

2013

THE CANCER CENTER
STATISTICAL REPORT



WELCOME

Welcome to Lehigh Valley Health Network Cancer Program's 2013 Statistical Report, featuring data on cancer cases we treated in 2012.

In September 2011, Lehigh Valley Health Network Cancer Program earned three-year accreditation, with commendation, from the American College of Surgeons Commission on Cancer (ACoS/CoC). www.facs.org/

Our Cancer Program's Breast Health Services received re-accreditation by the National Accreditation Program for Breast Centers (NAPBC) in April 2012 and is designated by the American College of Radiology (ACR) as Breast Center of Excellence. napbc-breast.org/

In February 2012, our department of radiation oncology received three-year full accreditation from the American College of Radiology/ American Society for Therapeutic Radiation Oncology (ACR). www.acr.org/

Our Cancer Program is a proud participant in the National Cancer Institute's (NCI) Community Cancer Centers Program (NCCCP). Only 21 cancer institutions nationwide hold this distinction since July 2012. ncccp.cancer.gov/

Lehigh Valley Health Network is an affiliate of Moffitt Cancer Center, Tampa Fla., and the Wistar Institute of Anatomy and Biology, Philadelphia Pa. www.moffitt.org/ and www.wistar.org/



OUR MISSION:

TO REDUCE THE BURDEN THAT CANCER PLACES ON PATIENTS AND THEIR FAMILIES

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LVHN CANCER CASE INFORMATION

Lehigh Valley Hospital–Cedar Crest and Lehigh Valley Hospital–Muhlenberg, collectively Lehigh Valley Health Network (LVHN), were involved in the diagnosis and/or treatment of over 3,400 cancer patients in 2012. Ninety percent (3,081) of those cases were considered analytic cases directly diagnosed and/or treated at LVHN.

Of these, about 26% (797) were diagnosed at another medical facility and referred to LVHN for part or all of their cancer treatment.

The top five most prevalent cancers treated at Lehigh Valley Health Network remain fairly consistent across the past 10 years.

YEAR	MOST TREATED	2	3	4	5
2012	Lung	Breast	Colon/Rectal	Prostate	Corpus Uteri
2011	Breast	Lung	Prostate	Colon/Rectal	Bladder
2010	Lung	Breast	Colon/Rectal	Prostate	Corpus Uteri
2009	Breast	Lung	Prostate	Colon/Rectal	Skin
2008	Breast	Lung	Colon/Rectal	Prostate	Urinary Bladder
2007	Breast	Lung	Colon/Rectal	Prostate	Skin
2006	Breast	Lung	Prostate	Colon/Rectal	Urinary Bladder
2005	Breast	Lung	Colon/Rectal	Prostate	Thyroid
2004	Breast	Lung	Prostate	Colon/Rectal	Skin
2003	Breast	Lung	Colon/Rectal	Prostate	Urinary Bladder
2002	Breast	Prostate	Lung	Colon/Rectal	Urinary Bladder

SOME COMMONLY USED TERMINOLOGY:

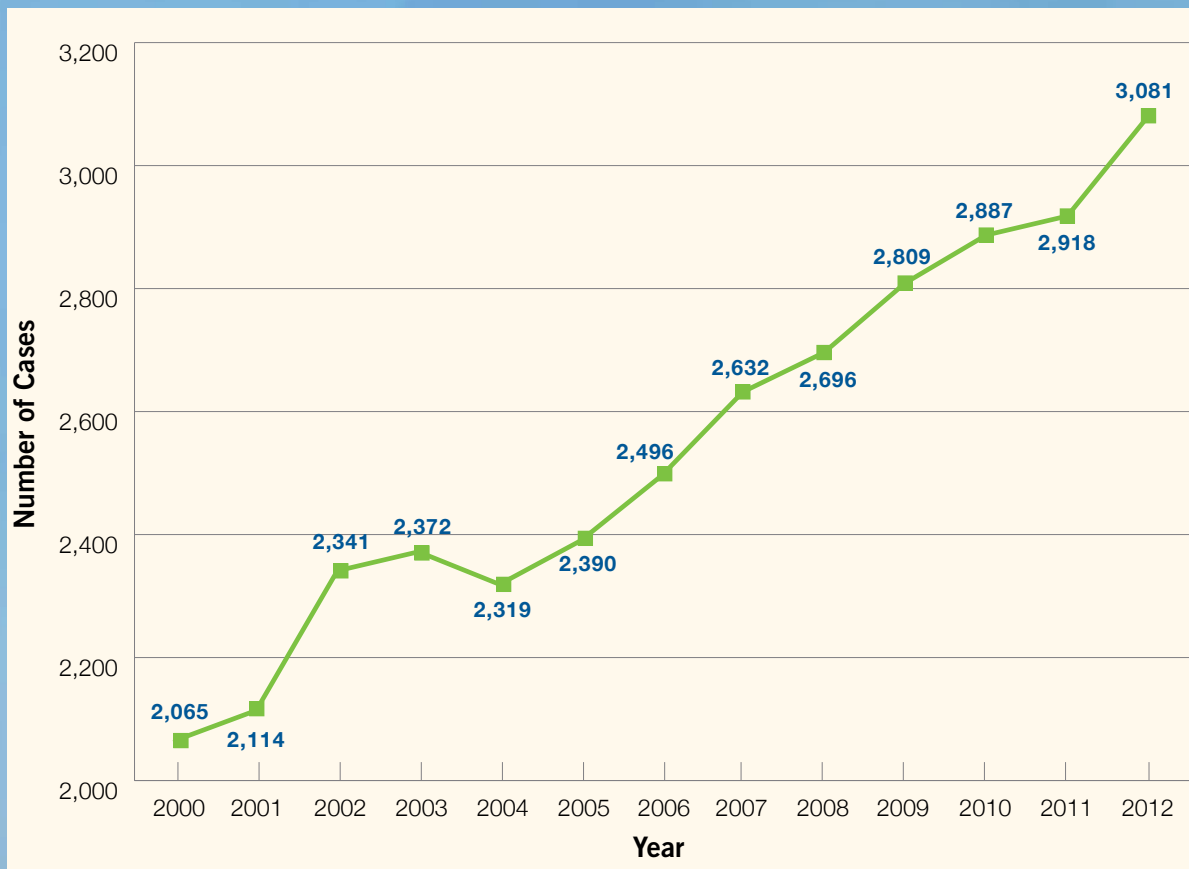
American Joint Committee on Cancer (AJCC) Staging: A classification system used for describing the extent of disease progression based on the evaluation of the tumor size/invasiveness (T), nodal status (N) and metastasis (M) at the time of diagnosis. AJCC stage is important in considering treatment plans.

Analytic Cancer Case: Analytic cases are cases for which the facility provided the initial diagnosis of cancer and/or for which the facility contributed to all or part of the first course of treatment.

Collaborative Staging: Cancer stage historically has been collected using four different staging systems: AJCC (TNM), Surveillance, Epidemiology and End Results (SEER), Extent of Disease (EOD) and Summary Stage (SS). Collaborative Staging is a unified data collection system designed to provide a common data set to meet the needs of all three staging systems and provide a comprehensive system to improve data quality by standardizing rules for timing, clinical and pathological assessments, and compatibility across all systems for all cancer sites.

National Cancer Database: The National Cancer Database (NCDB) is a joint project of the American Cancer Society and the Commission on Cancer. This database collects information on cancer cases diagnosed and/or treated at hospitals throughout the country. This non-patient identified information is used to present scientifically reviewed descriptions of patient diagnosis, treatment and outcomes. The most recent data from NCDB is on cases newly diagnosed in 2011.

TOTAL ANNUAL ANALYTIC CASES YEARS 2000-2012



INCIDENCE BY COUNTY OF RESIDENCE:

2008 THROUGH 2012 ANALYTIC CASES

COUNTY OF RESIDENCE	2008	2009	2010	2011	2012
Adams	1	0	0	0	5
Beaver	0	0	0	2	0
Berks	153	170	171	166	196
Bradford	1	1	0	0	2
Bucks	30	52	59	41	60
Carbon	129	169	183	168	191
Centre	3	2	1	0	0
Chester	2	3	3	3	4
Clinton	11	0	0	0	0
Clearfield	0	0	1	0	0
Columbia	4	4	3	6	2
Cumberland	0	0	0	1	1
Dauphin	3	1	0	0	2
Delaware	5	0	3	0	1
Fayette	0	1	0	0	0
Franklin	0	0	2	0	0
Lackawanna	36	36	39	47	51
Lancaster	1	0	1	1	1
Lebanon	1	1	2	2	1
Lehigh	1,357	1,301	1,328	1,393	1,426
Luzerne	80	83	80	73	77
Lycoming	1	1	3	2	3
Monroe	90	107	93	127	124
Montgomery	62	67	81	62	106
Northampton	578	599	643	619	613
Northumberland	1	0	1	1	0
Philadelphia	1	0	3	0	0
Pike	4	12	22	9	7
Potter	1	0	0	1	0
Schuylkill	76	117	98	120	130
Sullivan	0	1	0	0	0
Susquehanna	3	3	3	1	7
Tioga	0	0	0	1	1
Warren	0	0	0	1	0
Wayne	8	5	6	6	15
Wyoming	9	3	3	1	3
York	0	1	2	3	1
Out of State	55	69	53	61	51
TOTALS	2,706	2,809	2,887	2,918	3,081

Over the past five years, 66% of cancer patients diagnosed and/or treated by LVHN resided in either Lehigh or Northampton counties. Other counties making up an average 24% of LVHN cancer patients included, in decreasing order: Berks, Carbon, Schuylkill, Monroe and Montgomery.

NON-ANALYTIC CASES*

YEAR	NUMBER
2007	208
2008	156
2009	165
2010	227
2011	234
2012	323

* Diagnosed and all first course of treatment received elsewhere prior to coming to Lehigh Valley Health Network.

Data Source: LVHN Tumor Registry. All cases diagnosed and/or treated through LVHN Cancer Program.

