

2002 CANCER PROGRAM ANNUAL REPORT

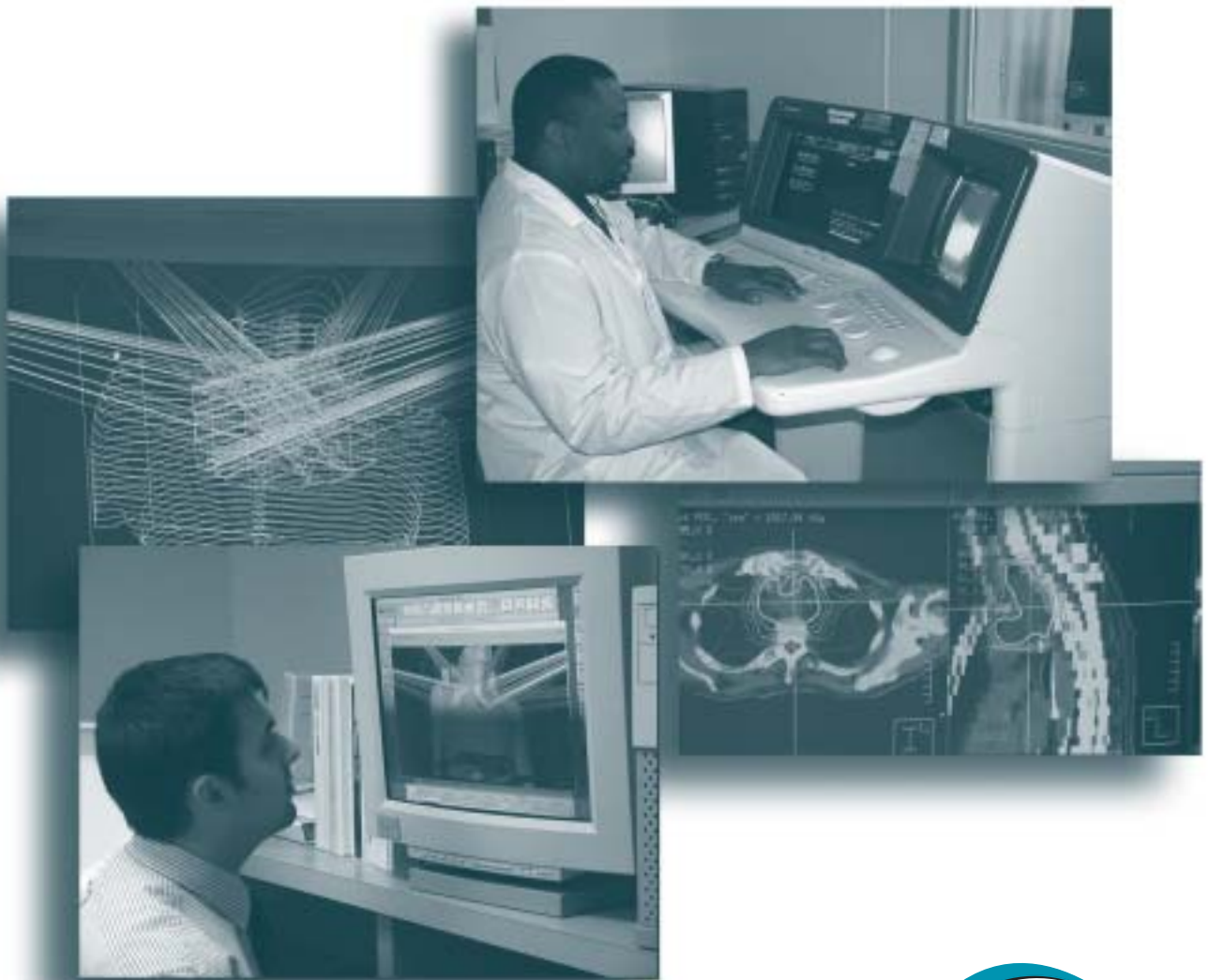


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CHILTON EMPLOYEE HONORED AS CANCER FIGHTING HEROINE

The BMW Ultimate Drive sponsored by the Susan G. Komen Breast Cancer Foundation has raised more than \$5 million for breast cancer research, education, screenings, and treatments over the years. Once each year, two fleets of cars start at opposite sides of the country, New York and California, and travel from community to community, to encourage residents to get behind the wheel of a BMW and get behind a good cause in the ultimate drive against cancer. For every mile residents test drive one of the fleet's vehicles, BMW of America and BMW dealerships contribute \$1 to the Susan G. Komen Cancer Foundation.

In conjunction with the test drive, the BMW Ultimate Drive recognizes one person in a tri-county area as a local hero/heroine in the fight against cancer. In 2002, Chilton Memorial's lead mammography technologist, Sue Lenz, R.T., (R) (M), was awarded this honor. Lenz has performed



BMW of America had Sue Lenz's photo emblazoned on the side of this luxury sedan, which was one of the BMWs in a special fleet that made its way across the country, and she was invited to sign it.



Local cancer fighting hero Sue Lenz is behind the wheel of this BMW convertible, and social services secretary and cancer survivor, Katherine O'Chipa, is in the passenger seat. O'Chipa considers herself lucky that a neighbor insisted she have a mammogram nine years ago. She was diagnosed with breast cancer and underwent a lumpectomy and 33 radiation treatments, but stresses that she is here today to tell her own success story.

mammograms at Chilton Memorial for 12 years. She was praised for her endless dedication to her cancer patients, and for her tireless efforts to spread the word about the importance of early detection of breast cancer as being the key to saving lives.

“Sadly, some patients assume because they have no family history of breast cancer that they are unlikely to develop the disease,” Sue Lenz explained as she addressed a crowd of supporters on the day the BMW fleet was in Wayne, New Jersey. “I’ve seen women as young as 25, and some in their 80s develop breast cancer. Everyone is related to someone with breast cancer, or knows someone who has it. It’s important to realize that more than 200,000 women and 1,500 men of almost any race, occupation, and age are likely to be diagnosed with the disease this year, and that the disease can be fatal if not treated early enough.”

Staff from Chilton Memorial Hospital’s Comprehensive Breast Center, which has a 99 percent patient satisfaction rate, were on site at Paul Miller’s BMW dealership to answer questions about mammography and breast cancer for those interested.



In 2002, 17 Chilton Memorial employees got behind the steering wheels of BMWs to test drive the luxury cars from Paul Miller's BMW Dealership in Wayne, to Springfield, New Jersey.

CHAIRMAN'S MESSAGE

by Dov Gorshein, MD,
Chairman of the
Cancer Care Committee



The Cancer Center at Chilton Memorial serves residents from 25 communities and offers a complete range of diagnostic, therapeutic, support and educational services under one roof and close to home. Services include diagnostic radiology, laboratory and pathology, medical/surgical/ambulatory oncology nursing, radiation therapy, a comprehensive breast center, pharmacy, rehabilitation services, and dietetics. Social services, pastoral care, cancer screenings, support groups, and hospice referral are also available.

In November 2002, the hospital dramatically improved the quality of treatment it provides to cancer patients with the addition of Intensity-Modulated Radiation Therapy (IMRT), a state-of-the-art computer software technology that helps target and treat cancerous tumors with pinpoint accuracy. Clinical evidence indicates that IMRT is especially beneficial in treating prostate cancer, cancers of the brain, head, neck, and others which are adjacent to a critical organ.

