

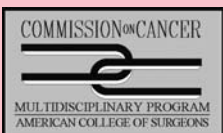


# *A New Beginning*



**CANCER TREATMENT CENTER  
FOR SOUTHERN KENTUCKY**

**BARREN RIVER REGIONAL  
CANCER CENTER**



# ANNUAL REPORT 2005

# Message from the chairperson



I am pleased to present this annual report to you on behalf of the hardworking Cancer Committee, Cancer Care staff, Tumor Registry staff, and the staff of The Medical Center.

During the past year, I was privileged to be named the new Chairman after Dr. Jane Bramham stepped down. I am a General Surgeon and Diplomate of the American College of Surgeons and have been on staff at The Medical Center for three years. I hope to be able to fill her shoes. I am proud to be a part of the only Cancer Program in the area accredited by the American College of Surgeons.

We continue to improve the treatment and care we give to our cancer patients. This includes staff education, training, and incorporation of new technology such as Computer-Aided Detection (CAD) for mammography. We try to maximize the comfort and compassionate care of our patients.

I am proud of our emphasis on community education, screening and early diagnosis. The Medical Center Health & Wellness Center and Community Wellness Program are key in these efforts which are vital in improving the health of our community.

On behalf of The Medical Center Cancer Care Team, I thank you for your continued trust in us to deliver your care.

**Tage Haase, M.D.**  
*Committee Chairperson*

## 2005 Cancer Registry Report

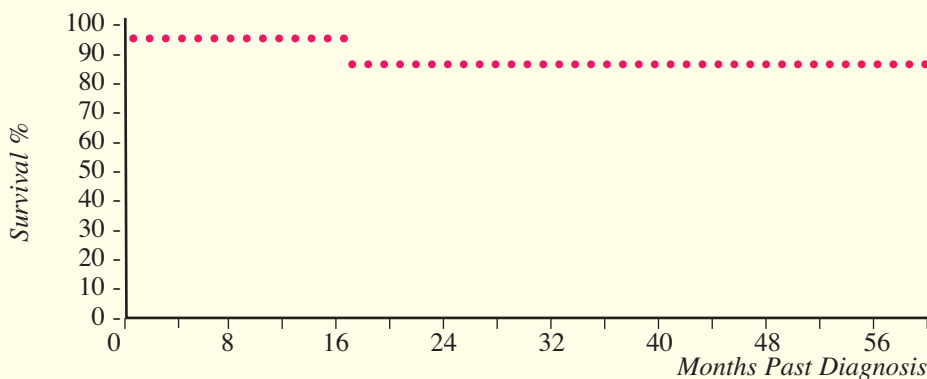
Cancer registries are comprehensive computer-based systems for recording the incidence of cancer and maintain a wide range of demographic and medical information including diagnostic findings, cancer therapy and follow-up. Since the initiation of the cancer registry at The Medical Center, more than 10,000 cases have been abstracted into the Kentucky Cancer Patient Data Management System (CPDMS), a system for collecting, managing and analyzing information related to the diagnosis and treatment of cancer patients. The CPDMS meets all requirements for an American College of Surgeons approved cancer program. The registry is maintained by two full time Certified Tumor Registrars who are responsible for casefinding, abstracting and lifetime follow-up on all cancer patients diagnosed, and/or treated at The Medical Center.

Tumor conferences are held weekly and are attended by medical staff and other ancillary personnel. Radiological and pathological reports are reviewed, and an open discussion is held among the physicians regarding management and staging for each individual case presented.

The Cancer Committee meets quarterly and includes participation from a multi-disciplinary team to assure quality care to all cancer patients. For more information regarding the Cancer Registry or related data, call (270) 745-1288 or (270) 796-5104.