2012 ANALYTIC CASES BY PRIMARY BODY SITE

PRIMARY SITE	MALE (N)	FEMALE (N)	TOTAL VALUES	PERCENT
Head and Neck				
LIP	2	0	2	3.2%
BASE OF TONGUE	7	4	11	17.7%
OTHER PARTS OF TONGUE	4	2	6	9.7%
FLOOR OF MOUTH	2	0	2	3.2%
PALATE	1	1	2	3.2%
OTHER/UNSPECIFIED PARTS OF MOUTH	2	2	4	6.5%
PAROTID GLAND	4	0	4	6.5%
OTHER SALIVARY GLANDS	0	0	0	0.0%
TONSIL	12	0	12	19.4%
NASOPHARYNX	3	0	3	4.8%
NASAL CAVITY and MIDDLE EAR	1	0	1	1.6%
ACCESSORY SINUSES	1	0	1	1.6%
LARYNX	11	3	14	22.6%
Subtotal	50	12	62	100.0%
Digestive Organs				
ESOPHAGUS	25	4	29	5.4%
STOMACH	44	16	60	11.1%
SMALL INTESTINE	7	6	13	2.4%
COLON RECTAL	159	125	284	52.6%
ANUS and ANAL CANAL	5	10	15	2.8%
LIVER and BILE DUCTS	30	7	37	6.9%
GALLBLADDER	2	2	4	0.7%
OTHER BILIARY TRACT	13	8	21	3.9%
PANCREAS	38	36	74	13.7%
OTHER DIGESTIVE ORGANS		3	3	0.6%
Subtotal	323	217	540	100.0%
Respiratory Organs				
TRACHEA	0	0	0	0.0%
BRONCHUS and LUNG	221	183	404	96.4%
THYMUS	3	1	4	1.0%
HEART MEDIASTINUM PLEURA	9	2	11	2.6%
Subtotal	233	186	419	100.0%
Breast				
BREAST	1	392	393	100.0%
Subtotal	1	392	393	100.0%
Female Genital Organs				
VULVA	0	17	17	5.6%
VAGINA	0	1	1	0.3%
CERVIX UTERI	0	32	32	10.5%
CORPUS UTERI	0	179	179	58.5%
UTERUS NOS	0	4	4	1.3%
OVARY	0	64	64	20.9%
OTHER FEMALE GENITAL ORGANS	0	8	8	2.6%
PLACENTA	0	1	1	0.3%
Subtotal	0	306	306	100.0%

PRIMARY SITE	MALE (N)	FEMALE (N)	TOTAL VALUES	PERCENT
Male Genital Organs				
PENIS	1	0	1	0.4%
PROSTATE GLAND	235	0	235	92.5%
TESTIS	16	0	16	6.3%
OTHER and UNSPECIFIED MALE GENITAL ORGANS	2	0	2	0.8%
Subtotal	254	0	254	100.0%
Urinary Tract Organs				
KIDNEY	83	37	120	40.0%
KIDNEY, RENAL PELVIS	5	7	12	4.0%
URETER	5	1	6	2.0%
URINARY BLADDER	124	38	162	54.0%
Subtotal	217	83	300	100.0%
Ophthalmic Sites				
ORBIT, NOS and OVERLAPPING LESION	0	0	0	0
Subtotal	0	0	0	0
Central Nervous System				
MENINGES	28	74	102	60.7%
BRAIN	32	23	55	32.7%
OTHER NERVOUS SYSTEM	7	4	11	6.5%
Subtotal	67	101	168	100.0%
Endocrine Glands				
THYROID GLAND	23	67	90	74.4%
ADRENAL GLAND	1	0	1	0.8%
OTHER ENDOCRINE GLANDS	12	18	30	24.8%
Subtotal	36	85	121	100.0%
Skin				
SKIN	74	60	134	100.0%
Subtotal	74	60	134	100.0%
Musculoskeletal Sites				
BONES JOINTS and ARTICULAR CARTILAGE	2	2	4	20.0%
BONES JOINTS and OTHER UNSPECIFIED SITES	0	0	0	0.0%
CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE	7	9	16	80.0%
Subtotal	9	11	20	100.0%
Other Sites				
HEMATOPOIETIC and RETICULOENDOTHELIAL SYSTEMS	88	77	165	45.3%
Other III Defined Sites (includes RETROPERITONEUM and PERITONEUM)	2	10	12	3.3%
LYMPH NODES	74	58	132	36.3%
UNK PRIMARY	30	25	55	15.1%
Subtotal	194	170	364	100.0%
TOTAL	1,458	1,623	3,081	

**Analytic cases are cases diagnosed and/or treated through Lehigh Valley Health Network Cancer Program.*

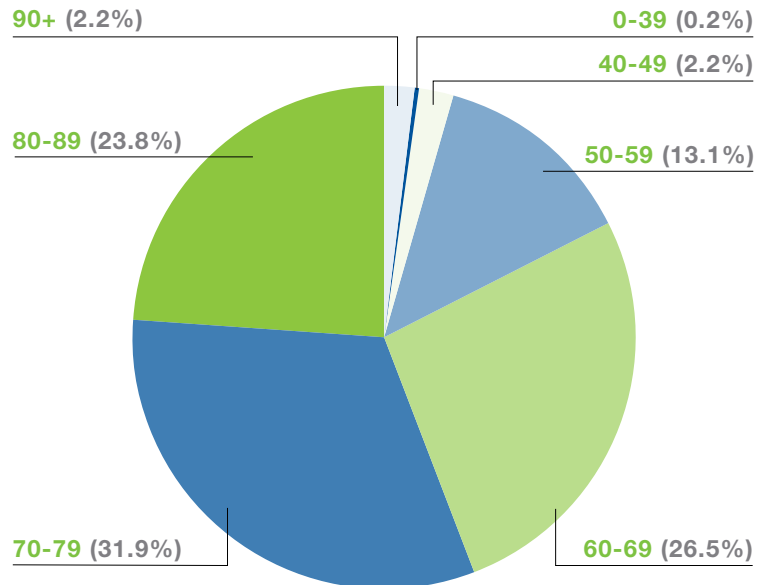
2012 LUNG CANCER

At Lehigh Valley Health Network (LVHN), lung cancer emerged as the most frequently treated cancer (N =404) in 2012. The last time lung cancer superseded the number of breast cancer cases was in 2010. According to the American Cancer Society Inc. (ACS), an estimated 226,160 new cases of lung cancer were expected in 2012 or 14% of all cancer diagnoses in the U.S.. At LVHN, lung cancer accounted for 13% of analytic cases. More than half (54.7%) of these cases were male which is consistent with the NCDB (53.2%). About 84% of newly diagnosed patients were at or above 60 years of age, compared to 79.3% reported by the NCDB. Twenty-four percent of lung cancers at LVHN were stage I, and 5% stage II, all of which were candidates for primary surgical resection. In stage III disease, 22.5% of patients underwent combined modality chemotherapy/radiation as the initial course of treatment. In stage IV disease, 42% of patients received palliative chemotherapy (18.7%), palliative radiation (13%) or combined chemotherapy/radiation therapy (31.6%). LVHN reported fewer stage IV cases (42%) than reported by NCDB (43.7%). Treatment patterns are in keeping with the National Comprehensive Cancer Network (NCCN) guidelines and reflect those reported in the 2011 NCDB.

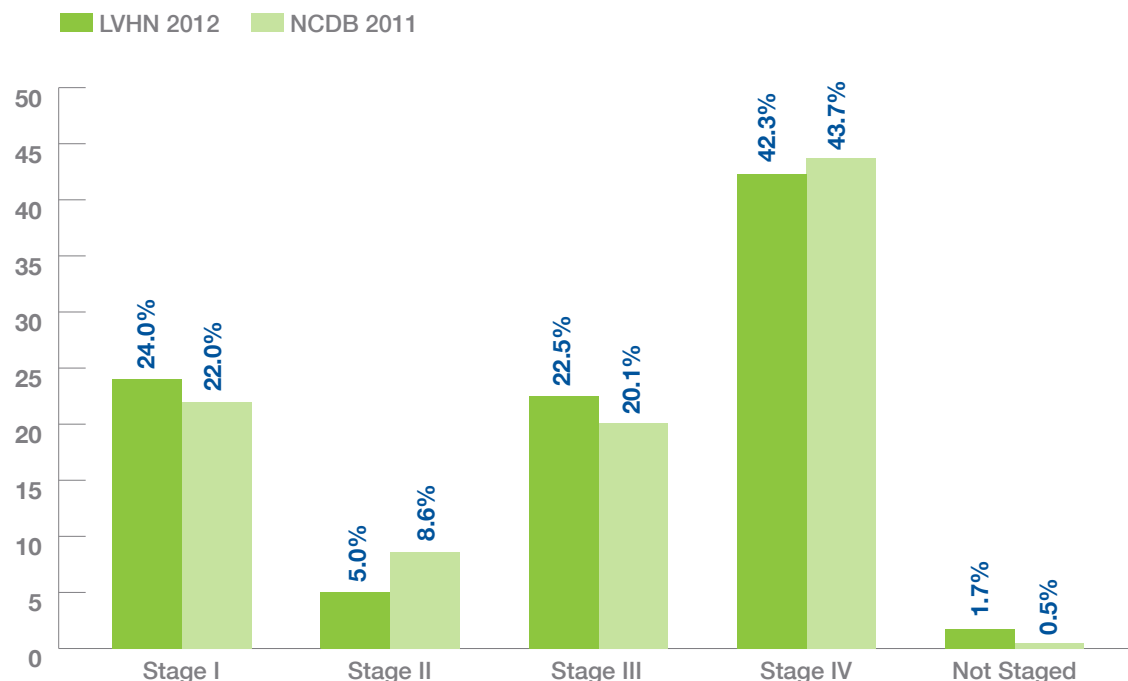
INCIDENCE OF LUNG CANCER BY AGE AT DIAGNOSIS LVHN 2012

Age Range	0 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +	TOTAL
(N)	1	9	53	107	129	96	9	404

