

## CANCER REGISTRY

### 2006 ACTIVITY REPORT

**Table 4**

	2004	2005	2006
Analytic cancer cases <sup>1</sup>	1,401	1,376	1,456
Cases in the cancer registry	11,506*	12,883	14,339
Cases in follow-up	6,483*	7,306	8,481
Hospital discharges	24,306	24,932	25,763
Inpatient cancer discharges	1,432	1,347	1,589
Total cancer patient days	7,234	6,620	7,627
Average length of stay (cancer patient)	5.1	4.9	4.8
Radiation therapy patients treated	791	829	775
	(505 SCH2) (241 Alex3)	(576 SCH2) (253 Alex3)	(533SCH2) (242 Alex3)
Hospice patients (cancer)	105	129	136
# of cases presented at cancer/breast conference	236**	224**	194**
Average # of physicians attending weekly cancer conference	10	9	7

<sup>1</sup>Cases diagnosed and/or received their first course of therapy at St. Cloud Hospital/Coborn Cancer Center/CentraCare Radiation Oncology at Douglas County Hospital, Alexandria.

<sup>2</sup>SCH is St. Cloud Hospital.

<sup>3</sup>Alex is CentraCare Radiation Oncology at Douglas County Hospital, Alexandria.

\*In 2004, the cancer registry changed its reference date from 1986 to 1994.

\*\*Breast Conference cases and attendance are included in this figure starting in 2003.

### AJCC STAGE: ANALYTIC CASES ABSTRACTED IN 2006

(Total cases and top four cancer sites)

**Table 5**

Site	In Situ	I	II	III	IV	Unk	NA**Total
All Cases	90	283	393	184	207	119	1,456
Prostate	0	0	221	20	9	7	257
Breast	34	105	69	25	10	9	253
Lung/Bronchus	0	22	10	43	85	14	179
Colon/Rectum	18	21	26	41	17	11	139

\*\*NA (Not Applicable) refers to cancers that do not have an AJCC staging scheme.

(AJCC=American Joint Commission on Cancer)

### SITE INCIDENCE OF TOP FOUR CANCER SITES

**Table 6**  
(Compared to total number of cancers diagnosed)

Site	St. Cloud Hospital	Minnesota*	Nationwide*
Prostate	18%	18%	17%
Breast	17%	13%	15%
Lung	12%	11%	12%
Colon/Rectum	10%	10%	11%

\*Minnesota and nationwide statistics are taken from the ACS Facts/Figures 2006

### 2006 SITE INCIDENCE DATA AT ST. CLOUD HOSPITAL

**Table 7**

	2004	2005	2006
<b>Oral Cavity</b>	25	27	26
Tongue	5	10	5
Oropharynx, Hypopharynx	3	0	2
Other Oral Cavity	17	17	19
<b>Digestive System</b>	177	203	215
Esophagus	12	22	17
Stomach	8	6	11
Colon	71	98	107
Rectum, Rectosigmoid	43	35	32
Anus/Anal Canal	3	3	0
Liver & Bile Ducts	6	6	3
Pancreas	22	18	27
Other Digestive	12	15	18
<b>Respiratory System</b>	219	203	196
Larynx	14	9	10
Lung/Bronchus	200	193	179
Other Respiratory	5	1	7
<b>Hematopoietic/Lymphoid</b>	118	125	148
Leukemia	20	34	35
Multiple Myeloma	22	10	21
Other Hematopoietic	13	12	22
Hodgkin Lymphoma	9	6	12
Non-Hodgkin Lymphoma	54	63	58
<b>Bone</b>	0	1	4
<b>Connective/Soft Tissue</b>	2	5	5
<b>Skin</b>	32	29	29
Melanoma	30	27	26
Other Skin	2	2	3
<b>Breast</b>	266	266	253
<b>Female Genital</b>	46	45	51
Cervix Uteri	3	3	2
Corpus Uteri	25	33	24
Ovary	14	7	14
Other Female Genital	4	2	1
<b>Male Genital</b>	289	231	265
Prostate	275	214	257
Testis	13	14	6
Other Male Genital	1	3	2
<b>Urinary</b>	110	129	150
Bladder	52	65	70
Kidney/Renal	53	61	75
Other	5	3	5
<b>Brain and CNS</b>	46	38	36
Brain (Benign)	2	0	0
Brain (Malignant)	23	17	20
Other Brain and CNS	21	21	16
<b>Endocrine</b>	43	55	48
Thyroid	32	46	41
Other Endocrine	11	9	7
<b>Unknown Primary</b>	20	16	21
<b>Other/III-Defined</b>	8	3	9
<b>Total</b>	1,401	1,376	1,456