*Jana Thornton, RHIT, CTR*  
*Kendra Garvin, RHIT, CTR*

## 2005 Breast Cancer Cases



## Cancer Committee Members

**Tage Haase, M.D.**

*General Surgery  
Committee Chairperson  
Physician Liaison*

**Jake Barrick**

*Medical Staff Coordinator*

**James Beattie, M.D.**

*Pathology*

**David Bergamini, M.D.**

*Urology*

**Georgena Brackett**

*Director – Health Information Management*

**Jane Bramham, M.D.**

*Medical Oncology*

**Chris Desmarais**

*Senior Vice President*

**M. James Gaffney, M.D.**

*Family Practice and Palliative Medicine*

**Kendra Garvin**

*Tumor Registry*

**Daniel Geis, M.D.**

*Pathology  
Tumor Conference Coordinator*

**Gerri Glenn**

*Director – Social Services*

**Bridget Kilpatrick**

*Clinical Manager – Oncology*

**Sarah Moore**

*Vice President*

**Linda Rush**

*Director – Community Wellness*

**Richard McGahan, M.D.**

*Radiation Oncology*

**Ziad Al-Amiri, M.D.**

*Chief of Radiology*

**Eddie Scott**

*Director – Radiation Oncology and Radiology*

**Jana Thornton**

*Tumor Registry*

**Sandra Webb**

*Medical Staff Coordinator*

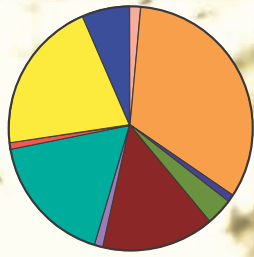
**Laura Williams**

*Supervisor – Coding and Tumor Registry*

**Michael Zachek, M.D.**

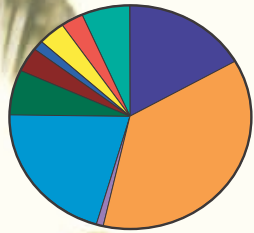
*Pulmonary and Critical Care Medicine*

## 2005 Breast Cases



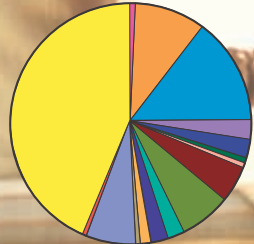
### TYPES OF THERAPY

No Rx (1%)	2
Surgery (33%)	46
Chemo (1%)	1
Surg/Chemo (4%)	5
Surg/Rad (14%)	20
Chemo/Rad (1%)	1
Surg/Chemo/Rad (17%)	24
Surg/Other (1%)	1
Surg/Rad/Other (21%)	29
Surg/Chemo/Rad/Other (7%)	9



### AJCC STAGE

Stage 0 (17%)	23
Stage 1 (36%)	51
Stage 1B (1%)	1
Stage 2A (20%)	29
Stage 2B (7%)	9
Stage 3A (4%)	5
Stage 3B (1%)	2
Stage 3C (4%)	5
Stage 4 (3%)	4
Unknown (7%)	9



### COUNTY AT DIAGNOSIS

Adair (1%)	1
Allen (9%)	13
Barren (14%)	20
Butler (3%)	4
Cumberland (2%)	3
Edmonson (1%)	1
Grayson (1%)	1
Hart (5%)	7
Logan (7%)	9
Metcalfe (2%)	3
Monroe (2%)	3
Muhlenberg (1%)	2
Ohio (1%)	1
Simpson (7%)	9
Todd (1%)	1
Warren (43%)	60

