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The Cancer Committee of Adena Health System is pleased to present our 19th Annual Report of the Cancer Committee of Adena Health System. This report includes our cancer treatment data from 2011.

A major goal of our Cancer Committee is to insure excellent care in a multidisciplinary setting. The Committee sponsors a general Cancer Conference and periodic educational opportunities. Our patients are complex. To facilitate coordination of care and communication among providers, weekly multidisciplinary conferences are held for patients with breast cancer, lung cancer, head and neck cancer and colorectal cancer.

The breast cancer conference meets in conjunction with a multidisciplinary clinic. Medical oncologists, radiation oncologists, and surgeons see patients at a single visit. The clinic is coordinated by the patient navigator, and findings and recommendations are discussed at the conference.

Our programs ensure daily interaction between oncology specialists, surgeons, pathologists, radiologists and others.

We focus on providing the most up to date, and personalized oncology care.

We offer patients the latest and most effective approaches with surgery, chemotherapy, targeted drugs, radiation oncology treatments, interventional radiology procedures, and laboratory and pathology investigations.

The Adena Hospice Program, and the Adena inpatient palliative care consultation service serve our cancer patients and are active on the Cancer Committee.

We continue to focus on evidence-based guidelines provided by the NCCN (National Comprehensive Cancer Network). We incorporate these guidelines during the conferences and use them extensively in patient care.

We work with the Adena Continuing Medical Education (CME) Committee to provide accredited programs in conjunction with the PACCAR Medical Education Center. The goal is to be a regional medical education center, with cancer related education as a top priority.

The committee supervises the Cancer Registry, has ongoing quality assurance programs, and ensures that we maintain our Cancer Treatment Program certification status with the American College of Surgeon’s Commission on Cancer (COC). The standards for this program change periodically and we adhere to them rigorously.

We continue to be very active in clinical research through the Columbus Community Oncology Program, which is sponsored by the National Cancer Institute. Our research organization has been recognized as one of the best and most productive in the country.
We also work actively with the American Cancer Society (ACS) to improve patient experience. Adena Cancer Center personnel cooperate with the ACS on a wide variety of projects and services to those affected by cancer.

The Cancer Committee is instrumental in helping Adena plan for the future. The Cancer Program will move into a new free-standing cancer center in early 2012. The Committee is most proud of this achievement.

The Commission on Cancer has published new cancer program standards that will take effect in 2012. The Committee looks forward to meeting these standards in the coming year.

The demographics of our service population indicate a growing number of patients who will require services from the cancer program. Because of this growth, and the rapid increase in new treatments, our programs ensure that we keep pace in a rapidly evolving field.

Many thanks to our excellent hard working staff, to our physicians involved in cancer care, and especially to our patients and their families.

Sincerely,

Ralph W. Roach MD
Chairman, Cancer Committee
2011 CANCER COMMITTEE MEMBERS

Brian Borland, MD
Radiology
Thomas Lewis, MD
Dermatology
Ralph Roach, MD, Liaison Physician
Medical Oncology
Rick Myhand, MD, Chairman
Medical Oncology, Medical Director of Adena Cancer Center
Ganapathy Krishnan, MD
Medical Oncology
Joel Simmins, MD
Radiation Oncology
Manoj Reddy, MD
Radiation Oncology
Randy Miller, MD
Cardiothoracic Surgery
Jack Baker, MD
Cardiothoracic Surgery
Byron Smith, MD
Pathology
Wilbur Sever, MD
Surgery
Matthew Cosenza, MD
Otorhinolaryngology, Head And Neck Surgery
Michael Fealk, MD
Colorectal Surgery
Lee Parks, MD
Obstetrics and Gynecology
Vijay Reddy, MD
Pulmonary, Critical Care and Sleep
Debbie Bihl, CNP
Medical Oncology
Erin Trapp, RN
Director of Medical Oncology
Tammy McManus, RN, BSN, OCN
Patient Navigator, Lung
Jana Eldridge, RN
Patient Navigator, Colorectal
Mia Lutton, RN
Patient Navigator, Head And Neck
Tony Allison, RT(T)
Supervisor, Radiation Oncology
Rose Haubeil, RN, BSN
Radiation Oncology
Linda Kight, RN, BSN, OCN
Clinical Research Associate
Stacie Daugherty, CTR
Cancer Registrar
Mike Pugh, RPH, BCOP
Pharmacist
Cindy Hoops, RN
Quality
Darla Cremeans, RN, BSN
Patient Navigator, Breast
Jill Henderson, RD, LD
Dietary
Karen Jenkins, MA, CCC-SLP
Supervisor, Rehabilitation Services
Rev. Charles Ramsey
Pastoral Services
Rev. Jerry Compton
Pastoral Services
Sharon Wills, RN
Hospice
Becky Emerine, LSW
Social Services
Beth Krouse
American Cancer Society
Martha Livingston, RN, BSN, MS, MBA
System Director Cardiothoracic, Surgical Services and Oncology
Mike Diener
System Director, Oncology, Home Care and Ambulatory Services
Robin Primer
Patient Navigator Support
Ruth McRoberts
Radiation Oncology
Jen Ingham, MSN, NP-C
Surgery
Ralph Metzger
Foundation