Unlike Conventional Radiation Therapy (CRT), which uses large beams of constant, uniform intensity to kill cancerous cells, IMRT allows physicians to deliver radiation to a tumor through multiple beams of varying intensity that intersect on the tumor and kill cancer cells or damage them to prevent their growth or spread. With Conventional Radiation Therapy, if a radiation dose is too low, a tumor can grow back quickly; if the dose is too high, it can damage surrounding tissue, possibly harming organ, sensory or motor function. IMRT allows for escalation of the dose; hence potentially improving the cure rate.

IMRT is more effective than CRT as it allows radiation oncologists to make precise calculations about the size, shape and location of tumors so they can determine the strength of each IMRT beam used, and the angles at which they are to be delivered. Because IMRT beams can be precise within a millimeter in targeting just the tumor, Chilton Memorial physicians can treat previously inoperable, unusual-shaped tumors near critical structures such as the spinal cord and delicate organs such as the eye. If broad radiation beams were to hit those tumors, or if surgery were used to remove them, a patient might be cancer free, but could be left paralyzed, or be left with vital organ dysfunction.

Additional diagnostic services performed by Chilton Memorial's Radiology Department include X-rays, ultrasounds, CT scans, PET scans, magnetic resonance imaging, and nuclear medicine.

Therapeutic treatment at the Cancer Center includes a variety of options including radiation therapy, chemotherapy, blood transfusions, and surgery. In 2002, the staff of the hospital's Comprehensive Breast Center performed 15,023 cancer-detection procedures including 10,784 mammograms.

In addition to being concerned with cancer diagnosis and treatment, Chilton Memorial reaches out to the community it serves with messages about early detection and prevention of cancer.

This year, Chilton Memorial's Community Health Department provided 225 health education programs including numerous cancer education programs and cancer screenings that benefited 1,164 residents within the hospital's service area at various times of the day, evenings, and on weekends throughout the year. Colorectal cancer kits were provided to 281 residents in the community who could not afford, or did not have, private insurance to cover colorectal screenings. Those who tested positive to the fecal occult blood tests and patients at risk for colorectal cancer were offered colonoscopies. Additionally, Chilton Memorial health educators conducted breast self-exam lectures, PAP smears, colorectal cancer screenings, prostate cancer screenings, and skin cancer screenings through 13 area health departments.

In addition to promoting early detection of cancer, the hospital provides on-going support groups and educational programs to help cancer sufferers and their families cope with the disease. This year, a third annual Cancer Survivor Day celebration was held for patients whose cancers are now in remission.

Constant improvement is always the goal of the hospital. While external outreach to the community was dramatically expanded over the last two years for cancer prevention and support to those suffering from the disease, efforts were also made to improve internal communication among staff members. In 2002, a monthly breast cancer conference was implemented, complementing cancer case review meetings.

A final achievement to note is that in 2002, a study of all Chilton Memorial Hospital patients treated with seeds for prostate cancer between 1995 and 2002 was conducted. Results showed that the complications rate did very well when compared to the national average.

Thanks to its well-conceived, comprehensive diagnostic and treatment programs, cutting-edge treatment equipment acquisitions, and the efforts of its highly skilled staff, Chilton Memorial is successfully poised to seek a three-year certification from the Committee on Radiation Oncology through the American College of Radiology in 2003.

CANCER PHYSICIAN LIAISON REPORT

by Margaret Mary Sacco, MD, FACS



Without a doubt, the acquisition of Intensity Modulated Radiation Therapy (IMRT) technology significantly enhanced cancer patient treatment at Chilton Memorial Hospital. It was uncommon to find cancer treatment software this advanced at a community hospital in 2002. Other factors that improved cancer diagnosis and treatment at Chilton Memorial in 2002 resulted from actions taken by physicians to increase internal communication and to work as a multi-disciplinary team.

This year, Chilton Memorial oncologists, radiologists, radiation therapists, and pathologists all attended newly established site-specific breast cancer conferences once a month. These monthly conferences have helped guide our patients through the combined modality treatment for each individual's cancer. The team also participated in cancer case reviews to share experiences, exchange ideas, and discuss treatment options for patients.

Other specialists brought in to share their expertise included several in-house hospital anesthesiologists specializing in pain management, as well as two in-house pain management nurses. These pain management specialists worked to customize pain treatment modalities with cancer patients who were seeking relief from acute pain immediately following surgery, as well as those with advanced malignancies suffering from chronic pain. Epidural injections, epidural catheters, pain medication injections, self-administered analgesia for select patients, and nerve blocks helped to make patients feel more comfortable, and improved their quality of life. Many family members said they felt relieved to see the pain of their loved ones addressed.

In addition to diagnosing and treating cancers, Chilton Memorial Cancer Center physicians have worked with the tumor registrar to correctly accession cases diagnosed at Chilton Memorial Hospital. The link to the National Cancer Database allows us to evaluate and compare both our case mix, as well as our treatment modalities and outcomes, to national norms.

In 2002, 667 new cancer cases were detected. Data from our registry shows a high percentage of lung, breast, and prostate cancers, but other sites of origin were also diagnosed and treated. This data helps the hospital's Community Health Department target its education programs and screenings to encourage prevention and early detection of those diseases most likely to affect the local population.

ADMINISTRATOR'S MESSAGE

by John M. Browne, MBA, CHE
Vice President



This was another exciting year of growth and development for Chilton Memorial's cancer treatment program. The final implementation of Intensity Modulated Radiation Therapy took place, and the first patient was treated with it in November.

This advance in treatment modalities, which delivers radiation with pinpoint precision while sparing surrounding healthy tissue, again puts Chilton Memorial "on the map" as a premier cancer treatment center. This newest modality in the arsenal of cancer fighting treatments was a welcome addition. Very few community hospital cancer programs offer this technology, and Chilton Memorial's continued commitment to cancer treatment is readily demonstrated by this.

Additionally, the hospital strengthened and developed all of its diagnostic and treatment programs with new offerings in 2002. Clinical trial use continued for our patients with cancer. A third annual "Survivors' Day" celebration was held in June, and again was an overwhelming success. The staff of the Collins Pavilion volunteered countless hours to make the day enjoyable.

The hospital continues to receive the highest praise from many patients about the skill level and compassion provided by our medical, technical and nursing staff. These professionals work diligently each and every day to make a difficult diagnosis a little easier to handle. That care and compassion is recognized by our patients and their families through their many letters of appreciation.

Diligently working behind the scenes, our Oncology Registry program continues to monitor, track and trend important cancer related data that is reviewed not only by the hospital, but also by state and national agencies. Many hours are spent in that department, assisting our medical staff in their work of caring for our patients. In 2002, we tracked 667 new cancer cases (diagnosed for the first time here at Chilton Memorial) and monitored approximately - 3,450 cases of patients that were treated here in the past.

Cancer treatment is a collaborative effort. Several other departments within Chilton Memorial work together to support our patients. The Medical Library, with a satellite library within the Collins Pavilion, provides patients and staff with the most up-to-date cancer treatment information. The Social Services Department plans support groups for those we treat. The Dietetics Department is available to assist with proper nutrition for our patients.

In the coming year, Chilton Memorial employees will work to provide the high quality, compassionate care patients have come to expect here. They will continue to focus on care that addresses the needs of patients and their families in an effort to provide the most up-to-date, therapeutic services possible.

2002 CANCER CARE COMMITTEE

The Cancer Care Committee consists of representatives from disciplines necessary to assess the quality of care delivered to cancer patients at Chilton Memorial Hospital. The committee meets quarterly. Its mission is to plan, initiate, and assess all cancer-related activities at the hospital. Its Cancer Case Review conferences, which plan, initiate, and assess all cancer-related activities at the hospital, were held biweekly through May, and increased to three times a week afterwards.