## Coborn Cancer Center

### CENTRA CARE Health System

1900 CentraCare Circle  
Suite 1600  
St. Cloud, MN 56303

Non-profit  
organization  
U.S. POSTAGE  
PAID  
St. Cloud, MN  
Permit No. 389

## ANALYSIS OF 2006 ACTIVITY REPORT

The Cancer Registry at Coborn Cancer Center has provided support for physicians serving cancer patients in the Central Minnesota area for more than 21 years. The registry's work allows health professionals to better understand and develop effective cancer treatment, prevention and control programs.

In 2006, 1,456 patients were entered into the registry database (See table 4). This is the largest number of patients accessioned into the database since initiation of the cancer registry in 1986.

The American Cancer Society Cancer Facts and Figures 2006 reports the four most commonly diagnosed cancers as breast, prostate, lung, and colon/rectum (See table 5). This is in accordance with findings by the Coborn Cancer Center registry.

**Breast cancer** is the most commonly diagnosed cancer for women in the United States; however, we experienced a slight decrease from 266 in 2005 to 253 in 2006. The majority of these patients (82%) were diagnosed at an early stage (0 to II). We are fortunate to have a dedicated breast center to promote awareness and improve care for breast cancer patients throughout Central Minnesota.

**Prostate cancer** remains the most common cancer diagnosis among men. The registry reports that 86% of prostate cancer patients were diagnosed with early stage (I to II)

cancer in 2006. With the help and support of dedicated urology and radiation specialists, this community provides the most up-to-date diagnostic and treatment modalities for prostate cancer.

**Lung cancer** continues to account for a significant amount of cases entered into the registry database annually. The number of lung cases accessioned during 2006 was 179; slightly lower than the 193 cases in 2005 (See table 7). The majority of lung cancer patients (72%) were diagnosed at a late stage (III or IV), which is consistent with national statistics. Late stage at diagnosis plays a significant role in the poor survival outcomes for this disease. This, in part, reflects the fact that no effective screening methods are available to diagnose lung cancer early. Recognizing the importance of community education, Coborn Cancer Center added a lung cancer care coordinator to coordinate multidisciplinary care and educate on preventative health behaviors such as tobacco cessation.

**Colorectal cancer** continues to be one of the top four cancers diagnosed in Central Minnesota. There were 139 cases accessioned into our registry in 2006. Forty-one percent of these cases were diagnosed as early stage (0 to II). Although there are currently more treatment options than ever before, the overall survival depends upon early detection. Coborn Cancer Center helped