## Case Counts By Year

### BOWLING GREEN COMBINED

Reporting Accession Years: 2000 to 2005 — Case Classes Included: 0, 1, 2

Site	2000	2001	2002	2003	2004	2005	2005 Percent	Compared to 2004 State %
Trachea, bronchus, lung—NSC	109	133	152	160	153	155	20.5%	14.9%
Breast, female & male	118	121	161	124	150	138	18.2%	14.5%
Prostate	48	56	86	73	74	66	8.6%	10.6%
Colon	65	51	46	51	49	48	6.3%	8.3%
Trachea, bronchus, lung—small cell	32	41	39	42	42	46	6.1%	3.4%
Bladder	23	17	27	36	24	28	3.7%	4.0%
Malignant melanoma	23	21	24	17	16	24	3.2%	5.9%
Non-Hodgkin's Lymphomas	24	22	26	22	19	24	3.2%	3.6%
Rectum/Anus	19	33	22	36	23	23	3.0%	3.7%
Unknown primary	30	23	21	21	18	20	2.6%	1.9%
Thyroid	25	24	18	14	17	19	2.5%	1.7%
Cervix	11	6	14	7	7	14	1.8%	0.9%
Kidney	6	14	16	14	13	14	1.8%	2.5%
Brain	7	8	10	15	12	12	1.6%	1.0%
Larynx	8	12	21	20	20	11	1.5%	1.2%
Esophagus	4	13	7	6	10	10	1.3%	1.0%
Endometrium (corpus uteri)	24	7	12	11	22	9	1.2%	2.4%
Plasma cell tumors	8	4	8	4	5	8	1.1%	1.0%
Oropharynx	2	1	7	7	4	7	0.9%	0.5%
Ovary	5	3	8	6	8	7	0.9%	1.3%
Hodgkin's	11	6	4	4	3	7	0.9%	0.5%
Benign/borderline brain, CNS	0	0	0	0	11	7	0.9%	1.9%
Lymphocytic leukemias	7	6	8	3	2	6	0.8%	1.1%
Stomach	4	6	6	5	3	5	0.7%	1.1%
Pancreas	12	7	10	12	10	5	0.7%	1.8%
Connective & soft tissue	6	2	0	3	5	5	0.7%	0.5%
Other female genital organs	6	5	4	2	4	5	0.7%	1.2%
Myeloid leukemias	9	5	2	6	2	5	0.7%	0.8%
Tongue	6	2	5	3	5	4	0.5%	0.5%
Hypopharynx	0	0	3	0	1	4	0.5%	0.2%
Other leukemias	1	2	2	2	0	3	0.4%	0.2%
Myeloproliferative & myelodysplastic	0	0	2	0	1	3	0.4%	1.1%
Nasopharynx	0	2	0	3	3	2	0.3%	0.1%
Small Intestine	0	3	1	1	4	2	0.3%	0.4%
Gallbladder	5	4	4	5	0	2	0.3%	0.5%
Other respiratory	1	0	1	3	3	2	0.3%	0.2%
Testis	3	6	1	4	10	2	0.3%	0.4%
Other male genital organs	1	3	3	0	2	2	0.3%	0.1%
Gum & hard palate	0	2	1	0	0	1	0.1%	0.2%
Buccal mucosa	1	1	0	0	0	1	0.1%	0.1%
Nasal cavities, sinuses, ear	2	0	0	1	1	1	0.1%	0.2%
Other skin	5	9	3	1	1	1	0.1%	0.3%
Lip	0	1	0	0	0	0		
Salivary glands	0	1	2	2	4	0		
Floor of mouth	0	3	0	1	3	0		
Other oral cavity	1	0	0	0	0	0		
Liver	3	5	2	4	1	0		
Other digestive tract	1	0	2	0	1	0		
Bone	0	0	2	1	0	0		
Other urinary organs	1	2	2	1	1	0		
Other endocrine	1	0	0	0	0	0		
<b>Total</b>	<b>678</b>	<b>693</b>	<b>795</b>	<b>753</b>	<b>767</b>	<b>758</b>		

## Top Five Cancer Sites – 2005

(Comparing The Medical Center top five sites with Kentucky and National data)

Site	The Medical Center	Kentucky	National
Lung	27%	18.2%	12.6%
Breast	18.2%	14.5%	15.5%
Prostate	8.6%	10.6%	17%
Colon	6.3%	8.3%	7.6%
Bladder	3.7%	4%	4.6%

# Breast Cancer



Breast Cancer...What's a woman to do or not to do? That is the question to loosely quote Shakespeare.

Breast cancer is now the second leading cause of cancer death in women in the United States, only behind lung cancer. One in every eight women will develop breast cancer in her lifetime. We all know the statistics. Known factors associated with increased risk for breast cancer include age, family history, age at first

full term pregnancy, early menses and late menopause. These factors are non-modifiable. Other factors which are modifiable include postmenopausal obesity, use of hormone replacement therapy (HRT), alcohol consumption and physical inactivity. (Please be aware that for some women, the need for and use of HRT outweighs the risk.)

There are many different types of breast cancers. Between 1980 and 2002 there has been an increase in the incidence of ductal carcinoma in-situ (DCIS) and infiltrating/invasive ductal carcinoma. This finding can be attributed to a combination of increased use of mammography and changing reproductive patterns such as delayed child bearing and having fewer children. As of January 2002, the National Cancer Institute estimated that approximately 2.3 million women with a history of breast cancer were alive.

