2 hours.
- Proudly serving and engaging within the community. Such events include, but not limited to: Project Homeless Connect, Race for the Cure, American Indian Health Wellness Fair, Look Good Feel Better Program, Underneath It All Prosthesis Fitting, Living with Cancer General Support Group, Breast Cancer Support Group, Cancer Survivor Exercise Program, Cancer Survivor Yoga.
- 788 breast & cervical screening completed under SAGE and 194 colonoscopies completed under SAGE scopes.
- Healthy Matters Radio Broadcast on the following Topics: Lymphoma & Leukemia, Female Breast Cancer, and Male Breast Cancer. Broadcast all of MN, parts of ND, SD, IA, and WI.
- Inpatient Nursing created education for patients to understand the safety checks involved in chemotherapy preparation to decrease their perception of lengthy wait times.
- Linda Herrera, our on-site American Cancer Society Navigator, provided assistance to 314 HCMC patients directly to the services of American Cancer Society. The American Cancer Society provides services such as wigs, Hope Lodge, Road to Recovery, prosthetics, financial assistance, transportation, and other special needs.
- 140 breast cancer survivors and family of survivors attended the Breast Cancer Awareness Patient Celebration hosted by the Cancer Center in October, Breast Cancer Awareness month.

This year, I am proud to focus our Annual Cancer Report on Liver Cancer. According to the Minnesota Cancer Surveillance System, “Liver Cancer is increasing in Minnesota and nationwide. Rates have more than doubled in Minnesota and all racial and ethnic groups are experiencing a significant increase in the risk of developing this cancer”. (state.mn.us. 2012)

I greatly appreciate our Cancer & Tumor Data Services Department in putting together this years Annual Cancer Report, as well as Dr. Jeffrey Albecht in writing the Liver Cancer Report.

Kindest Regards,
Douglas Rausch, MD

HCMC Oncology Providers, left to right: Syndal Ortman, Dr. Doug Rausch, Louann Bosmans, Dr. Satya Bommakanti, Dr. Josy Mathew, Dr. Rachel Koreth, Dr. Andres Wiernik, Cindy Steele, Dr. Natarajan Raman. (Not Pictured: Dr. Richard Zera, Dr. Jeff Rubin, Dr. Mark Solfelt, Jane VanDeusen-Morrison).
Hennepin County Medical Center is a 462 bed Level 1 Trauma Center and public teaching hospital located in downtown Minneapolis, Minnesota. It is the centerpiece of Hennepin County’s clinical health service system, which includes the HMO Metropolitan Health Plan, the physician group practice Hennepin Faculty Associates, and a network of community clinics.

Hennepin County Medical Center offers a full spectrum of inpatient and outpatient services, including a number of regional centers such as:
* The Comprehensive Cancer Center
* Huntington’s Disease Center
* The Burn Center
* Transplant Program
* Center for Hyperbaric Medicine
* Minnesota Poison Control Center
* Hennepin Stroke Center
* Miland E. Knapp Rehabilitation Center
* Center for Senior Care
* The Birth Center
* Traumatic Brain Injury Center
* Minnesota Regional Sleep Disorders Center
* Positive Care Center
* Bariatric Surgery/Obesity Program
* Hennepin Heart center

Hennepin County Medical Center is proud to be the safety net hospital providing care for low-income, uninsured, and vulnerable populations.

COMPREHENSIVE CANCER PROGRAM PROVIDERS

**Hennepin County Medical Director**
Dr. Michael Belzer

**Oncology Medical Director**
Dr. Douglas Rausch

**Oncology/Hematology**
Dr. Satya Bommakanti
Dr. Rachel Koreth
Dr. Josy Mathew
Dr. Andres Wiernik

**Radiation Oncology**
Dr. Natarajan Raman

**Surgical Oncology**
Dr. Richard Zera
Dr. Joan VanCamp

**Thoracic Surgical Oncology**
Dr. Mark Solfelt

**Oncology Palliative Care**
Dr. Jeff Rubins

**Oncology Nurse Practitioners**
Louann Bosmans, RN, MS, CNP, AOCN
Syndal Ortman, RN, DNP, FNP-BC
Cindy Steele, MS, APRN, CNP, AOCN

**Breast Cancer Clinical Nurse Specialist**
Jane VanDeusen-Morrison, RN, MS, AOCN, ACNS-BC
MISSION

We are committed:
- To provide the best possible care to every patient we serve today
- To search for new ways to improve the care we will provide tomorrow
- To educate health care providers for the future
- To ensure access to healthcare for all

VISION

We are committed to being:
- The best place to receive care
- The best place to give care
- The best place to work and learn

VALUES AND BELIEFS

Our service to our patients will be:
- Respectful
- Ethical
- Innovative
- Cost Effective

The Cancer Center is committed to reflecting the diversity of our community through our service to a multicultural population, community outreach, and employment practices.