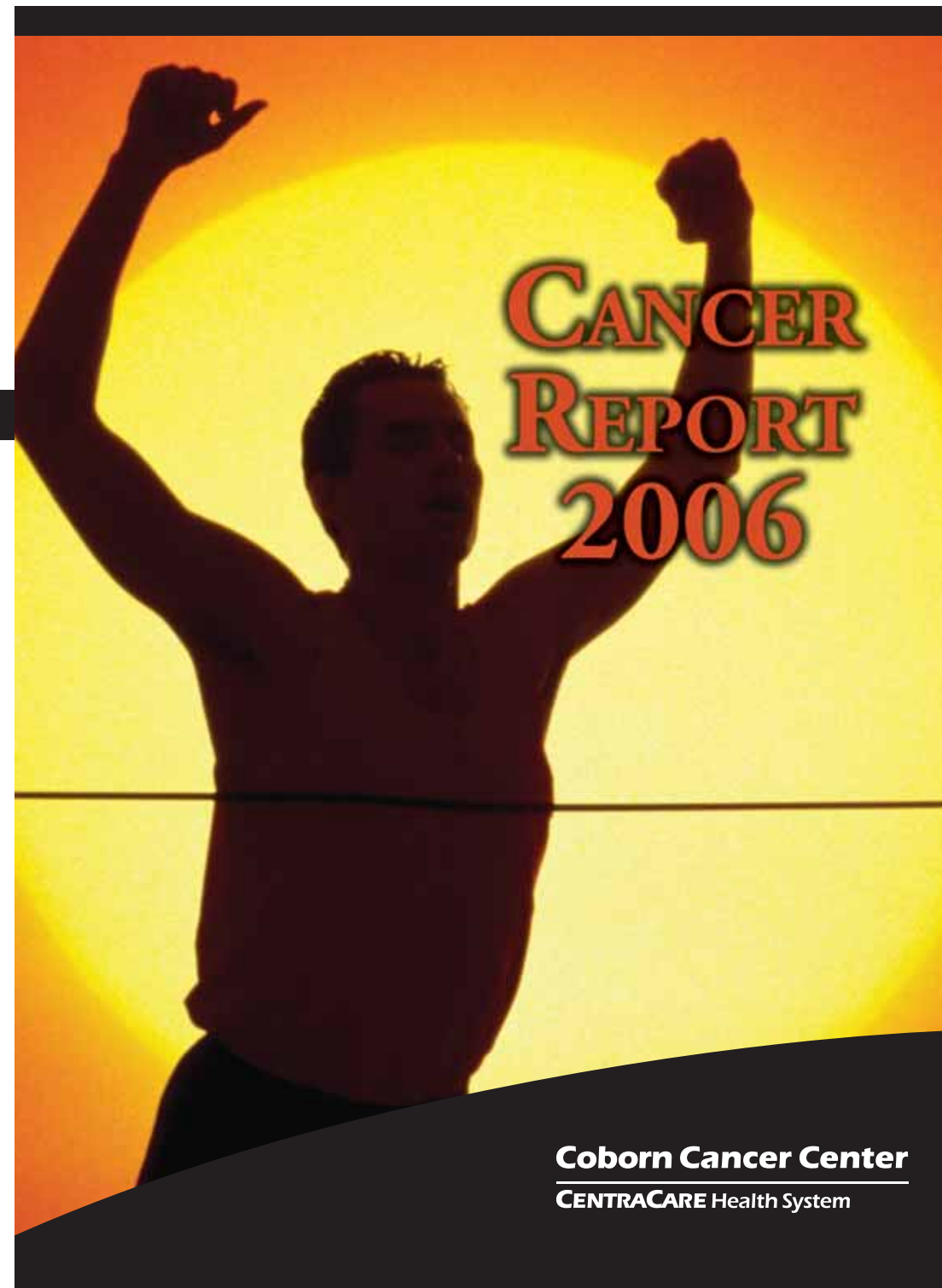
Harold Windschitl, M.D.  
Hematology Oncology

educate the public by sponsoring the Super Colon. More than 3,000 people toured a life-size colon and learned early warning signs. After the event, several physicians reported having patients present with colorectal cancer symptoms.

A noticeable trend has been the increasing numbers of **bladder and kidney cancers** accessioned over the past four years. This may, in part, be due to the increased number of urology physicians in this area who are providing more outreach services to other facilities' patients.

Early detection and treatment continues to be a high priority with any type of cancer. It is imperative for long-term survival. The activities and information the registry provides is essential for programmatic and administrative planning, researching, and monitoring of outcomes for Coborn Cancer Center patients.

For more information e-mail cancercenter@centracare.com or visit www.centracare.com.