ADENA ONCOLOGY ANNUAL REPORT
The Medical Oncology service consists of a team of administrative personnel, medical assistants, nurses, nurse navigators, social workers, pharmacists and physicians.

Our mission is to provide comprehensive cancer care. And we are proud to have a new cancer center which opened its doors in early 2012.

Our board certified physicians are trained to manage various cancers. We strive to keep up with the rapid pace of new developments in oncology. Our palliative care team includes board certified physicians and nurses to ensure comfort for your loved one during difficult times.

We always take into consideration issues such as accessibility to medical care and family situations. Our staff is compassionate and ensures the emotional wellbeing of the patients and family.

We bring cutting-edge technology close to home with our new state-of-the-art cancer center including an infusion suite for chemotherapy and the latest radiation equipment.

Our social services staff excels in assisting patients with access to the required medications and other services needed.

We have trained navigators for the most common cancers, such as breast, colorectal, lung and head and neck. The navigators keep patients informed of their multidisciplinary care.

Our team of doctors, including radiologists, surgeons, pulmonologists and pathologists, discuss newly diagnosed and special cancer patients every week in the cancer tumor boards. This helps to ensure the best possible care to be delivered in a timely manner.

We have access to clinical trials through the CCOP program. Our specially trained staff helps patients understand trial options in an easy to understand format.

We are here to help patients every step of the way during the difficult cancer journey. We feel that the cure for cancer is closer to being a reality.
Radiation Therapy is external radiation that treats cancer by shrinking tumors and killing cancer cells. A machine called a Linear Accelerator directs beams of high energy to the tumor. Patients typically receive treatments daily for a period of 2 to 10 weeks. Radiation is given every day to gradually destroy the cancer cells. Normal cells closely adjacent to the cancer cells can be replenished within a few days. Patients are usually first diagnosed by either their family physician or a cancer specialist. After a series of studies, this can involve CT scan, X-ray, MRI, nuclear medicine studies or PET scan, the radiation oncologist, along with a site specific patient navigator will assist you in appropriate treatment options related to your new cancer diagnosis.

The modalities currently offered at Adena Health System’s radiation oncology are Intensity Modulated Radiation Therapy for prostate, head and neck, rectal, brain and breast cancers. Some of the cancers are also treated with a 3-Dimensional external beam, such as palliative brain, breast and some Lymphoma cancers.

When a patient is diagnosed with cancer that will require external radiation, they are given a consultation with the radiation oncologist. This physician will discuss various treatment options pertaining to the individual’s needs. The radiation oncology team consists of radiation oncologists, radiation therapists, oncology nurses, Physicist and Dosimetrist and the receptionist. All of these members play an important role in your care from beginning to end and even after you have completed treatments.
Colorectal cancer remains the third most common cancer of men and women in the United States and is the second most common overall cause of cancer death. At Adena we have made great strides to promote colon and rectal cancer awareness. An informative campaign stressing the importance of colon cancer screening has been ongoing. Talks with primary care physicians, telephone on-hold message information, and fliers have been an important part of this process. March is Colon and Rectal Cancer Awareness Month in 2010 and 2011 were a great success. The first colon and rectal cancer survivor dinner was an emotional and inspiring night. Over the past 3 years a 5K walk/run event was held to raise awareness with proceeds benefiting the Adena Cancer Fund. There was a giant inflatable colon which brought attention in education and awareness. Educational material was available through the month of March to educate the community as well. Throughout the year the Adena Cancer Center Navigators attend local fairs, local festivals, Wellness Expo as well as speaking on the radio reaching out to the community to educate and raise awareness to colon cancer. Our Navigators are also there to take any questions that the community might have at that time.