CANCER CENTER PHONE NUMBERS

Cancer Program Administrative Director
Mary Kurvers  (612) 873-2316

Cancer Center Practice Manager
Kelly Porter  (612) 873-9763

Cancer Center Clinical Supervisor
Carole McCarthy  (612) 873-5471

Cancer & Tumor Data Services
Chunny Daiker  (612) 873-3178
Kathy Lougiu  (612) 873-3188

Clinical Trials & Research
Carol Sojos-Schmidt  (612) 873-5911

Community Outreach
Julie Pierce  (612) 873-9576

Dietitian
Lauren Levandoski  (612) 873-9909

Genetics
Annie Burrows  (612) 873-9308

Infusion Clinic
(612) 873-6369

Inpatient Nursing Manager
Betsy Grover  (612) 873-2565
Dana Pitzen  (612) 873-2452

Nancy Geltman Shiller Cancer Library
(612) 873-6369

Oncology Inpatient Units
(612) 873-2639 or (612) 873-2626

Oncology Social Worker
Karen Holdgrafer  (612) 873-2256

Oncology Pharmacy
Katie Won  (612) 873-4734
Lynn Weber  (612) 873-4734

Radiation Oncology Therapy Manager
Jane Rogers  (612) 873-6878

Survivorship Director
Syndal Ortman  (612) 873-3393
The most common primary liver cancer is hepatocellular carcinoma (HCC), which is the 5th leading cause of cancer and the 3rd leading cause of cancer deaths worldwide. It is far more common in developing countries, particularly in those with a high incidence of chronic hepatitis B virus infection. However, the incidence of HCC has been rising rapidly in the US and other western countries.

LIVER CANCER AT HCMC

RISK FACTORS

HCC typically arises in patients with cirrhosis of the liver due to hepatitis B or C, alcoholism, fatty liver, and other causes. In the US, most HCC cases occur in patients with cirrhosis due to longstanding infection with the hepatitis C virus. Most patients with hepatitis C virus never develop serious liver disease, but a portion of these individuals will get cirrhosis after several decades of infection. The risk of developing HCC in patients with HCV-related cirrhosis is about 2-4% per year, and current recommendations suggest that patients with cirrhosis of any cause should undergo screening with a liver ultrasound every 6 months. Fortunately, new, highly effective treatments for hepatitis C should be widely available in the next few years.

Another common cause of cirrhosis and HCC is fatty liver disease, which often occurs in patients with obesity and/or the metabolic syndrome. Fatty liver doesn’t cause overt liver disease in most patients, but the large number of patients with this condition (in the tens of millions) means that more cases of HCC will be seen in this population in the future.
Liver Cancer Facts

- The most common primary liver cancer is hepatocellular carcinoma (HCC), which is the 5th most common cause of cancer in men and the 7th most common in women worldwide.
- HCC is more common in developing countries due to the high prevalence of hepatitis B and C.
- The incidence of HCC in the United States has almost tripled in the past two decades, and it is the fastest-rising cause of cancer-related deaths in this country.
- HCC most commonly occurs in patients with cirrhosis of the liver due to hepatitis B or C, alcohol, fatty liver, and other causes.
- Liver cancer is more common in men and immigrants from regions where hepatitis B and C are endemic.
- Overall, HCC has a poor prognosis with 5-year survival rates at about 10%.

CLINICAL PRESENTATION

At present, many cases of HCC are diagnosed in patients with no symptoms as a result of imaging tests obtained to screen for this cancer in cirrhotics (such as liver ultrasound). Symptoms of HCC may include abdominal pain, weight loss, worsening liver function, or complications of metastatic disease.

The diagnosis of HCC can often be made by radiologists after multiphasic CT or MRI scans. These tumors show characteristic enhancement of IV contrast in the arterial phase with “wash out” during the venous phase. A markedly elevated alphafetoprotein (AFP) blood test also supports the diagnosis, but many HCCs do not have elevated AFP. AFP is not currently suggested as a screening test for HCC. Biopsy of HCC is rarely necessary to make the diagnosis.
TREATMENT

Unfortunately, most patients cannot be cured of HCC. Selected patients with small tumors can undergo surgical resection of the primary tumor, but this can only be performed if the liver function is well-preserved. In addition, the recurrence rate is high after resection for HCC. Other selected patients can be cured of HCC by liver transplantation. However, this option is available for relatively few patients with a limited tumor burden and slow-growing cancers. One roadblock to liver transplantation for HCC is the limited availability of donor organs. However, patients who are in relatively good health (i.e. suitable for major organ transplantation) and have tumors that fall within the Milan Criteria are often referred to a transplant center for consideration. Even in patients who meet the stringent criteria for liver transplant, there is often a long delay because of organ availability issues.