INCIDENCE OF LUNG CANCER BY AGE AT DIAGNOSIS LVHN 2012



COMPARISON OF AJCC COLLABORATIVE STAGE AT DIAGNOSIS

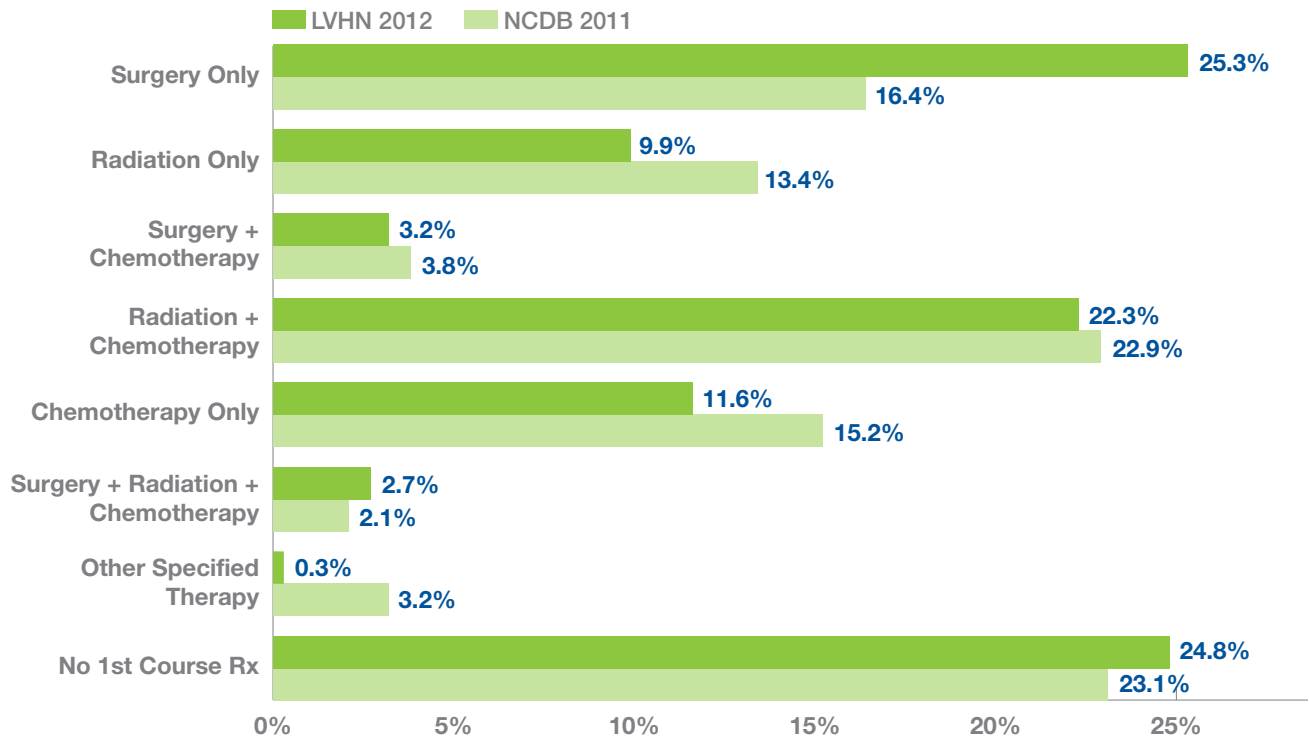


2012 LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM

LUNG CANCER TREATMENT BY STAGE AT DIAGNOSIS (N=404)

FIRST COURSE TREATMENT	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE OC	STAGE NA	STAGE UNK	%
Surgery Only	1	68	11	6	2	0	14	0	25.3%
Radiation Only	0	13	1	4	22	0	0	0	9.9%
Surgery + Chemotherapy	0	2	6	4	1	0	0	0	3.2%
Radiation + Chemotherapy	0	2	1	32	54	0	0	1	22.3%
Chemotherapy Only	0	1	0	14	32	0	0	0	11.6%
Surgery + Radiation + Chemotherapy	0	1	1	7	2	0	0	0	2.7%
Other Specified Therapy	0	1	0	0	0	0	0	0	0.3%
No 1st Course Rx	0	9	0	24	58	2	1	6	24.8%
Total Number of Cases	1	97	20	91	171	2	15	7	100%

COMPARISON OF FIRST COURSE OF TREATMENT



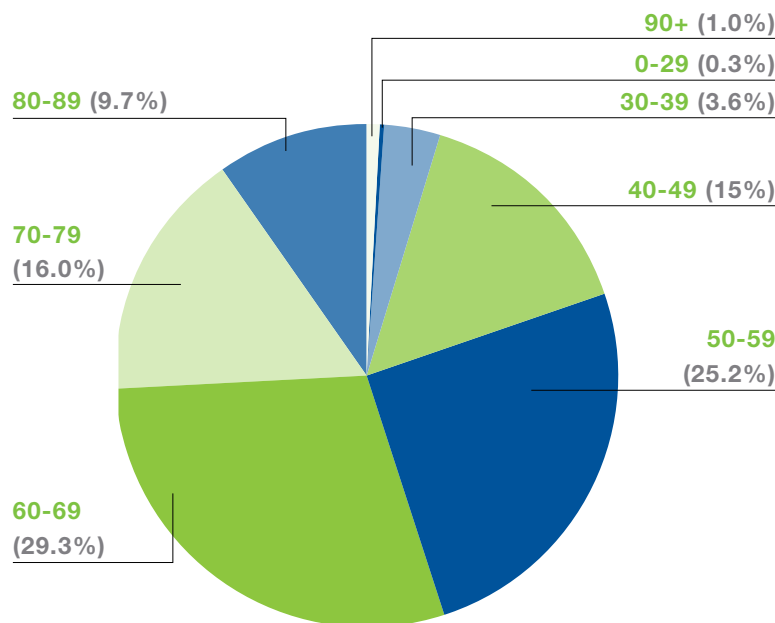
2012 BREAST CANCER

Breast cancer was the second most frequently treated cancer (N = 393) at Lehigh Valley Health Network (LVHN), accounting for 12.8% of 2012 newly diagnosed cases. During this time, an estimated 226,870 (14%) new cases of invasive breast cancer were expected to occur among women in the U.S., according to the ACS. At LVHN, 54.5% of new breast cancer cases occurred in women between the ages of 50 – 69 years of age, and 18.8% of cases occurred in women under the age of 50 years. These findings are in line with nationally reported age at diagnosis. A greater number of cancers were identified at an early stage of disease (85%) rather than late stage consistent with nationally reported data through the 2011 National Cancer Database. Nineteen percent of LVHN breast cancer cases were diagnosed at stage 0 compared with 20% of all nationally reported cases according to the NCDB. Through our LVHN Breast Health Services (BHS) mammography screening, LVHN has continuously set the pace for detecting breast cancer at an early stage. Treatment options at LVHN are in keeping with the National Comprehensive Cancer Network (NCCN) guidelines and also reflect those reported by the NCDB.

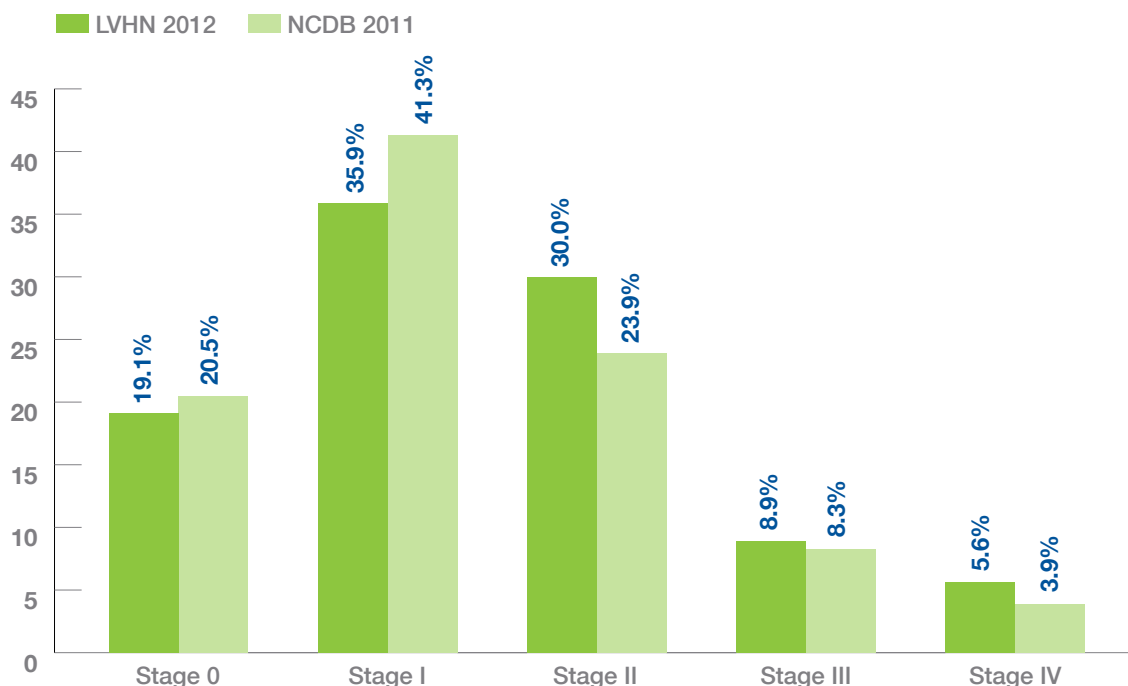
INCIDENCE OF BREAST CANCER BY AGE AT DIAGNOSIS LVHN 2012

Age Range	0 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +	TOTAL
(N)	1	14	59	99	115	63	38	4	393

BREAST CANCER BY AGE AT DIAGNOSIS LVHN 2012



COMPARISON OF AJCC COLLABORATIVE STAGE AT DIAGNOSIS

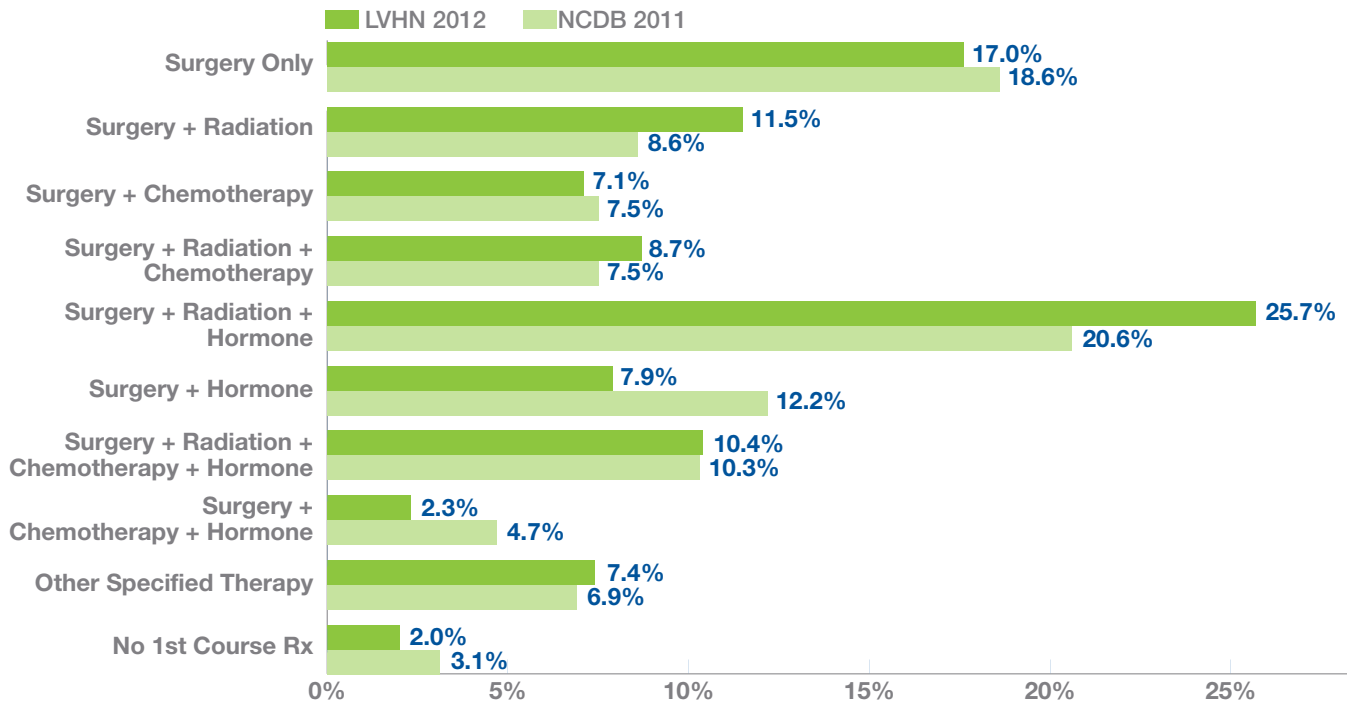


2012 LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM

BREAST CANCER TREATMENT BY STAGE AT DIAGNOSIS (N=393)