Early detection and early diagnosis of cancer are paramount for the best outcome. Cancers caught early can be treated more effectively with less extensive surgery. Monthly self-breast examinations used in conjunction with breast examinations by your

physician and yearly mammograms are recommended. Mammography is still the gold standard for early detection of breast carcinoma. Ultrasound and MRI are tools used in conjunction with mammographic examinations. Recent Digital Mammographic Screening Trial (DMIST) study showed "the accuracy of digital mammography was significantly higher than that of film mammography among women under the age of 50, women with heterogeneously dense or extremely dense breast, and pre- or peri-menopausal women" (New England Journal of Medicine 2005;353:1773-83).

There are some women who have a significant family history for breast cancer and have an increased risk for developing breast cancer. Those women have first-degree relatives (mother, sister and/or daughter) who have been diagnosed with breast cancer at a pre-menopausal age. In these women there is likely a genetic predisposition for breast cancer and genetic testing is available.

One last note: men can get breast cancer as well. The American Cancer Society estimates in 2006 approximately 1,720 new cases of invasive breast cancer will be diagnosed in men in the United States. Estimates reveal close to 41,000 women and just fewer than 500 men will die from breast cancer in the United States in 2006. Survival rates for men diagnosed with breast cancer are similar to those for women. Again, early detection, early diagnosis and annual mammographic examinations are the keys we now possess in battling breast cancer.

**V. Monique McCorvey, M.D.**

*Radiologist*

## Hospice Care Is A Point Of View — Not A Place

When a terminally ill patient decides to stop aggressive treatment and turn to comfort care, the patient and family members have the option of considering hospice care. Hospice care is a quality of life choice available when a patient no longer responds to curative treatment. It is utilized during the last six months of life when patients prefer to spend time at home with family members rather than remain in a hospital environment.

Quality of life is the most important consideration. For many patients, continuing painful treatments and therapies and enduring a hospital environment is not how they want their end of life care to be. The goal in hospice care is to improve the patient's last days by offering symptom control and dignity in the comfort of their home. Hospice care focuses on dealing with all symptoms of a terminal illness with an emphasis on alleviating pain and discomfort. Specially trained staff also help patients deal with the emotional, social, and spiritual impact of their disease.

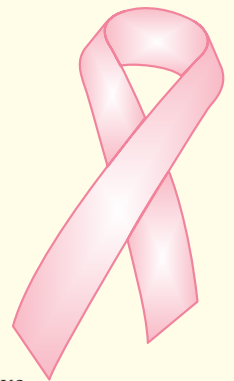
Hospice care includes physician services, regular home visits by registered and licensed practical nurses, assistance from home health aides for dressing and bathing, counseling services, medical equipment and supplies, pain management and symptom control, and volunteer support to assist caregivers and family members. Some terminally ill patients and their families resist hospice care because they fear they can't retain their own doctor. In truth, hos-

pice encourages the patient/family to continue to see their physician who will also work closely with the hospice to establish a plan of care.

Many families don't consider hospice care because they mistakenly believe it is too expensive. In most cases, Medicare, Medicaid, and private insurance pay for hospice services, and rarely is the patient or family responsible for any cost related to hospice care.

Hospice care, including medications related to the terminal diagnosis and equipment, is covered under Medicare for patients with a prognosis of six months or less. Patients can remain in hospice care after six months if a physician and Hospice Medical Director certify that the patient is terminally ill.

Hospice is a private, non-profit United Way Agency. Having outgrown the current office space at 1027 Broadway, Hospice of Southern Kentucky is now located at 5872 Scottsville Road. Hospice has obtained additional land at this location and hopes to build a five to ten bed Residential Center for the terminally ill within the next year. For information about Hospice services, or if you are interested in being a Hospice volunteer, call 782-3402.



**Betty Biggerstaff**

*Executive Director, Hospice of Southern Kentucky*

# Story of a Survivor: Anne Grubbs



Anne Grubbs calls herself the “poster child for getting your mammogram.” She had gone for several years without an examination. However, a 2002 doctor visit caught the attention of her radiologist. When Anne had come in for a mammogram, the radiologist noticed what Anne called a “good sized tumor,” and Anne was immediately referred to surgeon Dr. Tage Haase. The first biopsy of the tumor was negative, but Anne says, “Dr. Haase

was not satisfied and had me come back in for another one.” A second test found the tumor malignant. “I credit him [Haase] with my survival and recovery!” says Anne.