Non-curative locoregional therapy is a mainstay of HCC treatment and can prolong survival in selected patients. These therapies are generally provided by Interventional Radiologists and include transarterial chemoembolization (TACE), whereby treatment is administered directly into the region of the tumor via angiography. Another approach is to use radioembolization, where radioactive beads are delivered via angiography; it is not yet clear whether this technique is better than standard TACE for most patients.

The only approved drug for HCC at present is sorafenib, which has modest activity against the tumor and is considered to be a palliative option for selected patients. There is a considerable effort among basic and clinical researchers worldwide to develop more effective drug treatments for HCC.

MILAN CRITERIA

The Milan criteria provide guidelines to qualify HCC patients for liver transplantation and include one tumor smaller than 5 cm or up to 3 tumors smaller than 3 cm, no extrahepatic manifestations, and no vascular invasion. The Milan criteria were adopted because it identified a population with good outcomes potential following transplantation—roughly equivalent to patients transplanted without HCC.
PREVENTION

It is now widely recognized that universal vaccination for the hepatitis B reduces the incidence of HCC in countries where this virus is endemic. In addition, treatment of hepatitis B with antiviral agents in patients with active or advanced liver disease may decrease the risk of HCC. Several studies have also suggested that effective treatment of hepatitis C also reduces the risk of HCC, particularly in those with advanced liver disease.

OTHER FORMS OF LIVER CANCER

Most malignant lesions in the liver represent metastases from other primary cancers, such as colon, stomach, pancreas, and lung. The second most common primary liver cancer is cholangiocarcinoma, which can arise from the bile ducts or within the liver.

Sincerely,

Jeffrey Albrecht, MD
What is QOPI Certification?

The Quality Oncology Practice Initiative Certification Program is a 3 year certification program for outpatient hematology-oncology practices that meet the highest standards for quality cancer care.

To become certified, practices must submit to an evaluation of their entire practice and documentation standards. The QOPI Certification program and steering group members then verify that the evaluation and documents are correct and that practices met core standards in all areas of treatment, including:

- Treatment planning
- Staff training and education
- Chemotherapy orders and drug preparation
- Patient consent and education
- Safe chemotherapy administration
- Monitoring and assessment of patient well-being.

HCMC Comprehensive Cancer Program Achieves National Certification for Quality

Patient safety and quality improvement have long been priorities at the HCMC Cancer Center. Several of our staff are members of the American Society of Clinical Oncology (ASCO), which offers tools for performance improvement. In 2009, ASCO published a list of safety standards, followed by creation of their Quality Oncology Program Initiative (QOPI). QOPI allowed the clinic to submit data and determine our areas for improvement. Due to our scores on these chart reviews, we were invited to participate in QOPI’s quality certification program. We achieved QOPI Certification in 2012. We are honored to have been recognized for our commitment to delivering high quality cancer care and our efforts to ensure patient safety.
Cancer & Tumor Data Summary

Kathy Lougiu, RHIT, CTR
Chunny Daiker, BS, RHIT, CTR

2012 Cancer Cases at HCMC
Number of Cancer Cases per Primary Site

![Graph showing number of cancer cases per primary site for males and females.](image)
## Primary Site Table by Stage
### 2012 Total Cases

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<th>Total Cases</th>
<th>Stage 0</th>
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<td>Kidney &amp; Renal Pelvis</td>
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<td>5</td>
<td>2</td>
<td>1</td>
<td>3</td>
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<td>Brain</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>20</td>
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<td>Nervous System, Other</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Thyroid</td>
<td>8</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Endocrine, Other</td>
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<td>0</td>
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<tr>
<td>Hodgkin Lymphoma</td>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
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<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>20</td>
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<td>5</td>
<td>3</td>
<td>3</td>
<td>9</td>
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<tr>
<td>Myeloma</td>
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<td>0</td>
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<td>0</td>
<td>7</td>
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<tr>
<td>Leukemia</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Unknown Primary</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>430</strong></td>
<td><strong>18</strong></td>
<td><strong>105</strong></td>
<td><strong>70</strong></td>
<td><strong>57</strong></td>
<td><strong>102</strong></td>
<td><strong>78</strong></td>
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</tr>
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</table>

* excluding basal cell and squamous cell carcinoma of skin.
* excluding intraepithelial neoplasia of cervix and prostate.
Cancer Data Summary

Top 5 Cancers at HCMC by Primary Site

HENNEPIN COUNTY MEDICAL CENTER

- Lung
- Breast
- Prostate
- Colorectal
- Hematopoietic & Reticuloendo System

MINNESOTA

- Lung
- Breast
- Prostate
- Colorectal
- Bladder

*Data obtained by North American Association of Central Cancer Registries (NAACCR)*
TOP 5 CANCERS