DOV GORSHEIN, M.D., FACP, FRCP(C) CHAIRMAN	RADIATION ONCOLOGY SECTION CHIEF
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SUE BECKER, RN, BSN, CETN	PAIN MANAGEMENT CLINICAL COORDINATOR
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MARY FREYTAG, RN	4 WEST CLINICAL COORDINATOR
GRACE GABOURY, MLS	MEDICAL LIBRARIAN
AMIR GANCHI, MD	SURGERY
KENNETH GARRETT, MD	N.Y. PRESBYTERIAN HOSP. ONCOLOGY CONSULTANT
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PAT O'DONNELL, RN, OCN	RADIATION ONCOLOGY NURSE
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SHANNON RAYMOND, RD	CLINICAL DIETITIAN
MARITZA RODRIGUEZ, BS, RHIA, CTR	ONCOLOGY REGISTRAR
RUIZ, NANCY, BS, CHES	COMMUNITY HEALTH EDUCATOR
JOHN SCHAFFER, RT	RADIATION TECHNOLOGY DIRECTOR
CINDY SCHIEDING, B.S.R.T. (T)	RADIATION THERAPY SUPERVISOR
MICHAEL SLADE, MD	SURGERY

COMMUNITY HEALTH EDUCATION

by Sharon F Clancy, MPH,
Community Health
Services Manager



Chilton Memorial’s mission is to “improve the health of its community.” To accomplish this mission, activities in the Community Health Department include increasing the public’s awareness, knowledge, and self-care skills of various diseases, including cancer. Needless to say, early detection via screening plays a key role in this process of health improvement.

Numerous community partners participate in this effort, including local municipal health departments, the American Cancer Society, the American Lung Association, and the New Jersey Department of Health and Senior Services of Addiction Services. Together, we have conducted numerous cancer education and screening programs throughout the Chilton Memorial Hospital service area. A particularly noteworthy accomplishment during 2002 was securing grant funds for the expansion of the Tobacco QuitCenter so the out-patient smoking cessation program also could be an in-patient program.

Annually, we conduct numerous community-based events. While wellness information is available to the public at each of our more than 225 programs each year, we also provide cancer specific programming on a regular basis. Below is a list of the number of participants of our cancer education and screening programs during 2002:

Cancer Education and Screenings	
Program	Number of Participants
Mammography	8
Breast Self-Exam Screening	308
Colorectal	281
Female/PAP Screening	136
Male/Prostate Screening	158
Skin	207
Smoking Cessation Programs	66
Total Number of Program Participants	1,164

COMPREHENSIVE BREAST CENTER

by Patricia Coursen, RT (R) (M),
Comprehensive Breast Cancer Director



The Comprehensive Breast Center, equipped with modern technology, offers screening and diagnostic mammograms, breast ultrasound, cyst aspirations, fine-needle aspirations, core biopsies, stereotactic core biopsies using the Mammotome Biopsy System, preoperative wire localization, galactograms, and bone densitometry testing. The Center recently purchased the Mammotome Biopsy System, which can be used during ultrasound guided biopsies in addition to the stereotactic core biopsy. Also offered are personal breast self-exam instruction sessions, a lending library, and videos. Mastectomy bra and prosthesis fittings are also available by appointment with the Center's certified fitter. Referral to support groups and services the hospital sponsors are available, as well.

The Center's goal is to provide a quality, close to home place where women can receive state-of-the-art imaging and interventional services in a personalized care setting from sensitive caregivers. In most cases, women leave the Center with the results of their mammogram in-hand, and information about those results in easy-to-understand terms. Reports are also sent to their respective physicians.

Located adjacent to the hospital on the second floor of the Collins Pavilion, the Comprehensive Breast Center offers an aesthetically pleasing environment. The Center is accredited by the American College of Radiology, for both mammography imaging and stereotactic biopsies. Accreditation for the stereotactic program is voluntary. The staff consists of all female mammography technologists and registration personnel. All technologists hold advanced certificates in mammography.

The Center is open from 8 a.m. to 4 p.m., Monday through Friday. Evening and Saturday appointments are offered at various times during the year.

The following numbers of procedures were provided at the Comprehensive Breast Center in 2002.

Procedure Performed	Number of Procedures
Mammogram (diagnostic and screening)	10,784
Breast ultrasound	2,199
Stereotactic core biopsy	208
Cyst aspiration	119
Fine-needle aspiration	85
Pre-operative breast localization	170
Other (follow-ups, consults, mastectomy, prosthesis fittings, etc.)	2,903
MRI	65
DXA Scans	1,490
Total procedures performed	18,023

DIAGNOSTIC RADIOLOGY

by John Schaffer, RT
Radiation Technical Director



The Radiology Department is located on the first floor of the hospital adjacent to the Emergency Department. The purpose of the department is to provide the quality imaging services necessary to meet the needs of the community. The department is committed to providing the most cost effective imaging services that provide quality patient care. The purpose and objectives are consistent and supportive of Chilton Hospital's mission and goals.

The Chairman of the department and I are responsible for all of the services and patient care provided by the department.

Services Provided:

- All X-ray examinations (routine, fluoroscopy, angiography, bedside, etc.)
- Ultrasound
- CAT Scan
- Nuclear Medicine
- M.R.I.
- PET Scan

Customers:

- Patients
- Physicians
- Services within and outside the hospital
- The general public in the immediate & outside communities

Hours:

Routine and scheduled outpatient testing for X-ray, Ultrasound and Nuclear Medicine are available Monday through Friday between 7:30 a.m. & 5 p.m. Outpatients for routine X-rays go to the Access Center Monday through Friday from 7 a.m. to 6 p.m.

M.R.I. is available Mondays, Tuesdays, Thursdays, Fridays, Saturdays and Sundays from 7 a.m. to 8 p.m.

PET Scan is available on Wednesdays from 7 a.m. to 6 p.m.

CAT Scan is available Monday thru Friday from 7 a.m. to 11 p.m.; Saturdays and Sundays from 8 a.m. until noon.

Inpatient and emergency room patient testing is available 24 hours a day, 7 days a week. A radiologist and a technologist are on call 7 days a week for emergencies in X-ray, CAT Scan, Nuclear Medicine, and Ultrasound.

These invaluable services provide the physician with information to help diagnose a patient's condition and to determine the proper care needed to ensure the patient's well being. These services are provided in a professional and timely manner with concern for the patient's care and comfort. Every effort is made to clarify information so patients and their families understand why the exams were ordered.

DIETETICS DEPARTMENT

by Shannon Raymond, RD
Clinical Dietitian



Nutrition services are available to all oncology patients and infusion center patients. Oncology patients with a high-risk diagnosis are automatically seen and assessed by the registered dietitian. As for the remainder of the oncology and infusion patients, they can be referred by their physicians, Chilton Memorial Hospital staff, or at the request of patients and family members.

The goals of nutritional services are to help patients maintain weight and protein status, minimize weight loss, cope with nutrition-related side effects of treatment, and promote optimal nutritional well being.

The registered dietitian is available on Tuesday morning and is available by consult. The dietitian evaluates patient nutritional status and provides nutritional counseling based on identified problems and needs. Nutritional assessment includes evaluating body weight, the adequacy of nutrient intake, laboratory test results, the presence of side-effects of cancer treatment, and calculating nutrient needs. Patients may receive nutritional counseling about eating tips for coping with side-effects of cancer treatment, individualized meal plans to improve nutritional status, and the use of nutritional supplements, special diets, or alternative feeding administration.

The nutritional status of high-risk radiation patients is monitored through an ongoing study, which was started in 1999. In the year 2002, 87 percent of those in the study maintained adequate nutritional status during radiation therapy as a result of the team effort supported by a registered dietitian and nursing staff.