FIRST COURSE TREATMENT	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE UNK	%
Surgery Only	31	22	10	2	0	2	17.0%
Surgery + Radiation Therapy	15	27	3	0	0	0	11.5%
Surgery + Chemotherapy	1	10	11	6	0	0	7.1%
Surgery + Radiation Therapy + Chemotherapy	0	6	22	4	2	0	8.7%
Surgery + Radiation Therapy + Hormone Therapy	19	60	18	3	1	0	25.7%
Surgery + Hormone Therapy	6	10	11	2	2	0	7.9%
Surgery + Radiation Therapy + Chemotherapy + Hormone Therapy	0	4	23	12	2	0	10.4%
Surgery + Chemotherapy + Hormone Therapy	0	1	5	2	1	0	2.3%
Other Specified Therapy	0	0	11	4	14	0	7.4%
No 1st Course Rx	3	1	4	0	0	0	2%
Total Number of Cases	75	141	118	35	22	2	100%

COMPARISON OF FIRST COURSE OF TREATMENT



FOR MORE INFORMATION, GO TO LVHN.org/cancer

2012 COLON AND RECTAL CANCER

Colorectal cancer (CRC) was the third most frequently treated cancer (N=284) at LVHN in 2012, accounting for 9.2% of all newly diagnosed cases. In the U.S., the Centers for Disease and Prevention Center (CDC) estimated that 143,460 (8.75%) colorectal cancer cases would occur in 2012. From 2008 through 2010 (most recent CDC Cancer Statistics available), colorectal cancer has consistently ranked fourth across the United States. Compared with women, men had higher CRC incidence rates (54.2% versus 45.8%) at LVHN, which is consistent with national trends. Nearly 75% of all newly diagnosed CRC patients are diagnosed at stage II or greater, both at LVHN and nationwide. An increase in community awareness resulted from a series of colorectal screening and education sessions implemented by LVHN in 2012.

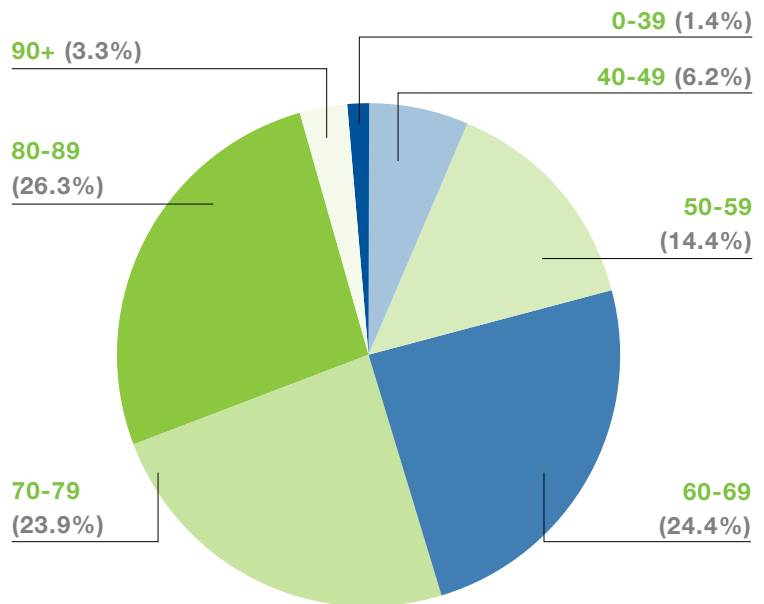
COLON CANCER

Nearly 78% of colon cancers diagnosed at LVHN were in patients 60 years of age and older compared to 72% by the National Cancer Database (NCDB). In 2012, LVHN was more likely to see cases diagnosed at a later stage, 46%, than those reported by NCDB, 44%. Surgical resection in combination with or without systemic therapy is the most common treatment approach for all stages of colon cancer at LVHN (84%) comparable to 2011 NCDB reported cases (83.6%).

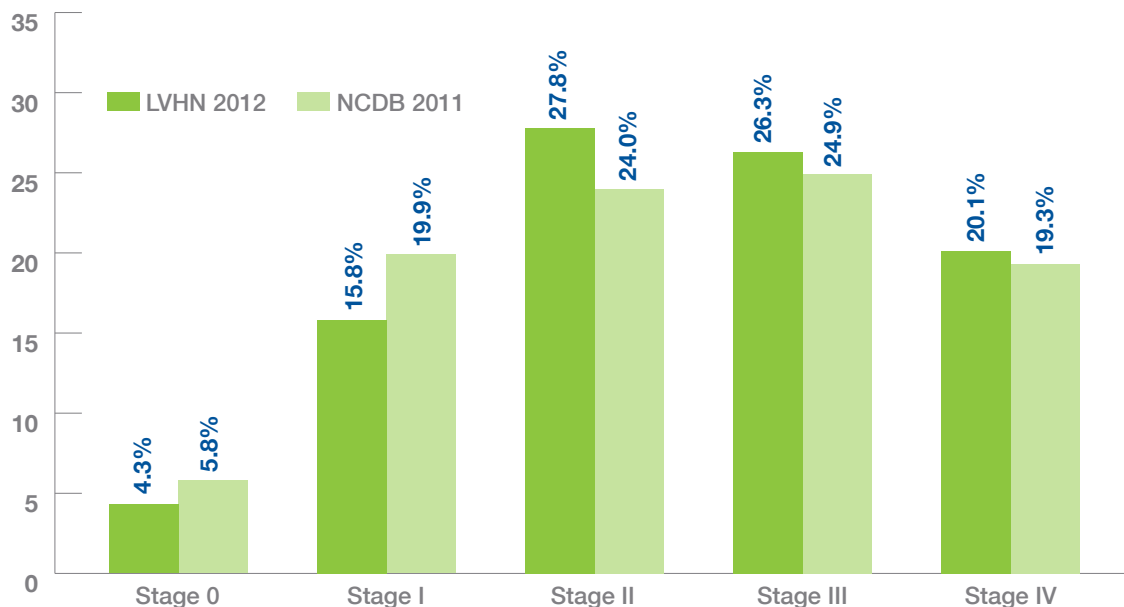
INCIDENCE OF COLON CANCER BY AGE AT DIAGNOSIS LVHN 2012

Age Range	0 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +	TOTAL
(N)	3	13	30	51	50	55	7	209

COLON CANCER BY AGE AT DIAGNOSIS LVHN 2012



COLON CANCER COMPARISON OF AJCC COLLABORATIVE STAGE AT DIAGNOSIS

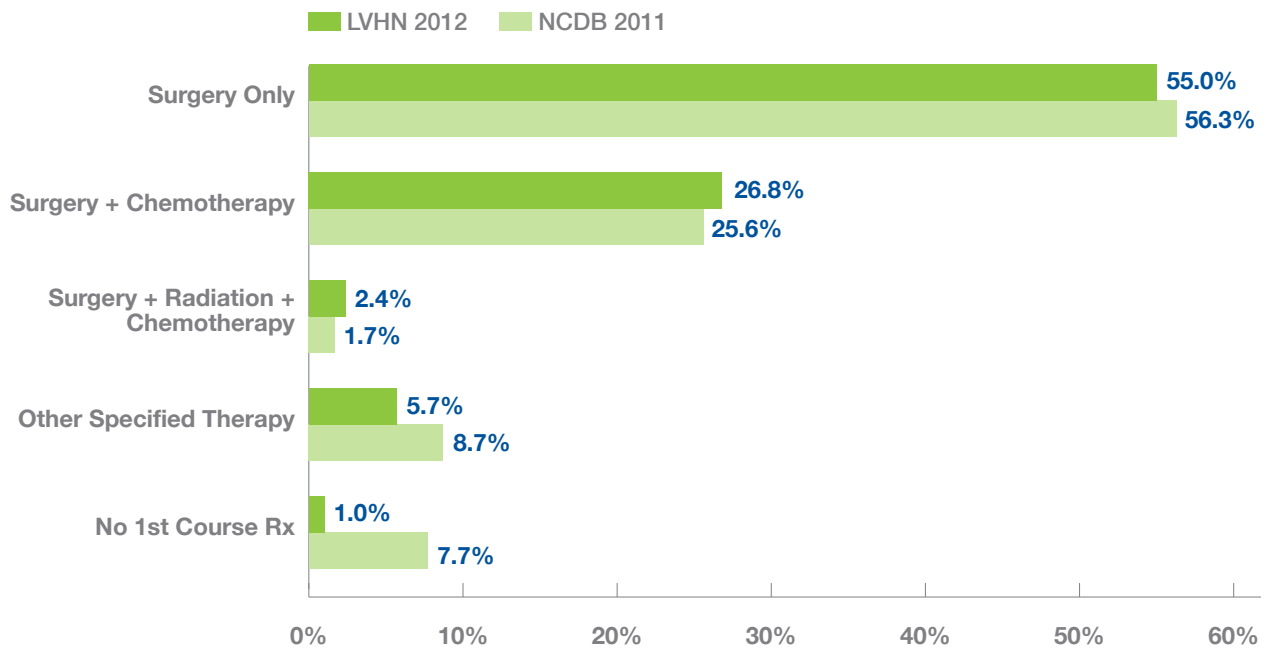


2012 LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM

COLON CANCER TREATMENT BY STAGE AT DIAGNOSIS (N=209)

TREATMENT COMBINATIONS	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE NA	STAGE UNK	%
Surgery Only	8	33	48	17	5	2	2	55.0%
Surgery + Chemotherapy	0	0	5	35	16	0	0	26.8%
Surgery + Radiation + Chemotherapy	0	0	2	3	0	0	0	2.4%
Other Specified Therapy	0	0	2	0	9	0	1	5.8%
No 1st Course Rx	1	0	1	0	12	0	7	10%
Total Number of Cases	9	33	58	55	42	2	10	100%