**Coborn Cancer Center**  
CENTRA CARE Health System

8/2007 1,400

## CHAIRPERSON'S REPORT

**2006** Persons who receive a diagnosis of cancer need the best care possible. Coborn Cancer Center works with St. Cloud Hospital's Cancer Care Center Board to ensure comprehensive services of the highest quality exist for cancer prevention, diagnosis, treatment and aftercare.

Cancer treatment continues to be focused around surgery, chemotherapy and radiation. Central Minnesotans are fortunate to have a comprehensive community cancer center that attracts board-certified and specialty trained physicians. Cancer-related physician specialties on our team include:

- Surgery - general, colorectal, gynecology, neurosurgery, oral, maxillofacial, otorhinolaryngology, orthopedic, plastic and reconstructive, and urology
- Medical oncology and hematology
- Radiation oncology
- Diagnostic and interventional radiology
- Pathology
- Gastroenterology
- Pulmonology
- Genetics

Physicians and other cancer care providers meet weekly to discuss the optimal treatments for patients diagnosed and treated in Coborn Cancer Center. These conferences are one example of how we ensure our patients a strong multidisciplinary approach to care.

Thanks to our dedicated clinicians and staff it has been a pivotal year of expansion and new programming. We want to highlight a few initiatives from the last year.

### Radiation Oncology

Coborn Cancer Center offers the latest technology for cancer care. Our physicians use an Electra Synergy S Linear Accelerator to offer cancer patients the most recent advances in radiation therapy including Intensity Modulated Radiation Therapy (IMRT), Image Guided Radiation Therapy (IGRT), and Stereotactic Radiosurgery (SRS).

IGRT involves the use of imaging tools to precisely localize the area being treated and to verify daily how the treatment is delivered to the tumor. IGRT tools and techniques help clinicians and staff adapt radiation plans to deal with tumor motion due to respiration. We can then deliver higher doses of radiation to the tumor while minimizing radiation to the normal surrounding area.

A specialized team works together to deliver SRS for the treatment of brain tumors. SRS is the very precise delivery of radiation to a brain tumor while sparing the normal surrounding

brain tissue. Information from CT scans and MRIs are transferred to the treatment planning computer to create a 3D image of the tumor. Our physicians then develop a complex plan to deliver a targeted high dose of radiation, while limiting radiation to nearby brain tissue. The procedure is done at Coborn Cancer Center without the need for an invasive surgical procedure or an inpatient hospitalization.

We have also expanded the radiation implant or brachytherapy service with the introduction of High Dose Rate Remote After-loading Implant Therapy (HDR). This therapy delivers radiation on an outpatient basis in the comfort of a specialized brachytherapy suite. The physician, through the use of a robot, places the radioactive source into an applicator at the location of the tumor. This treatment is delivered in a matter of minutes. HDR is used to treat many different types of tumors. Breast cancer can be treated with HDR using the Mammosite Catheter System. With the Mammosite technique, eligible patients receive treatment in only five days versus a six-week standard course of treatment.

### Medical Oncology

Advances in the medical treatment of cancer are happening at an accelerated rate. The approval of more and better medications is offering improved outcomes for many patients.

Within the past year medical oncologists have been able to offer newly FDA released chemotherapy, biologic and targeted therapies for advanced renal cell cancer, metastatic colorectal cancer, breast cancer, lung cancer, multiple myeloma and myelodysplastic syndrome.

Additionally some existing chemotherapy agents have been approved for delivery in new ways. Coborn Cancer Center clinicians have begun an intraperitoneal chemotherapy program for eligible ovarian cancer patients.

### Lung Cancer Care Coordination

Persons facing a new diagnosis of lung cancer quickly find themselves facing a tremendous number of critical and often times frightening decisions. Coborn Cancer Center diagnoses approximately four new respiratory cancers every week. In January 2007 Debbie Corrigan, RN joined us as the lung cancer care coordinator to help these patients navigate the complex diagnosis and treatment journey.