The cancer incidence rate in Ohio for colon and rectal cancer remains higher than the national average. The national trend demonstrates an overall decrease in the mortality rate for colon and rectal cancers largely attributed to screening procedures. Unfortunately, in Ross County more than half of colon and rectal cancers are detected in a late (more advanced) stage.

Colorectal cancer is a preventable disease. By following accepted screening guidelines we can detect and remove colon and rectal polyps before they have a chance to become cancer. Most polyps take years to transform into a cancer and thus early detection is the most effective tool to prevent colorectal cancer. At Adena, our goal is to prevent colon cancer. We will continue to increase our efforts to educate our community and increase our compliance with screening guidelines.

In 2011 the surgeons and endoscopists at Adena Medical Center performed 3,087 colonoscopies for patients who met the United States Preventative Screening Task Force Guidelines. During these colonoscopies 1,553 polyps were removed and 58 colon and rectal cancers were diagnosed. Additionally, our surgeons performed 44 colon and rectal resections for cancer.

When a colon or rectal cancer is diagnosed the treatment revolves around providing the most up to date multidisciplinary care. At Adena, our multispecialty approach involves medical oncologists, surgeons, radiation oncologists, pathologists, radiologists, gastroenterologists, and their primary care physicians. Cases are discussed at our colon and rectal cancer tumor board where treatment plans are developed and monitored. Our colorectal navigator guides our patients through, what can at times be a complex process, where these treatment modalities are brought together. This approach fits into Adena’s commitment to providing “best clinical care” that is composed of: patient centered care, multidisciplinary treatment, evidence-based care, and physician led planning. We work together as a team to provide aggressive therapy for colon and rectal cancer that has been shown to improve survival and in many cases can provide a cure.
Adena Cancer Center Information from 2011
546 Analytic Cases for 2011
568 Accessioned Cases
All of the Analytic statistics are based from the analytic cases, unless otherwise specified.
Analytic cases are those cases that are either diagnosed at Adena Health System or receive their first treatment at Adena.

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<thead>
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<td>22.00%</td>
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<tr>
<td>BREAST</td>
<td>112</td>
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</tr>
<tr>
<td>COLORECTAL</td>
<td>57</td>
<td>10.00%</td>
</tr>
<tr>
<td>HEAD &amp; NECK</td>
<td>37</td>
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<tr>
<td>PROSTATE</td>
<td>19</td>
<td>3.00%</td>
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Top 5 sites account for 63% of all cancers seen at Adena.

Adena Medical Center saw a decrease in the number of analytical cases for 2011.
Compared to 2010 statistics of 599, breast cancer continues to hold the highest incidence among women.
Lung cancer remains the highest type of cancer for males.

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### AGE AND SEX

(50 > yrs. of age account for 86% of all cancer diagnosed)

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<tr>
<td>90+</td>
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### COUNTY AT DIAGNOSIS

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<td>PIKE</td>
<td>80</td>
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<tr>
<td>JACKSON</td>
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<tr>
<td>HIGHLAND</td>
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### CITY AT DIAGNOSIS

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<td>JACKSON</td>
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<td>GREENFIELD</td>
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<tr>
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<td>PIkETON</td>
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<td>BAINBRIDGE</td>
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<tr>
<td>WELLSTON</td>
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<td>OTHER</td>
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</table>

### AJCC STAGE AT DIAGNOSIS FOR 2010 CASES

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<thead>
<tr>
<th>STAGE</th>
<th>COUNT</th>
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<td>I</td>
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<tr>
<td>II</td>
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<td>III</td>
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<td>IV</td>
<td>153</td>
</tr>
<tr>
<td>UNkOWN</td>
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## ADENA’S CANCER EXPERIENCE CONTINUED

<table>
<thead>
<tr>
<th>Tumor Type</th>
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<tbody>
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<td>LUNG</td>
<td>120</td>
</tr>
<tr>
<td>BREAST</td>
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<td>COLON/RECTUM</td>
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<td>HEAD &amp; NECK</td>
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<td>BLADDER</td>
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<td>LYMPHOMA</td>
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<td>THYROID</td>
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<td>MELANOMA</td>
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<td>KIDNEY</td>
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<td>BRAIN</td>
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<td>OTHER</td>
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**ALL ANALYTIC CASES FOR 2011**
We accrued 22 patients to treatment trials and cancer control trials for the year 2011. We placed patients on study in breast, lung, and colon.