COMPARISON OF FIRST COURSE OF TREATMENT



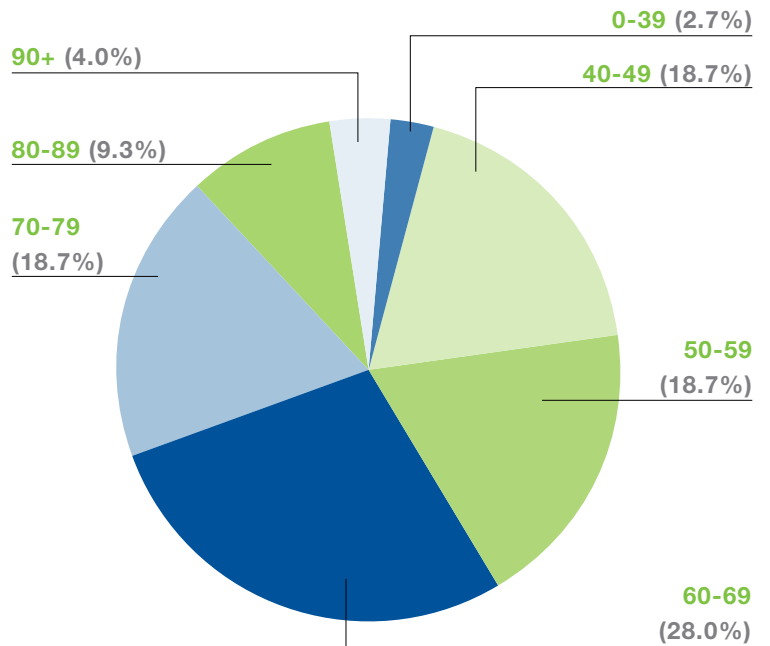
2012 RECTAL CANCER

Rectal cancer patients were more likely to be diagnosed at an earlier stage than colon cancer patients. More than 78.6% of LVHN patients were diagnosed at 50 years of age and older compared with 85% of reported NCDB patients in this age range. Treatment options for rectal cancer were more variable than those selected for colon cancer. LVHN treated a greater proportion of later-stage rectal cancers, stage II (28%) and stage III (28%) versus NCDB stage II (18.8%) and stage III (20.3%) reported cases. Definitive surgery alone was less often recommended for all stages of rectal cancer at LVHN (33%) compared with 34.5% of NCDB reported cases. However, surgery and radiation plus systemic therapies were recommended more often for stages I through IV at LVHN (33%) as compared to NCDB (31.9%) reported cases.

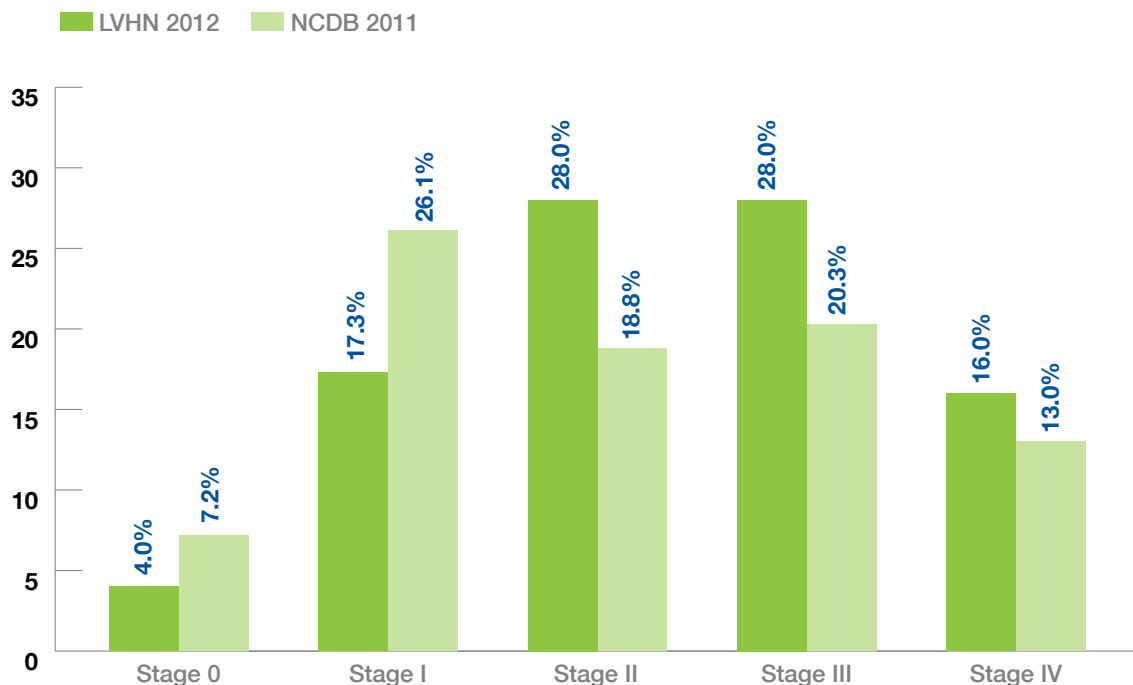
INCIDENCE OF RECTAL CANCER BY AGE AT DIAGNOSIS LVHN 2012

Age Range	0 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +	TOTAL
(N)	2	14	14	21	14	7	3	75

RECTAL CANCER BY AGE AT DIAGNOSIS LVHN 2012



RECTAL CANCER COMPARISON OF AJCC COLLABORATIVE STAGE AT DIAGNOSIS

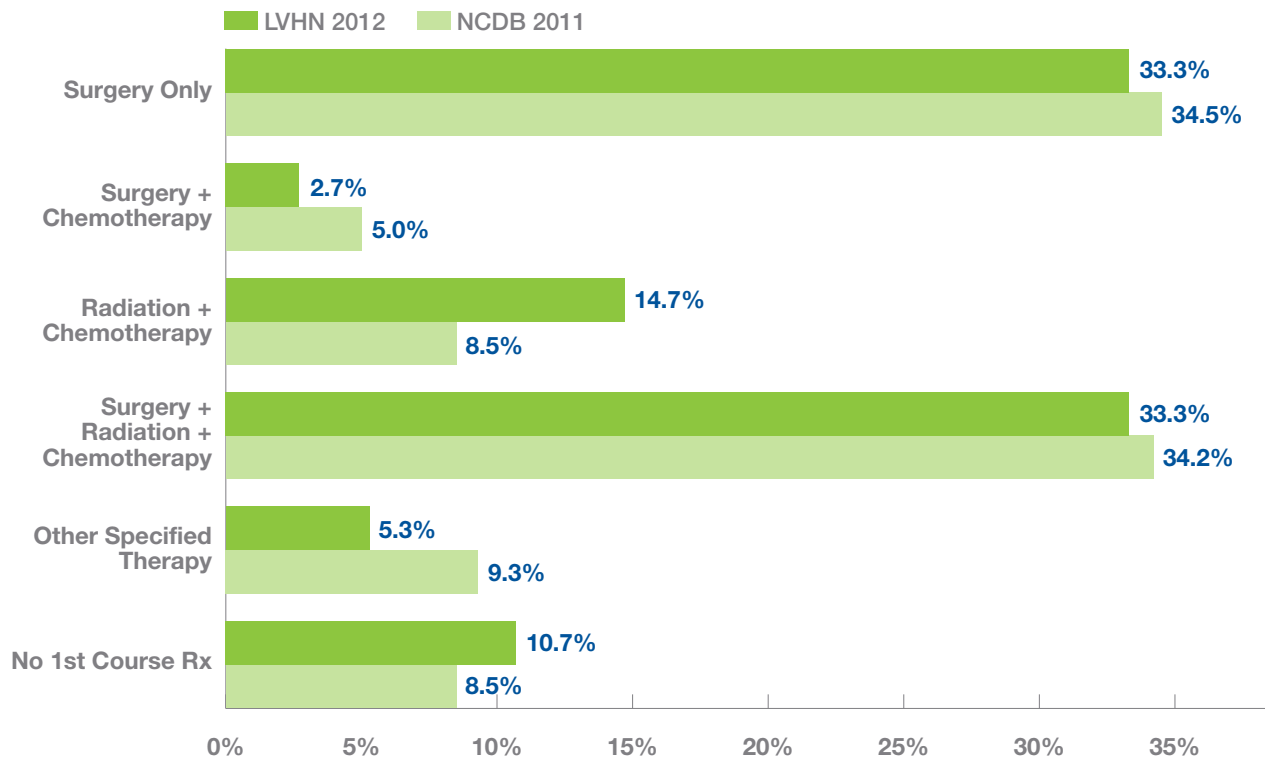


2012 LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM

RECTAL CANCER TREATMENT BY STAGE AT DIAGNOSIS (N=75)

TREATMENT COMBINATIONS	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE NA	STAGE UNK	%
Surgery Only	3	9	7	2	1	2	1	33.3%
Surgery + Chemotherapy	0	0	0	2	0	0	0	2.7%
Radiation + Chemotherapy	0	0	2	3	6	0	0	14.7%
Surgery + Radiation + Chemotherapy	0	2	9	13	1	0	0	33.3%
Other Specified Therapy	0	2	1	0	1	0	0	5.33%
No 1st Course Rx	0	0	2	1	3	0	2	10.7%
Total Number of Cases	3	13	21	21	12	2	3	100%

COMPARISON OF FIRST COURSE OF TREATMENT



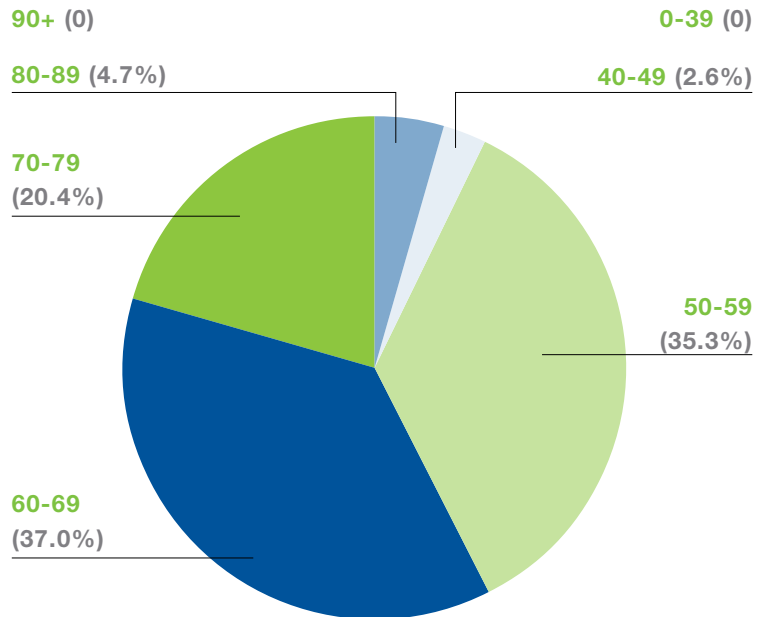
2012 PROSTATE CANCER

Prostate cancer was the fourth most frequently treated cancer at Lehigh Valley Health Network (LVHN) in 2012. The 235 analytic cases diagnosed in 2012 accounted for 7.6% of all analytic cancer cases at LVHN. An estimated 241,740 new cases of prostate cancer were expected in 2012 or 14.8% of all cancer diagnoses in the U.S., according to the ACS. Seventy-two percent (72%) of newly diagnosed patients at LVHN were between the ages of 50 to 69 years in comparison to the 2011 National Cancer Database (NCDB) reported rate of 68%. The highest percent of prostate cases newly diagnosed for LVHN was at stage II (76%) as compared to NCDB cases that were diagnosed at stage I and II (80.5%) combined. To increase community awareness, LVHN implemented a series of prostate cancer screenings and education events that were offered free to the public in 2013. Treatment options at LVHN are in keeping with National Comprehensive Cancer Network (NCCN) guidelines and reflect those reported in the most recent 2011 NCDB. Most men continue to choose surgical definitive treatment at both LVHN (51.5%) and nationwide (49.6%).