MEDICAL LIBRARY

by Janice Lester, MLS
Medical Librarian



The Medical Library is open from 10 a.m. to 3 p.m. Monday-Thursday. It is accessible to all patients, employees and affiliated health care providers of Chilton Memorial Hospital. Staff may gain access to the library outside of the normally operated hours by using their identification cards. Hospital staff may also contact Security at x5629 for after hour access. Hospital staff may use the library's services for purposes other than direct patient care (i.e. for educational purposes), but priority is given to patient-care requests. Patients and other community members may use the medical library during its regularly staffed hours.

All books, except those marked REFERENCE, may be borrowed for up to two weeks. Journals, except those published in the Clinics format, may not circulate. A photocopier is located in the library to reproduce a needed article.

Patrons may request computerized literature searches for hospital-related information. This includes information for direct patient care, in-services, and administrative health care issues. Literature searches needed for urgent patient care issues or urgent administrative issues receive top priority.

Recommended Cancer Websites

<http://www.cancer.gov>

This website provides current and accurate information from the National Cancer Institute (NCI), the federal government's principal agency for cancer research. It provides a wide range of cancer information, including treatment options, clinical trials, ways to reduce cancer risk, coping with cancer, and resources for patients, consumer advocates, health professionals and researchers. The NCI's comprehensive cancer database, PDQ, contains peer-reviewed summaries of the latest information about cancer treatment, screening, prevention, genetics, and supportive care, as well as a clinical trials directory. Some information is available in Spanish.

<http://www.cancer.org>

American Cancer Society (ACS) is a nationwide, community-based voluntary health organization. Its website is an important extension of the Society's mission to provide lifesaving information to the public. The site includes an interactive cancer resource center containing in-depth information on every major type of cancer. Other useful sections include a directory of medical resources and links to other sites organized by cancer type or topic. Some information is available in Spanish.

<http://www.medlineplus.gov>

MEDLINEplus provides information to help answer health questions. It incorporates information from the National Library of Medicine, the National Institutes of Health (NIH), and other organizations. Pre-formulated MEDLINE searches are included in MEDLINEplus and give easy access to the medical research literature. The site also offers access to more than 30 interactive tutorials on a variety of health topics, including about a dozen on cancer topics.

<http://www.noah-health.org/english/illness/cancer/cancer.html>

Provides high-quality, full-text information for consumers that is accurate, timely, relevant and unbiased from reputable, authoritative, and recognized Web-based resources. NOAH currently supports English and Spanish. Affiliations are clearly displayed on the linked page. Contact information is provided. Links are selected to provide balance and unbiased information on a topic. NOAH does not endorse or represent any commercial venture. Some information is available in Spanish.

<http://www.oncolink.com>

OncoLink was founded in 1994 by specialists at the University of Pennsylvania Cancer Center to help cancer patients, families, health care professionals and the general public obtain free and accurate cancer-related information. Easy-to-use information on all aspects of cancer is updated everyday and is provided at various levels, from introductory to in-depth.

<http://www.cancercare.org>

Cancer Care is a national, non-profit organization whose mission is to help people with all types of cancer.

<http://www.oncology.com>

People Living With cancer, the patient information website of the American Society of Clinical Oncology (ASCO), provides oncologist-approved information on more than 50 types of cancer and their treatment.

<http://www.cancersource.com>

This home page offers information to five target communities: patients; consumers; nurses; physicians; kids and teens. It offers comprehensive disease and treatment information, news and research, clinical trial information, live chat events, community opportunities through message boards, emails and online support groups, and a proprietary American Cancer Society consumer drug database.

MEDICAL/ ONCOLOGY SERVICES

by Ruthann Kelman, RN, BSN,
Director Patient Care



Radiation therapy, chemotherapy, infusion therapy and blood transfusions are services available in our freestanding Collins Pavilion located on Chilton Memorial Hospital's campus. Treatment is rendered to inpatients as well as outpatients, which supports a continuum of care model. The Collins Pavilion is open 7 a.m. to 5 p.m. Monday through Friday, with flexibility on the weekends to accommodate emergency radiation treatments. Intensity Modulated Radiation Therapy (IMRT) is now available to treat cancer at the center. The average daily patient volume for the radiation therapy area is 40; approximately four to five patients have infusion treatments and other services each day. Services are provided in a professional and timely manner with concern for the patient and the family's care and comfort.

The service functions under the direction of the vice president of Administration. The director of Patient Care collaborates with specialists from different disciplines, including the Radiation Oncology section chief, to maintain a high level of care to our patients. There are patient/family support services that are available on-site, including those of a registered dietitian and a licensed social worker to assist with care issues and provide support. A satellite of the medical library is located in our infusion center that provides an array of oncology information for our patients and families. A kiosk machine is located in the library where patients can access specific information about their diseases, symptom management, and support services offered at Chilton Memorial Hospital.

In 2002, outpatient performance improvement initiatives with nutritional assessments of patients receiving radiation therapy and those in Pain Management continued. The hospital's pain performance improvement initiative was monitored, and documentation was improved. An interdisciplinary team is investigating and comparing palliative care programs.

Another milestone is that National Comprehensive Cancer Network guidelines (NCCN) now are utilized as a reference by staff.

The hospital administration is especially pleased that the nursing staff continues to develop their oncology skills by attending national oncology conferences and various cancer seminars. Most of the hospital's oncology nurses are nationally certified to care for the oncology patient.

The competence, care-giving, and courtesy exhibited by the oncology nursing staff also is appreciated by patients. An outpatient satisfaction survey developed for Chilton Memorial's ambulatory patients indicates that 98% of them believe they received very good care.

As always, the healthcare providers at Chilton Memorial will aim to provide quality care and improve services to meet patient needs and exceed their expectations.

PASTORAL CARE

by Howard L. Hinman
Reverend



The department of Pastoral Care provides spiritual support and religious resources to patients, their families, staff, and the community. Pastoral Care serves as a resource to either directly provide spiritual care or to arrange for area clergy to provide such care. Through their focus on the spiritual needs and individual dignity and importance of each person, chaplains and volunteers enable the hospital to fulfill its commitment to provide courteous, compassionate, and efficient health care and services. Pastoral Care fulfills the hospital's commitment to provide care to the whole person - including mind, body and spirit.

Chaplains are often able to promote mutual understanding among patients, families, and staff because of the trust given chaplains during a crisis. Timely intervention and pastoral guidance may help a family examine medical options and make an appropriate decision.

Oncology patients often experience recurrent hospitalization. Catholic Chaplain Phillip LeBeau and I, along with trained Pastoral Care volunteers and Eucharistic ministers, visit patients to address spiritual needs. One of our primary goals is to connect patients and their families with their own faith community. Pastoral care visits provide ongoing and consistent support within the medical setting. Hospital chaplains are members of the patient's multidisciplinary health-care team and receive referrals from other team members when pastoral services are needed or requested.

The Interfaith Chapel, located off the hospital's main lobby, offers a quiet space for meditation and reflection for patients, families, and staff. It was designed with emphasis on patients in wheelchairs and hospital beds. Worship services and meditation and relaxation tapes can be viewed on patient television. A private prayer room, adjacent to the Interfaith Chapel, is available for individual time alone. The Pastoral Care Department office is next to the chapel.

PATHOLOGY AND LABORATORY MEDICINE

by Patricia Michalchuk,
CT, MT (ASCP)
Laboratory Administrative
Director



The discipline of pathology touches on all aspects of healthcare and plays a great role in patient care. The Department of Pathology is staffed by board-certified pathologists, a pathology assistant, technologists, technicians and other skilled laboratory professionals. They provide diagnostic, prognostic and predictive information, utilizing state of the art technology, essential to the care of our patients.