### Cancer Survivorship

The ability to be a long-term cancer survivor today is more the norm than an exception. Approximately 3.5 % of the population is a survivor of cancer, accounting for about 22,000 people in Central Minnesota. To enhance

support for these survivors Sandy Johnson, RN, AOCNS, and Jo Zwilling, RN, MBA, Cancer Center Director, were accepted to participate in the National Cancer Institutes Cancer Survivorship Research Program and will spearhead innovative survivorship programming. In April 2007 Mary Navara, RN, MPH, joined us as the survivorship network coordinator.

### Cancer Research

Coborn Cancer Center has a longstanding commitment to cancer clinical research. The research department currently oversees 130 prevention, treatment, and control studies. We offer patients participation in national clinical chemotherapy and radiation research trials through North Central Cancer Treatment group (NCCTG) and Radiation Therapy Oncology Group (RTOG). Through these multidisciplinary cooperative organizations, people in Central Minnesota have access to the newest cancer modalities and drugs.

### Expansion of Coborn Cancer Center

We have just completed a two-year, nearly 20,000 additional square foot expansion. The expansion has brought together technical advances in a compassionate and healing environment. New features include a fireplace, fish aquarium, lighted wall, visual therapy murals and enhanced patient and family resource center.

### Quality Outcomes

At Coborn Cancer Center we monitor indicators and outcomes, and compare our results to national data. Our five-year survival rates often are better than national survival rates. Multidisciplinary clinical teams are in place to select and monitor outcomes for breast, prostate, lung and head/neck cancers. Visit our Web site for outcome measures which may be of particular interest to you.

### In conclusion

We are proud to offer you the paramount in technology and patient experience. We invite you to visit us or call us for a tour. Thank you to the many physicians and staff who work every day to make this a premier cancer center. Thanks especially to our patients. We are grateful for your trust.

Sincerely,

*Jo Zwilling RN, MBA*      *Nicholas F Reuter MD*  
Jo Zwilling, RN, MBA      Nicholas F. Reuter, MD, FACP  
Cancer Center Director      Cancer Center Medical Director

## HEMATOPOIETIC CANCER REPORT

Hematopoietic neoplasms arise in organs and tissues that are involved in the production of blood; mainly, bone marrow, spleen, tonsils and lymph nodes. This report will focus on the neoplasms arising primarily in the bone marrow. These "bone marrow tumors" are not common, as shown in Table 1; they comprised about 5% of the cases seen at Coborn Cancer Center in 2006. Many patients with these diseases can live for a long time. The statistics given in this report only reflect newly diagnosed patients.

### Plasma Cell Tumors

The most common plasma cell tumors are plasmacytomas and multiple myelomas. Plasmacytomas are considered a localized disease. Most plasmacytomas progress to multiple myeloma, which is systemic disease.

Multiple myeloma accounted for an estimated 16,570 new cancer cases in the United States in 2006 with an estimated 11,310 deaths.

Treatment for multiple myeloma may include chemotherapy, biological agents and stem cell transplant. At St. Cloud Hospital, 61 out of 68 patients were treated with chemotherapy and/or biological agents such as thalidomide, lenalidomide and bortezomib therapy. Of the seven patients who did not receive systemic therapy, three were diagnosed with "smoldering myeloma" and did not require treatment, three had other medical conditions, which precluded treatment, and one declined therapy. Six patients were documented in the registry as receiving stem cell transplants at other facilities.

Survival rates for multiple myeloma patients diagnosed and/or treated at Coborn Cancer Center compare favorably with national statistics. See Table 2.



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Table 2

5 YR RELATIVE SURVIVAL RATE: MULTIPLE MYELOMA 1996 TO 2003	
SCH	SEER*
36.2	33.6

### Leukemia

Leukemia is a disease in which the blood forming cells do not reproduce in a normal manner. In acute leukemia, the blood cells remain in an immature state, but reproduce quickly.