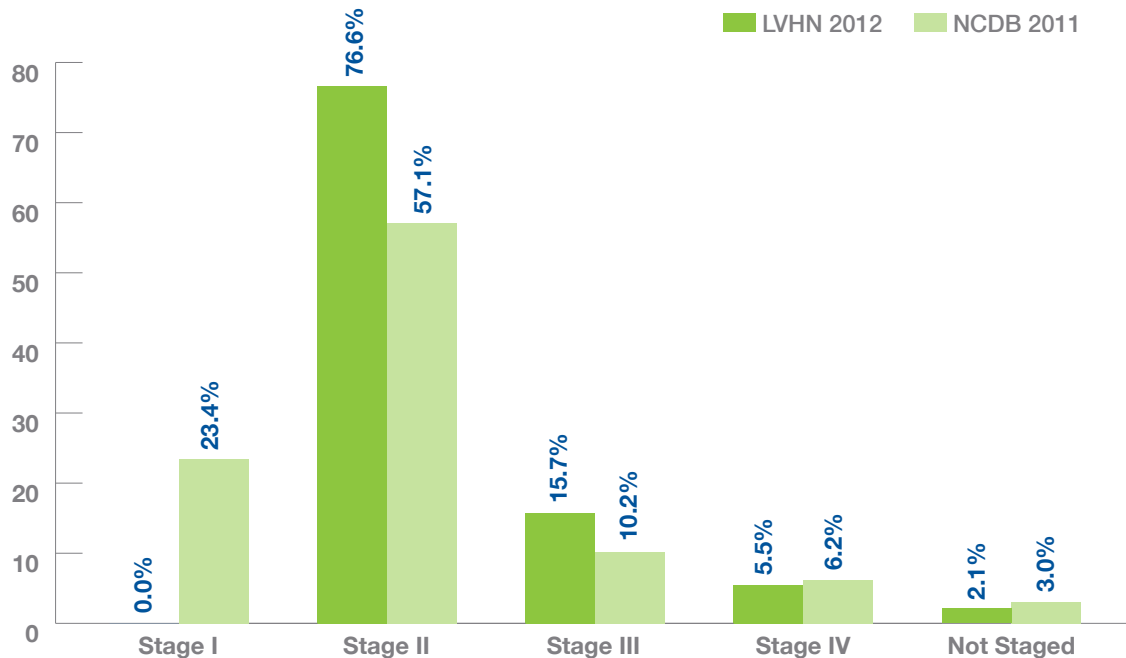
INCIDENCE OF PROSTATE CANCER BY AGE AT DIAGNOSIS LVHN 2012

Age Range	0 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 +	TOTAL
(N)	0	6	83	87	48	11	0	235

PROSTATE CANCER BY AGE AT DIAGNOSIS LVHN 2012



PROSTATE CANCER COMPARISON OF AJCC COLLABORATIVE STAGE AT DIAGNOSIS

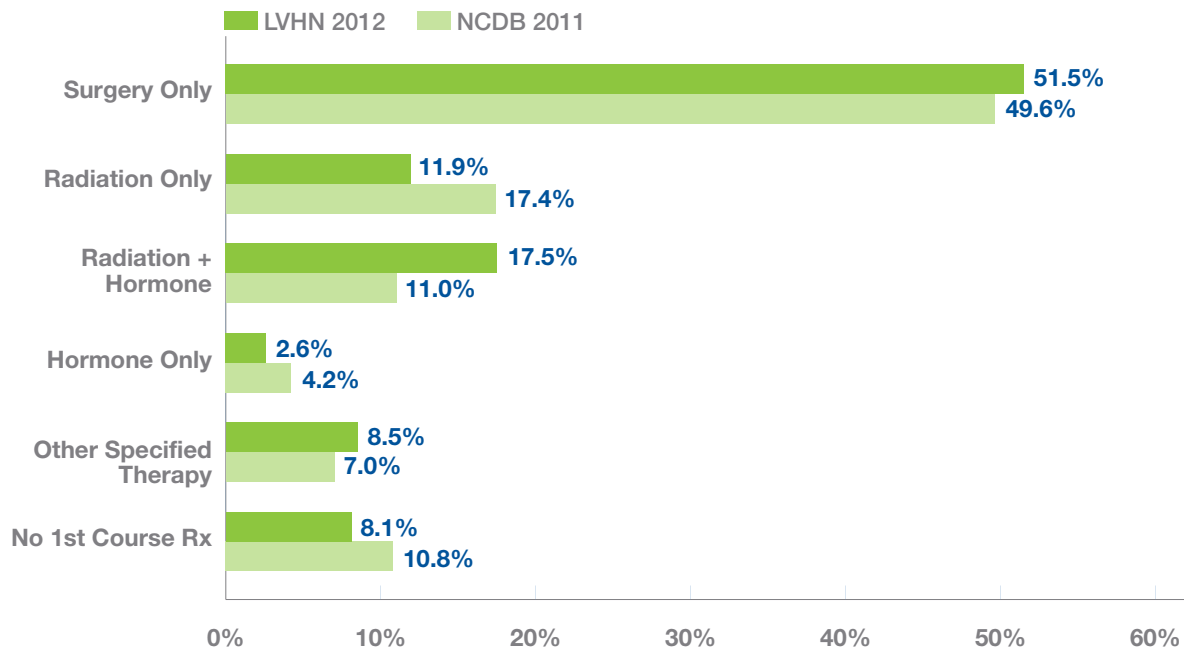


2012 LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM

PROSTATE CANCER TREATMENT BY STAGE AT DIAGNOSIS (N=235)

TREATMENT COMBINATIONS	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE NA	STAGE UNK	%
Surgery Only	0	96	20	1	0	4	51.5%
Radiation Only	0	28	0	0	0	0	11.9%
Radiation + Hormone Therapy	0	31	8	2	0	0	17.4%
Hormone Therapy Only	0	1	0	5	0	0	2.6%
Other Specified Therapy	0	6	9	4	0	1	8.5%
No 1st Course Rx	0	18	0	1	0	0	8.1%
Total Number of Cases	0	180	37	13	0	5	100

COMPARISON OF FIRST COURSE OF TREATMENT



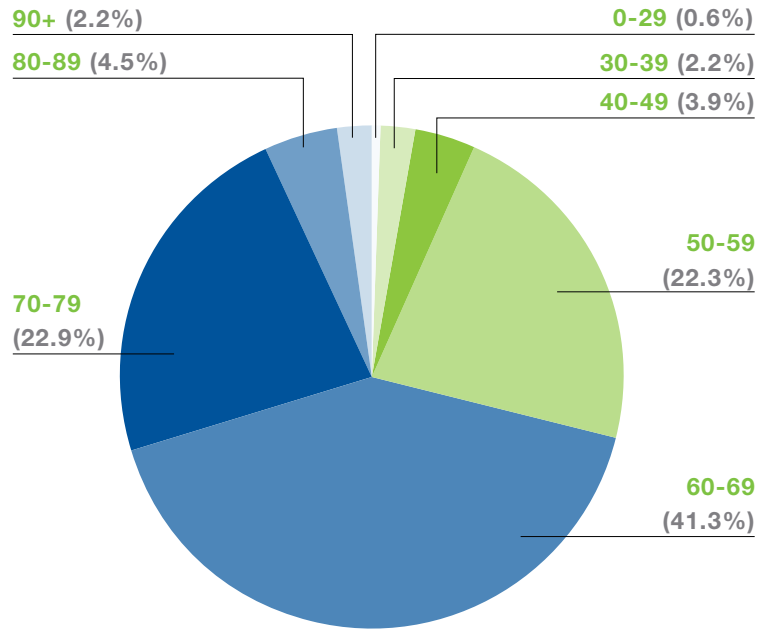
2012 CORPUS UTERI CANCER

Corpus uteri cancer emerged as the fifth most frequently treated cancer (N = 179) at Lehigh Valley Hospital Network (LVHN) in 2012, accounting for 5.8% of all newly diagnosed analytic cases. During this time, an estimated 47,130 (2.9%) new cases of cancer of the uterine corpus were expected to be diagnosed in the U.S., according to the ACS. The majority of corpus uteri cancer cases (93%) diagnosed at LVHN were patients age 50 or older as compared to NCDB's (88%) reported cases. LVHN was more likely to diagnose cases at an early stage (61.5% diagnosed at stage I) comparable with cases reported to the NCDB (69% diagnosed at stage I). Surgery alone was the most common treatment offered for all stages of corpus uteri cancer at LVHN (52%) comparable to 2011 NCDB (60%) reported cases. LVHN treated with combination surgery/ radiation with or without chemotherapy in (40%) of the cases as compared to 31 percent of NCDB reported cases. Treatment options are in keeping with the National Comprehensive Cancer Network (NCCN) guidelines and reflect those reported to the NCDB.