- RTOG 0617- Phase III comparison of standard dose (60Gy) vs. High dose (74Gy) radiotherapy with concurrent and consolidation carboplatin/paclitaxel +/- cetuximab stage IIIA/IIIB non-small cell lung CA
- URCC 10054- Oral Curcumin for radiation dermatitis in breast cancer patients
- CALGB/SWOG 80405- Phase III trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5-FU/Leucovorin w/ Bevacizumab or Cetuximab or w/ the combination of Bevacizumab and Cetuximab for patient with untreated metastatic adenocarcinoma of the colon or rectum.
- CALGB/SWOG 80702- Phase III trial of 6 vs 12 treatments of Adjuvant FOLFOX plus Celecoxib or placebo for patients with resected stage III colon cancer.
- RTOG 0517- Phase III trial to evaluate radiopharmaceuticals and zoledronic acid in the palliation of osteoblastic metastases from lung, breast, and prostate cancer
- RTOG 1005- Phase III trial of accelerated whole breast irradiation with hypofractionation plus concurrent boost vs. standard whole breast irradiation plus sequential boost for early-stage breast cancer.

We have two patients that are being maintained on Iressa with the CAP program.

During a 6 month period in 2011 into February 2012, Adena was second in accruals only to Riverside which has a large research practice. Many of the patients that went on study during that time were under Dr. Simmons. We received recognition from the NCI for our work. Many patients remain in follow up for the clinical studies they participated in at the Adena Cancer Center.

Thank You,

Linda Kight
Trials Nurse
Adena Cancer Center
PHARMACY

The Adena Cancer Center Pharmacy, located within the Adena Cancer Center, provides all cytotoxic and immunobiological products required by our patients as well as any adjuvant and supportive therapies that may be prescribed. In 2011, the Cancer Center Pharmacy prepared and dispensed 7,714 chemotherapy doses and 16,037 doses of adjuvant and supportive medications with patient safety first and foremost in consideration.

Additional services provided by the oncology pharmacist include maintaining patient profiles for all chemotherapy patients; clinical monitoring and intervention; patient education materials regarding medication side effects, proper use and care; and pharmacokinetic consultation. In addition, the Adena Cancer Center Pharmacy serves as a clinical pharmacy teaching site for Ohio Northern University.

The Cancer Center Pharmacy team moved into its new home in the new cancer center in January 2012. It plans on expanding services beyond current capabilities in the near future.

The Cancer Center Pharmacy is been under the supervision of Mike Pugh, R.Ph., BCOP. Mike is board-certified in oncology pharmacy by the National Board of Pharmaceutical Specialties. Mike is a member of Cancer Committee as well as an ad hoc member of the Pharmacy and Therapeutics Committee at Adena as well as a volunteer in several local causes.

Kristen Williamson, RPh, joined the Pharmacy team with its move to the new Cancer Center. Kristen is a member of the Cancer Committee and is looking forward to becoming more involved with the Cancer Center team.

Jackie Huiss continues on as the Cancer Center Pharmacy technician, and is instrumental in the pharmacy’s highly efficient operation. Jackie is involved with Relay for Life and the Susan G. Komen Society as well as being a breast cancer survivor herself.
People diagnosed with cancer face a wide range of concerns about finances, medical worries, and emotional issues. When someone is diagnosed with cancer, the focus is on the person’s physical well-being; treatments, side effects, doctor visits and tests. We also know there are other parts of life affected by cancer; self-image, work, family, and the patient’s approach to living.

The licensed social worker is there to help navigate through the complexities of the treatment process by serving as a knowledgeable, objective, and unbiased resource. The social worker assists patients and families with a wide array of problems and issues including, but not limited to:

- Understanding insurance coverage, and following up on insurance statements and rulings.
- Rising cost of medications, especially costs that aren’t covered by insurance.
- Adjusting to and coping with cancer diagnosis, as well as the social, emotional, financial, and professional issues that arise from such a diagnosis.
- Linking cancer patients and their families to helpful community resources.
- Advance Directives information and completion of such.
- Serving as a sounding board; helping patients and families sort through confusion, myth and misperceptions so they can make reasonable, informed decisions about their care.
- Referral to support groups and other organizations that can help the cancer patient and family.

Social work services are a highly valued component of the Cancer Care program. The social worker provides input and insight into the Cancer Care program through involvement in the Cancer Committee and is available to assist patients and their families when needed.

Support groups for young women with breast cancer and a general support group, have been initiated. Meetings are held the 2nd Wednesday of the month, in the Hopewell Room, 5:30 p.m. and 4:00 p.m. respectively. These groups are viewed as a vital part of the treatment process.

The Adena Foundation assisted patients in 2011 with prescriptions, $1070.08, as well as gas cards, $300.00.