## HEMATOPOIETIC CANCER REPORT, CONTINUED

Table 1

HEMATOPOIETIC NEOPLASMS: 2002 TO 2006						
HISTOLOGY	2002	2003	2004	2005	2006	TOTAL
<b>PLASMA CELL TUMORS</b>						
Plasmacytoma NOS	1	0	1	2	2	6
Multiple myeloma	11	9	21	8	19	68
Mast cell leukemia	0	0	1	0	0	1
Waldenstrom's macroglobulinemia	0	1	0	2	1	4
<b>LEUKEMIAS</b>						
<b>Lymphoid Leukemias</b>						
Acute lymphoid leukemias	1	3	2	0	1	7
Chronic lymphocytic leukemia	5	12	5	12	7	41
T-cell large granular	0	1	1	2	1	5
<b>Myeloid Leukemias</b>						
Acute myeloid leukemias	10	10	8	14	12	54
<b>Other Leukemia</b>						
Hairy cell leukemia	1	2	2	0	2	7
Chronic myelomonocytic leukemia	2	1	0	1	4	8
<b>CHRONIC MYELOPROLIFERATIVE DISORDERS</b>						
MYELODYSPLASTIC SYNDROME	5	10	6	10	18	49
<b>TOTALS</b>	<b>47</b>	<b>57</b>	<b>55</b>	<b>56</b>	<b>78</b>	<b>293</b>

Acute myeloid leukemia (AML) makes up the largest percentage of acute leukemias diagnosed and/or treated at St. Cloud Hospital. As the population ages, the incidence of AML, along with myelodysplasia, appears to be rising. Treatment for AML consists of chemotherapy. Thirty-nine of the 54 AML cases seen at St. Cloud Hospital were treated with chemotherapy. Of the 15 patients that did not receive treatment, six declined treatment and nine did not receive treatment due to comorbidities or patient condition. Five AML patients were documented in the registry as receiving stem cell transplants at other facilities. Survival rates for the AML patients diagnosed and/or treated at Coborn Cancer Center compare favorably with national statistics. See Table 3.

In chronic leukemias, the blood cells eventually mature, but are not normal. Chronic lymphocytic leukemia (CLL) is the most common chronic leukemia seen at Coborn Cancer Center. It also is

the most common leukemia in the United States. It usually occurs in older adults. Many patients do not need treatment.

### Chronic Myeloproliferative Disorders and Myelodysplastic Syndrome

In 2001, the World Health Organization reclassified chronic myeloproliferative disorder and myelodysplastic syndrome as malignant neoplasms and cancer registries began to collect data on these cases.

Table 3

5 YR RELATIVE SURVIVAL RATE ACUTE MYELOID LEUKEMIA 1996 TO 2003	
SCH	SEER*
30.5 %	20.7 %

Chronic myeloproliferative disorders are diseases in which one or more blood stem cells overproduce blood cells. Of the 43 patients newly diagnosed with a

myeloproliferative disorder and seen at Coborn Cancer Center from 2002 to 2006, nine had chronic myelogenous leukemia, nine had polycythemia vera, 17 had essential thrombocythemia, seven had chronic myeloproliferative disorders, NOS, and one had myelofibrosis. Chronic myelogenous leukemia is a special entity with a specific treatment. Most patients are diagnosed with a genetic abnormality called the Philadelphia chromosome. In these patients, too many white blood cells are produced. It is treated with molecular targeted drugs such as imatinib and dasatinib.

Myelodysplastic syndromes (MDS) are characterized by a disruption in production of blood cells resulting in low levels of mature cells. There are several subtypes of MDS making management of these patients complex. About 30% of MDS patients will develop acute leukemia. There has been a significant increase in the number of MDS cases seen at Coborn Cancer Center. This may be related to the aging population. Recent FDA approval for new drugs to treat specific subtypes of MDS include lenalidomide, azacytidine and decitabine. Of the 18 patients seen at Coborn Cancer Center in 2006, nine were treated with lenalidomide or azacytidine. It is hoped, with new treatment options available, overall prognosis for these patients will improve.

The medical management of patients with hematological disorders remains a challenging endeavor. It does appear that the incidence of these diagnoses will continue to increase in our community. We look forward to the future as new treatment options are developed and approved that will add quality of life and improve prognosis for these patients.

\*SEER: Statistics are from the National Cancer Institute's Surveillance, Epidemiology & End Results Program