The pathologist works closely with the patient's clinician to help make a diagnosis and determine the appropriate course of treatment. Included in Pathology are:

- Anatomic Pathology
 - Surgical Pathology
 - Cytopathology
 - Autopsy Pathology
- Clinical Laboratory
 - Hematology
 - Chemistry
 - Microbiology
 - Bacteriology
 - Mycology
 - Parasitology
 - Virology
- Transfusion Medicine
- Immunology

PHARMACY

by Sal Ferrito, R.Ph.
Pharmacy Director



The pharmacy maintains an extensive chemotherapy profiling system. The system is used to record vital information needed to assure the safety of those patients receiving chemotherapy.

These patients are treated according to established protocols. The protocol is recorded on the profile enabling the pharmacist to check the drug, dose, route of administration, and administration schedule. The date each dose is administered is also recorded to assure that treatment is following the protocol schedule. The profile is kept and updated on every admission for the entire length of a patient's treatment.

In addition to the profiling system, the pharmacy has increased its chemotherapy information database by obtaining and filing references on new treatment protocols. Some of this information is obtained through the Internet, which has become an increasingly useful tool in the pharmacy. This information usually can be retrieved immediately, providing the pharmacy with the most current information at the time that it is needed. This is especially valuable with chemotherapy, since new information on improved treatment modalities is constantly becoming available.

RADIATION DEPARTMENT

by Cindy Schieding, RT
Radiation Therapy Supervisor



The Radiation Department is located on the first floor of the Collins Pavilion in the Chilton Cancer Center. It is dedicated to provide quality radiation oncology services to meet the needs of the community. The hours of operation are 6:30 a.m. to 4:30 p.m. Monday through Friday, and as needed for emergencies during off hours. The department delivers care primarily on an outpatient basis to adults who are referred by their physicians. The services include:

- Evaluating patients with benign or malignant diseases that may benefit from treatment with external beam, intra-cavitary, or interstitial radiotherapy.
- Providing definitive and palliative radiotherapy of benign or malignant conditions
- A prostate seed implant program
- CT simulation and conventional simulation
- A physics section using 3-D conformal treatment planning; and
- An on site laboratory

The Radiation Oncology Department is chaired by Dov Gorshein, MD. The staff consists of one medical physicist, a dosimetrist, a radiation oncology R.N., two business partners, and five radiation therapists who work closely with Dr. Gorshein in the evaluation, planning and treatment of patients.

In 2002, the department implemented the treatment technique called Intensity Modulated Radiation Therapy (IMRT), a form of three-dimensional conformal radiation therapy. The intensity and scope of the modulated beams are determined by moving multi-leaf collimator leaves during the time the radiation beams are on. IMRT makes it possible for a larger and more effective dose of radiation to be delivered directly to the tumor, greatly sparing surrounding healthy tissue. This is expected to result in a higher likelihood of cure with lower complication rates.

In 2002, 328 new radiation therapy patients were treated. Also, 69 patients returned for additional radiation treatment. The total number of patient visits was 10,674. Of that number, 455 were inpatient visits and 10,219 were outpatient visits. Simulations for treatment planning purposes numbered 1,043. The average number of patient visits per day was 42. Additionally, 26 prostate seed implants were performed and 13 SR 90 treatments using the beta applicator were administered.

The data below outline the 2002 frequency of the 10 most common sites of cancer treated with radiation therapy at the Chilton Cancer Center.

Breast	88
Prostate	74
Bone Metastasis	57
Brain Metastasis	30
Lung	29
Rectum	17
SCC	14
Chest Wall	11
BCC/NHL	8
Endometrium	6

An ongoing interdisciplinary quality management program and monitoring of patient satisfaction assures and recognizes the highest quality of patient care.

RADIATION DEPARTMENT PATIENT SURVEY

Physical Setting of the Collins Pavilion

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	79%	16%	5%		

Attentiveness of registration staff

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	78%	16%	6%		

Efficiency of registration process

Year/Months	# of surveys	Excellent	Very good	Good	Fair	N/A
2002/Jan-Dec	124	80%	15%	5%		

Ability of nurse to answer questions and address concerns

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	81%	14%	5%	1%	

Attentiveness of therapists

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	84%	13%			3%

Staff concerns for privacy

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	73%	23%	2%	1%	2%

Amount of time physicians spent with you

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	60%	26%	13%	1%	

Ability of physicians to answer questions and address concerns

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	69%	25%	6%	1%	

Assistance with information on billing and insurance

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	64%	12%	7%	1%	15%

Likelihood of recommending service to others

Year/Months	# of surveys	Excellent	Very Good	Good	Fair	N/A
2002/Jan-Dec	124	82%	11%	4%		3%

SOCIAL SERVICES

by Tina Piombino, MSW, LCSW
Social Service Director



Cancer is a very complicated disease, and learning to cope and adapt to living with cancer can present a difficult challenge. The disease might require the help of a variety of specialists to manage it. There may be times during a patient's experience with cancer that psychosocial support services may be helpful. These psychosocial support services address the particular needs and concerns of cancer patients and their loved ones. Professionally trained Chilton Memorial Hospital social workers bring to oncology patients active listening skills, support and education, and guidance in setting priorities, enhancing communication, and mobilizing resources that are applicable to this population.

Social Workers promote high quality and compassionate care by offering information, counseling, referrals, emotional support, and a sense of empowerment and hope to patients and their families. The social worker's assistance is available to inpatients, outpatients, and the community. A physician's order is not needed to solicit their assistance.

While cancer will certainly present problems to patients and families, these problems can be broken down into manageable parts. The involvement with a social worker can make a significant difference in how families learn to deal with the challenge of cancer and its treatment. The Chilton Memorial Social Services staff is committed to providing quality care and facilitating ongoing programs and services to all patients, their loved ones, and the community. Support groups offered include the following:

"Woman to Woman"

by Anne Budelman, LSW, Oncology Clinical Social Worker

The purpose of the "Woman to Woman" support group is to provide emotional support in a safe and caring environment for women experiencing the challenge of living with cancer. The sessions give women a time and a place to express their deepest fears. Sharing feelings, problems, and information has, as one member put it, "...made the group really work – somehow we have become a sisterhood – caring for and helping each other on all subjects and all areas of concern."

A secondary component is education. Members learn methods of relaxation, stress management, and coping skills. Information is shared and discussed with members, frequently bringing in articles and research literature on subjects of mutual interest.

Discussions of community programs have afforded members the opportunity to participate in several events, such as the Chilton Cancer Survivors Day Celebration in June, the Lois Hjelmstad presentation of readings from *Fine Black Lines*, the book she authored about her cancer experiences, and a yearly two-day "Sanctuary" retreat, a program of creative spiritual healing activities.

Various studies have indicated that members of support groups are less anxious and depressed, and cope better than women receiving only routine care. This seems to indicate that support groups help people live better lives with less anxiety and pain.

Members of "Woman to Woman" meet every Tuesday from 2-3:30 pm at the Collins Pavilion. The group is co-facilitated by a licensed social worker and a registered nurse. Goals for the future are to expand the program of guest speakers on topics selected by the members and to remain open to the need and concerns of the group.

"Living with Cancer"

By Patricia M. O'Brien, LCSW

Living with Cancer is an education and support group held twice a year at Chilton Memorial Hospital. It is for patients and families and provides a place where participants can have their questions answered and some of their fears allayed by open discussion with speakers and other participants.

Living with Cancer is held over a six-week period during fall and spring, with the assistance of graduate interns.