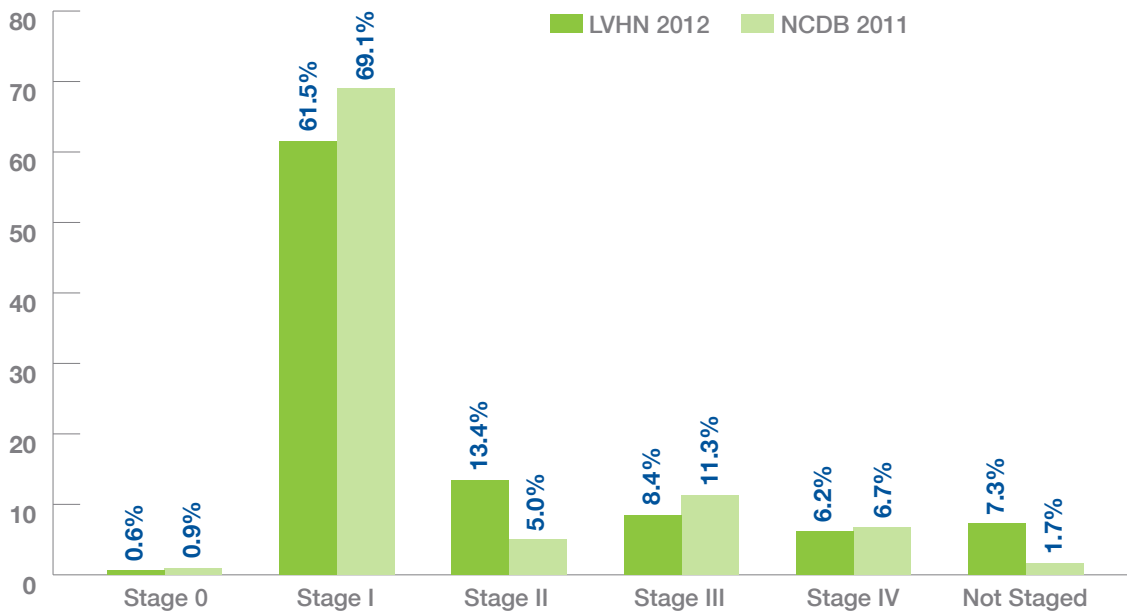
INCIDENCE OF CORPUS UTERI CANCER BY AGE AT DIAGNOSIS LVHN 2012

Age Range	0-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	TOTAL
(N)	1	4	7	40	74	41	8	4	179

CORPUS UTERI CANCER BY AGE AT DIAGNOSIS LVHN 2012



CORPUS UTERI CANCER COMPARISON OF AJCC COLLABORATIVE STAGE AT DIAGNOSIS

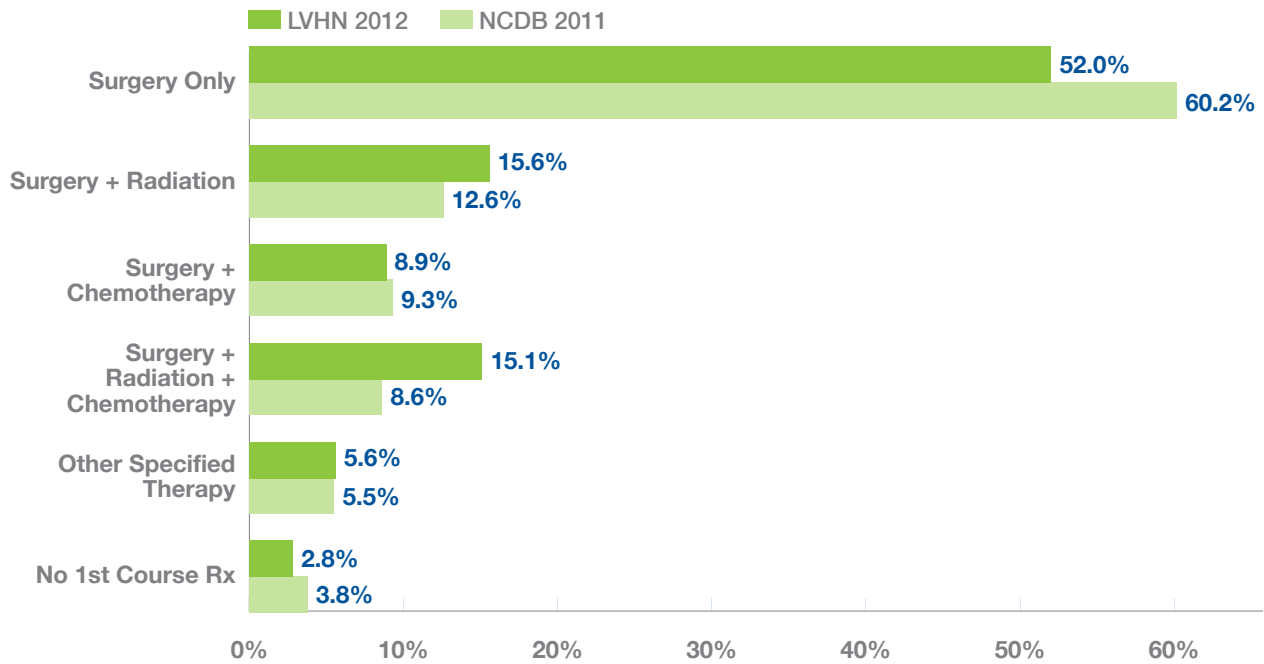


2012 LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM

CORPUS UTERI CANCER TREATMENT BY STAGE AT DIAGNOSIS (N=179)

TREATMENT COMBINATIONS	STAGE 0	STAGE I	STAGE II	STAGE III	STAGE IV	STAGE NA	STAGE UNK	%
Surgery Only	0	81	5	3	0	3	1	52%
Surgery + Radiation	0	15	9	1	0	2	1	15.6%
Surgery + Chemotherapy	0	4	3	2	4	2	1	8.9%
Surgery + Radiation + Chemotherapy	1	7	6	7	2	4	0	15.1%
Other Specified Therapy	0	2	1	1	3	2	1	5.6%
No 1st Course Rx	0	1	0	1	2	0	1	2.8%
Total Number of Cases	1	110	24	15	11	13	5	100

COMPARISON OF FIRST COURSE OF TREATMENT





LEHIGH VALLEY HEALTH NETWORK
CANCER PROGRAM

TUMOR REGISTRY DEPARTMENT

The Cancer Data Management Department is an integral part of the Lehigh Valley Health Network (LVHN) Cancer Program. Through systematic collection, management, analysis and follow-up of data on all patients with a diagnosis of malignancy or reportable benign disease, the Cancer Data Management Department plays an important part in efforts to improve cancer care.

SERVICES AT LEHIGH VALLEY HOSPITAL

The Cancer Program at Lehigh Valley Health Network (LVHN) provides a variety of support, educational and wellness programs for patients, family members and the general public. Most of these services and programs are offered free of charge.

CANCER SURVIVOR EVENTS

Two breast cancer survivor events were held in FY 13. These workshops are designed specifically for breast cancer survivors who have recently completed their treatment. These evening events included presentations by one of our survivorship nurse practitioners, dietitian, exercise physiologist, sex therapist and yoga instructor. A total of 41 women attended the events.

In June 2013, we held our 11th Annual Cancer Survivor Celebration. Over 140 people attended. This event included dinner, an inspirational presentation by Dan Shapiro, cancer survivor, author, professor and television consultant. The Daisy Jug Band provided the musical entertainment.

We held our first annual Latino Cancer Survivor Celebration in June 2013.

COUNSELING SERVICES

Counseling services are provided by a team of licensed clinical social workers, a psychologist and a psychiatrist. Phone consultations are provided on an individual basis to newly diagnosed patients seeking information. Short-term individual and family therapy, as well as individual counseling is available. The LVHN Cancer Program also offers the services of a certified sex therapist to address changes cancer may cause in the patient's relationship with his or her significant other.

FINANCIAL COORDINATION

The Cancer Program provides financial coordinators to assist patients in financial matters such as precertification requirements, health insurance and medical bills. Financial coordinators also connect patients with support agencies to assist them in receiving free or reduced-cost services and medical supplies.

GENETIC COUNSELING

Three board-certified genetic counselors and a medical oncologist are available to meet with patients and families to discuss benefits of genetic testing and perform a personalized

risk assessment. The genetic counselors provide an in-depth review of results, counsel patients and family members on implications and provide comprehensive surveillance and treatment recommendations.

INTERPRETER SERVICES

LVHN offers language and sign language interpreter services, as well as assistance for people who are hearing impaired. Trained medical interpreters for non-English-speaking patients and people who communicate through sign language are available 24 hours a day, seven days a week via live interpreters or a telephonic language interpretation service.

MARY ROSE MUHR SLEMMER

SURVIVORPLACE: PROGRAMS FOR LIVING AFTER THE CANCER EXPERIENCE

SurvivorPLACE is designed to help people who have undergone treatment for cancer to live a healthy life. This includes preventing, detecting and treating complications from cancer treatment. The care team includes a nurse practitioner, registered nurse, social worker, registered dietitian and rehabilitation therapist, all of whom are specially educated and/or certified in oncology. All patients receive a personalized Cancer Survivor Summary that includes information on their cancer treatment as well as their survivor care plan.

NURSE NAVIGATORS

Cancer Support Services nurse navigators offer patients emotional support, help them communicate with their physicians, and provide guidance for decision making about choices in their care. Navigators direct patients to support services and community resources to assist them with treatment-related supplies, financial concerns and transportation. They coordinate all members of the patient's health care team and guide the patients to survivorship services when their treatment is complete.

NUTRITION COUNSELING

Three oncology-certified registered dietitians are available to meet with patients and families to assess nutritional needs, determine appropriate nutritional goals/strategies during and post-cancer treatment survivorship. In FY 13, our dietitians consulted with 1,962 patients.

PATIENT EDUCATION LIBRARY

The Cancer Program houses the virtual Patient Education Library, providing patients with access to current cancer-related literature at no charge. Access to the library and education can occur on a self-referral basis. The LVHN Cancer Program also offers one-to-one education with an oncology clinical nurse specialist. Additional educational materials are also available via the 610-402-CARE phone line.

PRE-OPERATIVE CLASSES

A pre-operative breast class is offered weekly to all newly diagnosed breast cancer patients to prepare them for surgery and to review post-surgical care, including rehabilitation needs. The class is also available in Spanish.

SUPPORT GROUPS

Support groups offered by the Cancer Program include a monthly Men Facing Cancer Discussion Group, Metastatic Breast Cancer Support Group, and our Breast Cancer Support of Survivors Group. We have a support group, Circulo de Apoyo (Circle of Caring), specifically for our Latino cancer survivors and their significant others. In addition to providing space for the monthly meetings, Cancer Program staff has served to provide educational support for the groups as well. Members of the Cancer Support Team facilitate the support groups.

The Breast Cancer Support of Survivors (SOS) Program offers a 24-hour help-line for newly diagnosed patients. Help-line volunteers receive over 40 hours of training conducted by our Cancer Program professional staff. Monthly meetings are facilitated by LVHN Cancer Support Services staff and provide the volunteers with ongoing education and opportunity to seek guidance on dealing with particularly challenging calls.

OTHER ON-SITE SUPPORT SERVICES

The Cancer Program works closely with other LVHN services. These services include Center for Pain Management, home care, hospice, oncology rehabilitation, and palliative care through the OACIS (optimizing advanced complex illness supports) team, pastoral care, pharmacy services, and valet parking.