When the cancer was diagnosed, surgery was the first option. A lumpectomy was tried initially, but when more cells were discovered inside the breast, Anne underwent a mastectomy. Anne was one of the rare people who have few lymph nodes, and the doctors could only remove three. There was no more left of the breast, but Anne says, “That’s ok. I’d rather be proactive!”

She was referred directly to Dr. Steve Smith, an oncologist at Graves-Gilbert Clinic, and underwent a long series of treatments. Eight chemotherapy sessions, four of which contained the drug Adriamycin (“Red Devil”), began Anne’s road to recovery. “It didn’t make me very sick,” Anne recalls. “I had very good pre-meds. I had been walking a lot, and was in good shape.” She was a little nauseous, but “nothing to be frightened of.” Taxol and six weeks of radiation completed her therapy.

When asked if she was scared, Anne replied, “I didn’t have time to be scared. I kept so busy, and I tried not to think about it.

Some people think you have to quit work, but I never did. I stayed working, but it was the best thing I ever did — it took my mind off of it.” As expected, her daily life changed, but only minimally. “I quit doing meetings and started doing doctor’s appointments.” Anne maintained her job, but her outside organizations and activities were significantly toned down.

Anne drew strength from other places as well. “My family was my best support system. My mother lived with us, and did a lot to help keep up spirits and maintain the household,” she says. “It also does a world of good to keep in touch. Cards from the church and friends really helped, not only when I first found out I had cancer, but when I was recovering from the chemo.”

Now, Anne is back to full force and has picked up all the activities she had neglected. “It takes about a year to regain your energy. When your treatments end, you’re not well the next week. You get a little depressed at first. It takes time and you have to be patient.” Her life after cancer has changed for the better. She has been cancer-free for three and a half years, is now “more cautious” and keeps in touch with her doctor regularly.

Anne also has much advice to give to those suffering from breast cancer. “Your hair will grow back! My hairdresser went with me to buy a wig. Now I can’t part with them!” She also adds, “I love the doctors, but talk to the nurses. They are your network and your wells of information. They tell you things that the doctors tend to forget.”

Anne serves as the Enrichment and Volunteer Coordinator for Community Education, maintains her active membership in the Kiwanis Club, is a member of the Board of Directors at the Houchens Center, is active in Fountain Square Players, and serves on the Board of Directors of the Bowling Green Area Chamber of Commerce. There seems to be no limit to what Anne can master.

## American Cancer Society Report

Since 1913, the American Cancer Society (ACS), through the tireless efforts of supporters like The Medical Center, has offered hope, progress, and answers to millions of cancer patients and their families. The five-year relative survival rate for all cancers diagnosed between 1995 and 2001 is 65%, up from 50% in 1974–1975. However, the American Cancer Society won’t rest until the fight to end cancer is over.

The Medical Center and American Cancer Society serve as partners on many levels, including:

### *Patient services:*

- The Medical Center is a recipient of a transportation grant that assists patients getting to treatment at cancer treatment centers in Bowling Green and Glasgow.
- Staff refers patients to the American Cancer Society patient support programs such as I Can Cope education sessions; Look Good... Feel Better, Man to Man, Reach to Recovery, and Road to Recovery.
- In the fall of 2005, The Medical Center and the Health & Wellness Center served as a drop-off location for a wig drive the ACS held, and wigs are still being dropped off at

the Health & Wellness Center. To date, ACS has received over 90 (new and gently used) wigs!

- The Medical Center staff also refers patients to the American Cancer Society’s 24 hours a day - 7 days a week Information Center, 1-800-ACS-2345 and to the local office for information, financial assistance and personal items (i.e. wigs, mastectomy bras and breast forms.)

### *Volunteerism:*

- Employees from The Medical Center are involved in advocacy efforts on the local and state level.
- Employees from The Medical Center form teams and raise money for Relay For Life and serve on the state-wide Relay Leadership Committee. In 2005, The Medical Center and Commonwealth Health Corporation, its parent corporation, corporately supported six area events and raised more than \$67,000 dollars for the fight against cancer.
- Employees serve as speakers for American Cancer Society education and patient support programs.
- Employees serve as local leadership volunteers.