Some topics covered in 2002 were coping strategies, communication skills, and insurance concerns. Speakers represented the Medical Oncology, Nursing, Physical Therapy, and Dietetics departments. In surveys conducted after the classes, members reported significant satisfaction with the group.

2002 CANCER CASE REVIEW CONFERENCES

Cancer Case Review Conferences are scheduled for the first Monday and the second and fourth Wednesdays of each month. A breast tumor conference was added on the first Monday of each month starting in May. Meetings are held at 7:30 a.m. and alternate between the cafeteria conference room, the boardroom, or the Collins pavilion, classroom-A. These multidisciplinary conferences provide a forum to discuss newly diagnosed cancer cases, and staff benefit from the comments and different points of view shared by members. Physician representatives from all disciplines are invited and encouraged to attend. Conferences focus on pre-treatment evaluation, staging, treatment strategy, and rehabilitation of a broad spectrum of cases.

The following cases were discussed at year 2002 Cancer Case Review Conferences:

DATE	TOPIC
January 9, 2002	Esophageal and Testicular Cancer Cases
January 23, 2002	Breast, Pancreas and Ovary Cancer Cases
February 06, 2002	Uterus and Hard Palate Cancer Cases
February 20, 2002	Breast, Rectal Cancer, and Lymphoma Cases
March 6, 2002	Nasopharynx, Pelvic/Ovary Cancer Cases
March 20, 2002	Three Breast Cancer Cases
April 3, 2002	Lung, Melanoma, and Soft Tissue Cancer Cases
April 17, 2002	Two Lymphoma Cases and a Colon Cancer Case
May 1, 2002	Parotid, Testes, Colon, Unknown vs. Finger Sebaceous Gland, and Colon/Breast Cancer Cases
May 6, 2002	Four Breast Cancer Cases
May 15, 2002	Colon, Duodenum, and Breast Cancer Cases
June 3, 2002	Four Breast Cancer Cases
June 5, 2002	Melanoma, Two Lung Cases, and a Laryngeal Cancer Case
June 19, 2002	Two Lymphoma Cases and a Urachus Cancer Case
July 1, 2002	Three Breast Cancer Cases
July 3, 2002	Lung, Stomach, and Larynx Cases
July 17, 2002	Brain, Malignant Fibrocystic Cancer, Breast, and Unknown Primary Cases
August 5, 2002	Three Breast Cancer Cases
August 7, 2002	Ovarian Cancer and Two Lung Cancer Cases
August 21, 2002	Breast, Kidney, and Endometrial Cancer Cases
September 4, 2002	Lung, Parotid, Tongue, and Rectosigmoid Cancer Cases
September 9, 2002	Two Breast Cancer Cases
September 12, 2002	Melanoma, Skin, Breast, Stomach, Lymph Node, and Endometrial Cancer Cases
October 2, 2002	Esophagus, and an Unknown Primary with Metastasis to the Liver Cases
October 7, 2002	Five Breast Cancer Cases
October 16, 2002	Lung, Lymph Nodes, and Bladder Cancer Cases
November 4, 2002	Three Breast Cancer Cases
November 6, 2002	Colon, Ovarian, Lung, and Sinus Cancer Cases
November 20, 2002	Arm Sarcoma, Ovary, and Melanoma Cases
December 2, 2002	Three Breast Cancer Cases
December 4, 2002	Testis and Cervix Cancer Cases
December 18, 2002	Ovarian Cancer Case

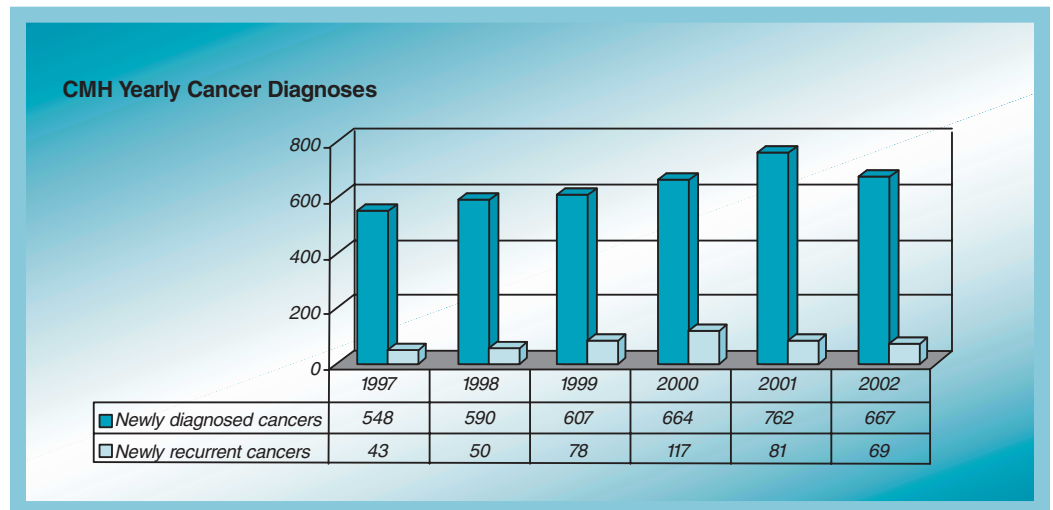
2002 ONCOLOGY REGISTRY REPORT

A cancer registry is an information system designed for the collection, management, and analysis of data on people diagnosed with a malignant disease or cancer. The Chilton Memorial Cancer Registry staff consists of two certified tumor registrars (CTR) as well as two staff eligible to become CTRs.

CMH CANCER REGISTRY DATA USAGE

- Evaluate patient outcome, quality of life, and satisfaction issues, and implement procedures for improvement
- Provide follow-up information for cancer surveillance
- Calculate survival rates by various data items
- Provide information for cancer program activities
- Analyze referral patterns
- Allocate resources at the health care facility, the community, region or state level
- Aid in developing educational programs for health care providers, patients and the general public
- Report cancer incidence as required under state law; report aggregate data to the National Cancer Data base

The oncology registry is concerned about the confidentiality of patient-identifying information, and security is strictly maintained. Aggregate data are analyzed and published without patient identifiers. In 2002, the registry answered 18 requests for data reporting.