UNITED STATES
- Lung
- Breast
- Prostate
- Colorectal
- Bladder

CANADA
- Lung
- Breast
- Prostate
- Colorectal
- Bladder

*Data obtained by North American Association of Central Cancer Registries (NAACCR)
In 2012, The Comprehensive Cancer Program held 45 Multidisciplinary Facility-wide Tumor Conferences presenting a total of 178 educational cancer cases.
Clinical Trials & Research

Carol Sojos-Schmidt, BA, RN, OCN, CCRP
Clinical Trials & Research Program Coordinator

2012 Clinical Trials at HCMC
Number of Patients entered into Clinical Trials by Trial Type

- Prevention: Onsite = 4, Referrals = 0
- Cancer Control Studies: Onsite = 1, Referrals = 5
- Treatment: Onsite = 3, Referrals = 3
- Lab Studies: Onsite = 4, Referrals = 2
## CANCER RELATED SERVICES

### Treatment

**Medical Oncology**
- Chemotherapy
- Hormonal/Antihormonal Therapy
- Immunotherapy
- Infusion Therapy

**Radiation Oncology**
- External Beam Radiotherapy
- High Dose Rate Brachytherapy
- Image Guided Radiation Therapy
- Intensity Modulated Radiation Therapy

**Treatment Planning**
- Computerized Axial Tomography
- Image Fusion (CT, MRI, PET)
- Medical Physics/Dosimetry

**Surgical Oncology**

**Support Services**
- American Cancer Society Patient Navigator
- Cancer Support Group
- Enterostomal Therapy
- Nutritional Support
- Respiratory Therapy

### Education

**Professional Education**
- Grand Rounds
- Continuing Education
- Continuing Medical Education
- Medical Library

### Research

- Cancer & Tumor Data Services
- Clinical Trials & Research

### Ancillary Services

- Occupational, Physical, Speech Therapy
- Pastoral Care
- Social Services
- Genetic Counseling
- Dietitian

### Additional Services

- Exercise/Wellness/Yoga Classes
- Palliative Care & Hospice Services

### Case Management

- Tumor Conferences
Helpful Internet Resources for Our Cancer Patients

American Cancer Society
www.cancer.org

American College of Surgeons-Commission on Cancer
www.facs.org/dept/cancer

Association of Community Cancer Centers (ACCC)

American Joint Committee on Cancer
www.cancerstaging.org/index.html

Cancer Answers
www.canceranswers.com

Cancer Care, Inc.
www.cancercare.org

CancerEducation.com
www.cancereducation.com

Cancer Hope Network
www.cancerhopenetwork.org

Cancer Information Services
www.cancer.gov

Center for Disease Control and Prevention-National Program of Cancer Registries

Clinical Trials.gov
www.clinicaltrials.gov

Consumer Health Information Resources
www.healthfinder.gov

Hispanic Leadership Initiative on Cancer
www.enaccion.bcm.tmc.edu

Inter-Cultural Cancer Council
www.iccnetwork.org

Minnesota Cancer Surveillance System
www.health.state.mn.us/divs/dpc/cdee/mscc.htm

National Cancer Institute
www.cancernet.nci.nih.gov

National Comprehensive Cancer Network
www.nccn.org

Wisconsin Cancer Reporting System
www.dhfs.state.wi.us/wcrs/operate.htm

National Coalition for Cancer Survivorship
www.cansearch.org

National Cancer Institute (NCI)
www.cis.nci.nih.gov

Native American Cancer Research
www.natamcancer.org

OncoLink
www.oncolink.com

R.A. Bloch Cancer Foundation, Inc.
www.blochcancer.org

U.S. Food and Drug Administration’s Office of Women’s Health
www.fda.gov/womens/

Wellness Community
www.wellness-community.org
References

1) State.mn.us. (2012). Liver cancer is increasing in Minnesota. 
   https://apps.health.state.mn.us/mndata/cancer_liver

2) Upenn.edu. (2012). Gender Differences in Liver Cancer Risk Explained by Small Changes in Genome, Penn Study Finds.
   http://www.uphs.upenn.edu/news/News_Releases/2012/01/liver-cancer-gender/

ACKNOWLEDGEMENTS

The Comprehensive Cancer Center would like to Acknowledge and Give Special Thanks to:

- The Cancer Committee members, along with the many other people who have provided guidance for the growth and development of the Cancer Program at Hennepin County Medical Center.
- The staff members who provide excellent care and support for our cancer patients, daily.
- Special recognition to the physicians who participate in weekly Tumor Conference.