# 2005 Cancer Education Series

Programs that are available monthly throughout the year include Mammography Days, Cancer Patients & Family Support Group meetings, Man to Man Prostate & Testicular Support Group meetings (ASC), and Cancer Education Programs through the Speaker's Bureau.

## January

- Health & Wellness Expo (cancer prevention educational materials, colon cancer screening kits, breast & testicular detection, demonstrations, oral cancer screenings)
- Body Fat Screenings (Health & Wellness Center)
- Body Fat Screenings (Dollar General Corporation)
- Body Fat Screenings (Bowling Green Metalforming)
- *Weigh to Wellness* (five week weight loss program), monthly weight loss support group available (Health & Wellness Center)
- *WellNews* article on Colorectal Cancer
- Cooper-Clayton Smoking Cessation Class (Health & Wellness Center)

## February

- ACS *Look Good...Feel Better* session (Health & Wellness Center)
- Creating and Maintaining a Healthier You (Women-In-Charge Luncheon)
- PSA Screening (Health & Wellness Center)

## March

- Nutritional/Food Group information (Health & Wellness Center)
- Start Your Day Off Right (focus on nutrition needed for busy lifestyles and nutrients our bodies need) (Health & Wellness Center)
- School Health Fair — Healthy Food Choices
- Doctor's Day

## April

- ACS *Look Good...Feel Better* session (Health & Wellness Center)
- Stress Management Class (Health & Wellness Center)
- *WellNews* article on Testicular and Prostate Cancer
- Cooper-Clayton Smoking Cessation Class (Health & Wellness Center)
- Win the Losing Battle Healthy Weight Loss Challenge
- Nutrition for the Person with Cancer (Health & Wellness Center)
- WKU Health Fair & Body Fat Screening
- Woodcraft Industries Health Fair & Body Fat Screening

## May

- Lung Health Screening (Health & Wellness Center)
- City of Bowling Green Health Fair & Body Fat Screening
- Hazards of Smoking (The Medical Center at Franklin)

## June

- PSA Screenings (Health & Wellness Center)
- KCP Dermascan Screening (Health & Wellness Center)
- ACS *Look Good...Feel Better* session (The Medical Center Auditorium)
- Nutrition For the Person With Cancer (Health & Wellness Center)
- *Skin Health* (Women-In-Charge Luncheon)
- Cooper-Clayton Smoking Cessation Class (Health & Wellness Center)

- Kerr Group Health Fair & Body Fat Screening
- BGMU Health Fair, Body Fat Screening & PSA Screening
- Relay for Life events
- Hazards of Smoking (Scottsville Housing Authority)

## July

- Dermascan Screening (Health & Wellness Center)
- *WellNews* article on Skin Cancer prevention
- Girls Club Healthy Food Choices
- New Softer Mammogram awareness promotion (MidDay interview)

## August

- Body Fat Screening (Health & Wellness Center)
- *Look Good...Feel Better* session (Health & Wellness Center)
- Nutrition Challenge: Colorful Choices
- Healthy Cooking for Today's Lifestyle (Health & Wellness Center)
- Fluor Daniel Health Fair, Body Fat Screening & PSA Screening

## September

- Healthy Aging brochures given away free at Health & Wellness Center
- Lymphedema Prevention & Management Techniques (Health & Wellness Center)
- Cooper-Clayton Smoking Cessation Class (Health & Wellness Center)
- Rinker Materials Health Fair & Body Fat Screening
- WRECC Health Fair, Body Fat Screening & PSA Screening
- BG Tobacco Prevention Coalition meeting

## October

- Lung Health Screening (Health & Wellness Center)
- Breast Cancer Awareness Program and events (Health & Wellness Center)
- Women's Conference (Medicine From the Inside Out, Successful Aging)
- ACS *Look Good...Feel Better* session (Health & Wellness Center)
- Breast Cancer Awareness (Bowling Green Retirement Village)
- Breast Cancer Awareness (Edmonson Co. Adult Daycare)
- Breast Cancer Awareness (Edmonson Co. Senior Center)
- Breast Cancer Awareness (Bowling Green Morningside Assisted Living Center)

## November

- CHC Employee Health Fairs — Breast and Testicular Cancer Awareness, Dermascan Screening
- Camping World Health Fair and PSA Screening

## December

- ACS *Look Good...Feel Better* session (Health & Wellness Center)
- Healthy Holiday Eating (Health & Wellness Center)