Primary Site	Total	Percent	Sex		Class of Case		0	1	Stage				Unknown	N/A
			M	F	Analytical	Non-Analytical			2	3	4			
BASE OF TONGUE	1	0.1	1	0	1	0	0	0	0	0	1	0	0	
SALIVARY GLANDS	3	0.4	2	1	3	0	0	2	0	0	0	1	0	
FLOOR OF MOUTH	4	0.5	2	2	4	0	0	1	1	0	2	0	0	
NASOPHARYNX	1	0.1	0	1	1	0	0	0	0	0	0	1	0	
OROPHARYNX	1	0.1	1	0	1	0	0	0	0	0	1	0	0	
HYPOPHARYNX	3	0.4	2	1	3	0	0	0	1	0	2	0	0	
OTH LIP, ORAL CAV & PHAR	1	0.1	1	0	1	0	0	0	0	0	1	0	0	
ESOPHAGUS	7	1.0	6	1	7	0	1	0	1	1	4	0	0	
STOMACH	13	1.8	11	2	11	2	0	4	2	0	4	0	1	
SMALL INTESTINE	1	0.1	0	1	1	0	0	0	1	0	0	0	1	
COLON	58	7.9	26	32	56	2	6	15	19	7	2	7	0	
RECTOSIGMOID JCT	7	1.0	4	3	6	1	0	2	0	0	2	1	1	
RECTUM	25	3.4	16	8	23	2	2	7	4	4	3	4	0	
ANUS AND ANAL CANAL	2	0.3	1	1	2	0	1	0	0	1	0	0	0	
LIVER-INTRAHEP BILE DCTS	4	0.5	3	1	2	2	0	0	0	0	1	1	0	
PANCREAS	9	1.2	3	6	6	3	0	0	1	1	3	0	1	
OTH & ILL-DEFINED DIGESTIVE ORGANS	1	0.1	1	0	1	0	0	0	0	0	1	0	0	
ACCESSORY SINUSES	1	0.1	1	0	1	0	0	0	0	0	0	0	1	
LARYNX	4	0.5	4	0	4	0	0	0	1	1	1	0	0	
BRONCHUS AND LUNG	72	9.8	41	31	66	6	0	11	6	15	28	6	0	
PLEURA	1	0.1	1	0	1	0	0	0	0	0	0	0	1	
SOFT TISSUE INCLUDING HEART	6	0.8	2	4	6	0	0	2	0	0	0	1	3	
SKIN	33	4.5	18	16	28	5	7	8	4	5	2	1	1	
BREAST	196	26.6	1	195	185	11	46	69	46	10	4	10	0	
CERVIX UTERI	4	0.5	0	4	4	0	0	2	0	1	1	0	0	
CORPUS UTERI	18	2.4	0	18	18	0	0	13	2	1	0	2	0	
UTERUS, NOS	2	0.3	0	2	1	1	1	0	0	0	0	0	0	
OVARY	16	2.2	0	16	13	3	0	4	0	1	4	3	2	
PROSTATE GLAND	98	13.3	98	0	85	13	0	0	77	4	1	2	0	
TESTIS	3	0.4	3	0	3	0	1	2	0	0	0	0	0	
PENIS	1	0.1	1	0	1	0	0	0	1	0	0	0	0	
URINARY BLADDER	33	4.5	23	10	33	0	17	7	4	1	1	3	0	
KIDNEY & RENAL PELVIS	16	2.2	9	7	12	4	0	6	2	2	0	1	1	
EYE AND ADNEXA	1	0.1	0	1	0	1	0	0	0	0	0	0	0	
BRAIN	5	0.7	2	3	4	1	0	0	0	0	0	0	4	
THYROID GLAND	32	4.3	6	26	31	1	0	19	5	2	1	3	1	
LYMPH NODES	31	4.2	19	12	25	6	0	7	4	5	6	2	1	
MULTIPLE MYELOMA	5	0.7	3	2	3	2	0	0	0	0	0	0	3	
LEUKEMIAS	5	0.7	4	1	2	3	0	0	0	0	0	0	2	
UNKNOWN PRIMARY	12	2	6	6	12	0	0	0	0	0	0	0	12	
TOTAL	736	100	322	414	667	69	82	181	182	62	76	49	36	

CANCER PATIENT DISTRIBUTION OF CANCER CASES BY COUNTY

Chilton Memorial Hospital is located on the border of Passaic and Morris Counties. The majority of patients (447), reside in Passaic County. Morris County residents account for 191 cases.

County	Number of Cases	%
Passaic	447	61
Morris	191	26
Sussex	39	5
Bergen	30	4
Essex	13	2
Out of State	18	2

Major Towns	Number of Cases	%
Wayne	125	17
West Milford	62	8.4
Kinnelon	49	6.6
Pompton Lakes	48	6.5
Pompton Plains	42	5.7

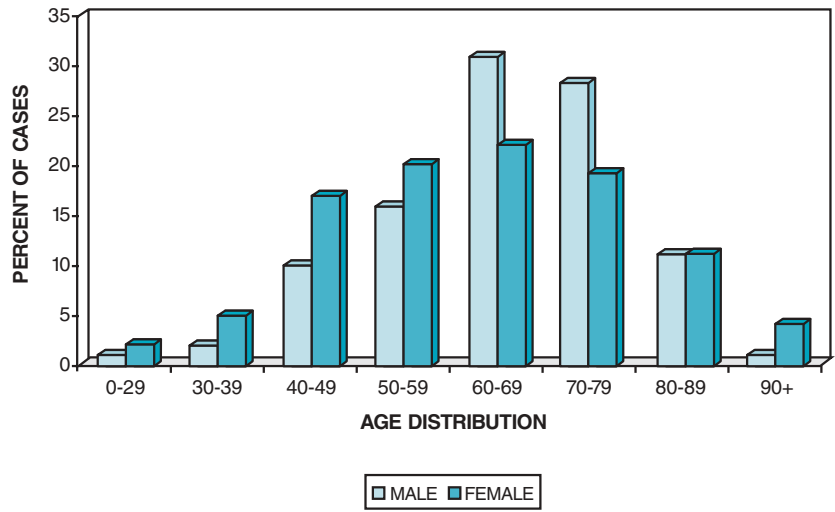
COMPARISON OF MOST FREQUENT CANCER SITES¹ CHILTON MEMORIAL HOSPITAL VS. AMERICAN CANCER SOCIETY (ACS)

MALE			FEMALE		
ACS		CMH	ACS		CMH
30%	PROSTATE	30.4%	31%	BREAST	47.1%
14%	LUNG	12.7%	12%	LUNG	7.5%
11%	COLORECTAL	14.6%	12%	COLORECTAL	10.4%
7%	BLADDER	7.1%	6%	UTERINE CORPUS	4.3%
4%	NH LYMPHOMAS	5.9%	4%	OVARY	3.9%
5%	MELANOMA	4.0%	4%	NON-HODGKIN'S LYMPHOMA	2.9%
3%	ORAL CAVITY	2.8%	4%	MELANOMA	2.9%
3%	KIDNEY	2.8%	2%	BLADDER	2.4%
3%	LEUKEMIA	1.2%	2%	THYROID	6.3%
2%	PANCREAS	0.9%	2%	PANCREAS	1.4
18%	OTHER SITES	17.6%	21%	OTHER SITES	15%

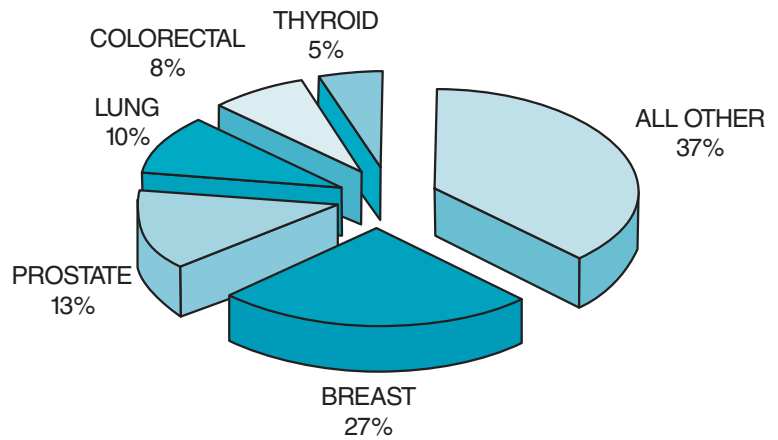
Breast cancer still is the predominant cancer diagnosed at the facility, and the numbers are growing yearly. This growth is also being seen nationally. Other cancers seen at the hospital are proportional to national statistics.

The hospital continually assesses its cancer patients' needs and plans to add a smoking cessation program and a support group for prostate cancer patients in the future.

**DISTRIBUTION BY AGE AT DIAGNOSIS
CHILTON MEMORIAL HOSPITAL ALL CASES 2002**



2002 CMH MAJOR CANCERS



MAJOR CANCER SITE IN-DEPTH ANALYSIS: COLORECTAL CANCER

Year 2002 Diagnosis

by Michael Slade, MD
Department of Surgery



Colorectal cancer is the third most common malignancy and cause of cancer deaths in both men and women. The incidence of and the death rate from colorectal cancer is about the same for both sexes. Although nearly all cancers found can be treated, and almost all are removable surgically, by the time cancers are discovered, many are beyond cure. Research indicates that 1,900 men and women will die from colorectal cancer in 2003 in the State of New Jersey. The death rate from colorectal cancer has been declining since 1982 for men, and since 1948 for women, thanks to improved diagnosis and treatment.