COMMUNITY EDUCATION AND SCREENING PROGRAMS

HEALTHY MONDAYS

In FY 12, Lehigh Valley Health Network (LVHN) launched an advertising campaign designed to support the National Community Cancer Center Program (NCCCCP). The goals were to increase opportunities for interaction between the Hispanic community and staff of the NCCCCP at Lehigh Valley Hospital–17th Street and increase access to cancer research protocols. The strategy was to create foundational materials to support the NCCCCP program, starting with a message focused on overall healthy living, including diet, activity, regular screenings and checkups, and tie these messages to cancer prevention. We continued these events in FY 13. A total of four events were held, and over 150 people attended. Oral cancer screening and mammography were offered at these events. Screenings for cancer totaled 83.

CANCER RESOURCE FOR SCHOOLS

The Cancer Program's clinical nurse specialists provide lectures on cancer-related topics to health classes in area school districts and also to various colleges. The topics for FY 13 included: overview of chemotherapy, care of the oncology patient, general oncology overview, biotherapy overview and health career programs. They conducted a total of seven lectures.

COMMUNITY CANCER RESOURCES

The Cancer Program also provides lectures on cancer-related topics as requested by both the lay and professional communities. The topics for FY 13 included nutrition education, breast cancer survivor event, prostate cancer prevention and early detection, breast health awareness, lung health, prevention and early detection of colon cancer, and training for Support of Survivors volunteers, lectures on various breast health topics and other site-specific lectures on cancer.

COMMUNITY HEALTH FAIRS

Community outreach is provided in the form of education at community health fairs and community lectures. LVHN Cancer Program staff participated in a total of 18 health fairs in FY 13, reaching more than 8,000 people.

I PINK I CAN WOMEN'S BREAST HEALTH AWARENESS EVENT

In FY 13 we held a breast health awareness event for women in our community. This dinner event included presentations by members of our clinical staff on the following topics:

Clearing Up Confusion About Mammograms; What's In Your Genes?; Hormones and Menopause: The Facts and Myths; I Feel A Lump In My Breast. What Should I Do?

One hundred thirty-two (132) women attended this event.

FLU IMMUNIZATION

A total of 154 flu immunizations were provided to patients under treatment in the infusion areas at the Cedar Crest and Muhlenberg sites.

PROSTATE CANCER SCREENING

Free prostate cancer examinations were provided during the annual prostate cancer screening program for men. This program is held in collaboration with Lehigh Valley Urology Specialty Care, Allentown Health Bureau and our Lehigh Valley Hospital–17th Community Health and Wellness Center. Two staff urologists as well as five nursing/clerical staff volunteered for the screening session. A total of 26 men were screened.

SKIN CANCER SCREENING

Free examinations are provided during the annual skin screening. Eight dermatologists and 21 nursing/clerical staff volunteered for the skin screening held in FY 13. A total of 136 community members were screened. This program is conducted in conjunction with the American Academy of Dermatology and the health network's division of dermatology.

BREAST CANCER SCREENING AND CERVICAL CANCER SCREENING

Working in collaboration with the Allentown Health Bureau, LVHN's Breast Health Services provided free clinical breast exams and screening mammograms for 900 women. In addition, 800 women received a free Pap test through our Center for Women's Medicine and Community Health and Wellness Center.

LEHIGH VALLEY HEALTH NETWORK CANCER PROGRAM: A LINK AMONG COMMUNITY RESOURCES

The Lehigh Valley Health Network Cancer Program collaborates with many community groups and resources. These links are very valuable to our community and our patients. Here are five primary partnerships:

AMERICAN CANCER SOCIETY

Lehigh Valley Hospital frequently connects patients with the American Cancer Society. Fifty to 75 patients a month are referred for information, day-to-day help and emotional support. The Society provides transportation and linkage to other area resources. LVH frequently hosts the Society's Look Good, Feel Better workshops where women undergoing treatment learn how to understand and care for changes in skin and hair that may occur during treatment. Lehigh Valley Health Network sponsored "Lehigh Valley Hope Ball—Lighting the Way to a Cure" at Lehigh Country Club.

Call the Society at 1-800-227-2345 or visit www.cancer.org.

CANCER SUPPORT COMMUNITY OF THE GREATER LEHIGH VALLEY

Multiple patient and family lectures were provided at the Cancer Support Community of the Greater Lehigh Valley by our physicians and nurses as well as at other community-based programs on topics including: lymphoma, lung cancer, breast cancer, colon cancer, clinical trials, and cancer fatigue. Some of these programs also were offered on-site at Lehigh Valley Hospital and conducted by members of our professional staff.

For more information on the Cancer Support Community of the Greater Lehigh Valley education programs, call 610-861-7555 or visit www.cancersupportglv.org.

COMMUNITY EXCHANGE TIMEBANKING

The Lehigh Valley Hospital Cancer Program collaborates with the Lehigh Valley Health Network Community Exchange TimeBank. Frequently referred to as Community Exchange, this program provides assistance to patients in need and creates a vibrant community working together. Community Exchange is a network of people who volunteer or earn time through a model for community action and connectivity.

LEHIGH COALITION FOR CANCER CONTROL

Since 1987, the LVHN Cancer Program, Allentown Health Bureau, St. Luke's University Health Network, and Sacred Heart Hospital have worked together as the Lehigh Coalition for Cancer Control. The goal of the Coalition is to remove barriers that may prevent women from getting a mammogram and/or Pap test. These barriers include cost, lack of insurance coverage and lack of a medical provider. Together, we help uninsured and underinsured women follow the breast and cervical cancer screening recommendations. For more information, call 610-437-7513.

LEUKEMIA AND LYMPHOMA SOCIETY

We partner with the Leukemia and Lymphoma Society (LLS) to offer patient education programs as well as the Circulo de Apoyo support group for our Latino patients and their families. Lehigh Valley Health Network hosted the first annual "Latino Cancer Survivorship Day," and offered a four-part workshop, "Latino Cancer Survivorship Education Series," which concludes in 2014. LLS provides us with education materials for all patients with blood cancers. They also offer a wide range of webinars for both professionals and patients.

For more information call, 610-266-8513 or visit them at www.lls.org.

RESEARCH AT LVHN CANCER PROGRAM

Clinical research in oncology has been conducted at LVHN for over 35 years, initially with the National Surgical Adjuvant Breast and Bowel Project (NSABP) and the Eastern Cooperative Oncology Group (ECOG). During the last 16 years, LVHN has remained members with NSABP, ECOG and expanded to include cancer prevention trials in breast and prostate cancer, treatment trials in surgical oncology (ACOSOG), Gynecologic Oncology (GOG), the North Central Cancer Treatment Group (NCCTG), and we are a member of the Clinical Trials Support Unit (CTSU). LVHN Cancer Program enjoys a collaborative relationship with Moffitt Cancer Center and recently the Wistar Institute of Anatomy and Biology, both of which are NCI-designated Cancer Centers. The Cancer Program also participates in local, national and pharmaceutical studies designed to prevent and treat cancers.

The Cancer Program's Protocol Priority Review Committee (PPR) meets monthly to review its clinical trial portfolio. The Committee's goal is to keep the oncology clinical trial portfolio scientifically sound and appropriate for the resources of the Cancer Program. Research at LVHN is supported by a central research office (Network Office of Research and Innovation) comprised of the Office of Clinical Operations, Office of Integrity and Education, Office of Research and Finance, and Human Subject Protection Office.



CANCER COMMITTEE MEMBERSHIP

At Lehigh Valley Health Network, we excel in care for our cancer patients. Lehigh Valley Health Network's Cancer Committee oversees activities of the cancer program and is responsible for ensuring quality care and facilitating advancements. The multidisciplinary cancer committee is composed of medical and administrative personnel with a full range of specialty skill sets. We also work closely with the American Cancer Society and Leukemia and Lymphoma Society.

2013 LEHIGH VALLEY HEALTH NETWORK CANCER COMMITTEE MEMBERSHIP

MEMBER NAME	MEMBER CATEGORY
Andrews, Charles MD	Radiation Oncologist
Baccala, Angelo Jr. MD	Surgeon, Urology
Barnaby, Janine RPh, BS, BCOP	Pharmacist
Barraco, Debra BS	Cancer Conference Coordinator
Boulay, Richard MD	Cancer Committee Chair, Gynecology Oncology, Chair
Boyle, Linda PT, DPT, OCS, CLT-LANA	Rehabilitation Representative
Brennan, Jennifer RD, CSO, LDN	Registered Dietitian
Brong, Diane LSW	Social Worker
Chung, Heiwon MD	Surgeon
Chupella, MaryAnn MA, LPC	Leukemia and Lymphoma Society Representative
Dellers, Elizabeth MD	Pathologist
Dwinal, Brenda CTR	Certified Tumor Registrar, Cancer Registry Quality Coordinator
Earley, Nancy MS, RT(R)(T)	Cancer Program Administrator
Friedman, Eliot MD	Medical Oncologist
Gheller, April BSN, MSN, OCN	Oncology Nurse, Ambulatory Care Setting
Harper, Gregory MD, PhD	NCCCP Medical Director
Kratz, Melissa RN, MSN, OCN	Clinical Nurse Specialist
Mack, Nadesda RN, BSN, MBA, OCN	Cancer Program Administrator
McGonigle, Lenore Med	Community Outreach Coordinator
Monteleone, Philip MD	Pediatric Oncologist
Moretz, Carole PsyD, MSN	Psychosocial Services Coordinator
Moskel, Erin BSW	American Cancer Society Representative
Nair, Suresh MD	Medical Oncology, Clinical Research Representative
Namey, Tara MS, CGC	Genetics Professional/Counselor
O'Connell, Mary Ellen MSN, MBA	Performance Improvement or Quality Management Representative (Network)
Park, John MD	Specialty Physician
Perez-Vega, Rod Pastor	Pastoral Care Representative
Ray, Daniel MD	Palliative Care Team, Physician member
Reimer, Nicole BSN, OCN	Oncology Nurse
Rienzo, Robert MD	Diagnostic Radiologist
Ritter, Marlene RRT, MBA, CPHQ	Performance Improvement/Quality Management
Rivera, Ada MBA	Quality Improvement Coordinator
Sevedge, Kathleen RN, MA, AOCN	Cancer Support Services
Schiavone, Karen	American Cancer Society
Shearburn, Patricia RN, MSN, AOCN	Clinical Nurse Specialist
Sinclair, Jennifer LPC	Cancer Support Community Representative
Skandan, Savitri MD	Cancer Liaison Physician
Steigerwalt, Susan RT (R) (M)	Breast Health Services
Vogt, Jeanne RN, MSN, MBA, CHPN	Hospice Nurse or Administrator and Palliative Care Team Member
Weinhold, Keith MHA, FACHE	Corporate Administrator
Whitney, Samiyyah RN, BSN	Clinical Research Coordinator
Richard Boulay, MD	Cancer Committee Chair

13073 - 12/2013

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