Unlike most other cancers, colorectal cancer is preventable in nearly all cases. Colorectal cancer begins as a small benign polypoid growth on the lining of the large intestine (colon and rectum), which subsequently develops into cancer. This often takes years. Finding and removing these growths before they become cancerous prevents cancer development in nearly all cases. Searching for these pre-malignant growths before they cause symptoms is called screening. Because colorectal cancer is common, and responds more favorably if detected early, screening can help in decreasing the incidence of and death rate for colorectal cancer.

The American College of Surgeons has established criteria for screening for colorectal cancer and polyps based on risk factors. Those people at “average risk” should be screened starting at age 50. These are people with no personal or family history of colon polyps or cancer and no symptoms. People with a first-degree family member who has polyps or cancer of the colon, those with certain hereditary syndrome, and those that have either had colorectal polyps or cancer or inflammatory bowel disease themselves, are considered at increased risk to develop polyps or cancer. They should have colonoscopy exams regularly.

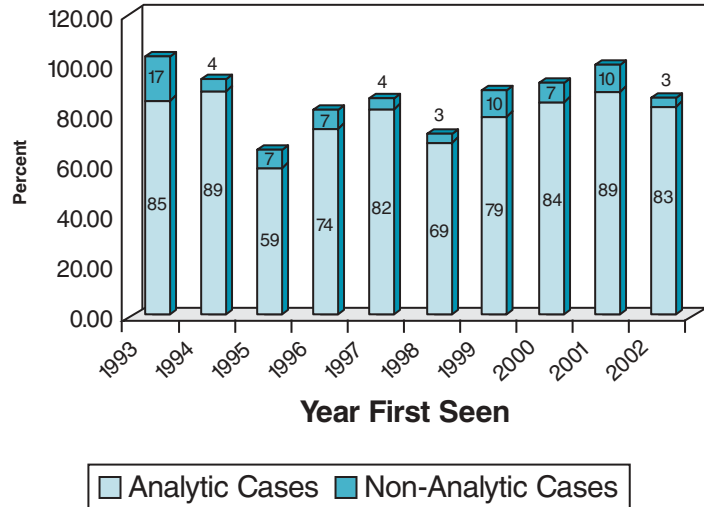
Five suggested screening protocols include:

- (1) Annual fecal occult blood tests (FOBT) of the stool
- (2) Flexible sigmoidoscopy every five years
- (3) FOBT yearly and flexible sigmoidoscopy every five years
- (4) Double-contrast barium enema every five years
- (5) Colonoscopy every ten years.

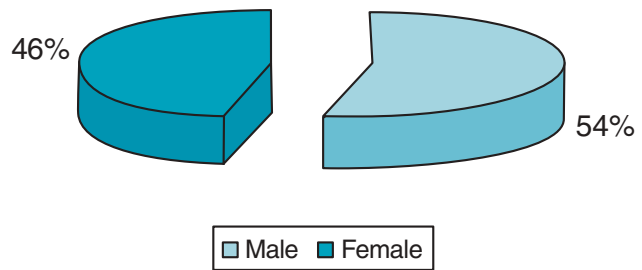
Chilton Memorial Hospital conducted a free fecal occult blood testing program for the community in 2002. Those with positive results upon screening were referred for colonoscopic examination. Chilton Memorial Hospital's medical staff has treated approximately 80-90 cases of colorectal cancer each of the last 10 years. Treatment is determined by stage of disease. Localized cancers are usually treated by surgery alone. More advanced stages may require chemotherapy and or radiation as well. Surgeons, oncologists, and radiation therapists collaborate to maximize patient outcomes. The survival for colorectal cancer cases at Chilton Memorial compares favorably with the American College of Surgeon's National Cancer Database (NCDB).

COLORECTAL CANCER – IN-DEPTH ANALYSIS
2002-YEAR DIAGNOSES

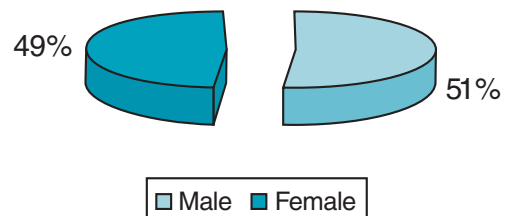
Colorectal Cancer Cases Chilton Memorial Hospital 1993-2002



Gender Colorectal Cancer at Chilton Memorial Hospital 2002



2000 Colorectal Cancer National Cancer³ Database Eastern Division



AJCC Stage of Disease at Diagnosis for Colon Cancer Patients

Source: National Cancer Data Base Eastern Division

AJCC STAGE OF DISEASE*	CMH PERCENT 2002	NCDB PERCENT 2000***
0	9	8.44
I	24	19.85
II	34	25.82
III	13	20.52
IV	4	17.01
NA	0	0
Unknown	16	8.36
TOTAL	100	100

*AJCC 5th Edition

**Most current data available for the NCDB³

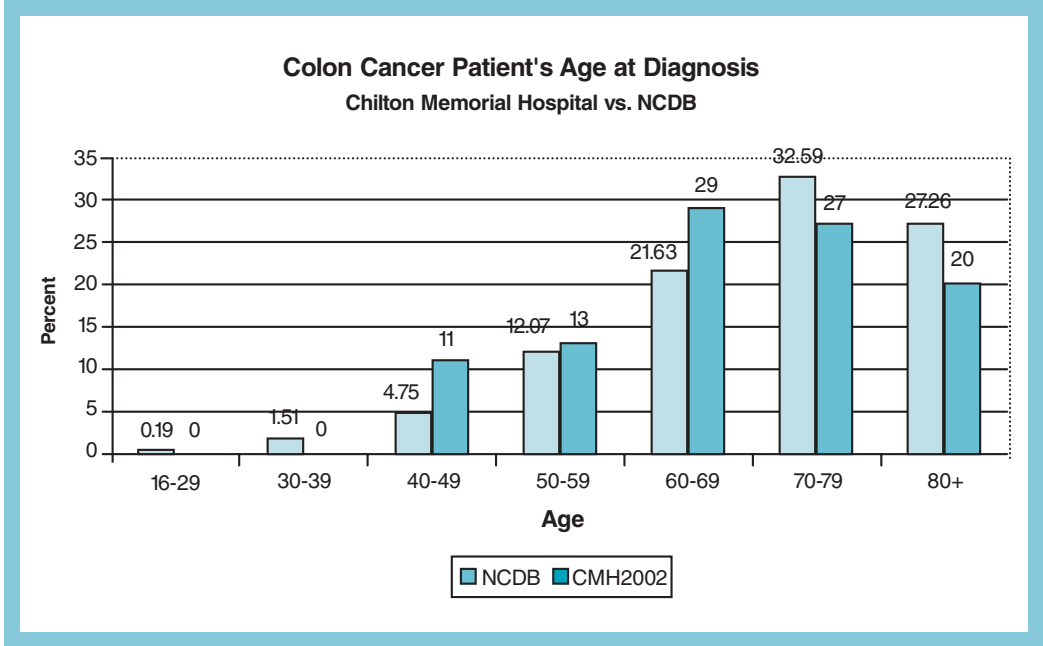
AJCC Stage of Disease at Diagnosis for Rectal Cancer Patients

Source: National Cancer Data Base Eastern Division

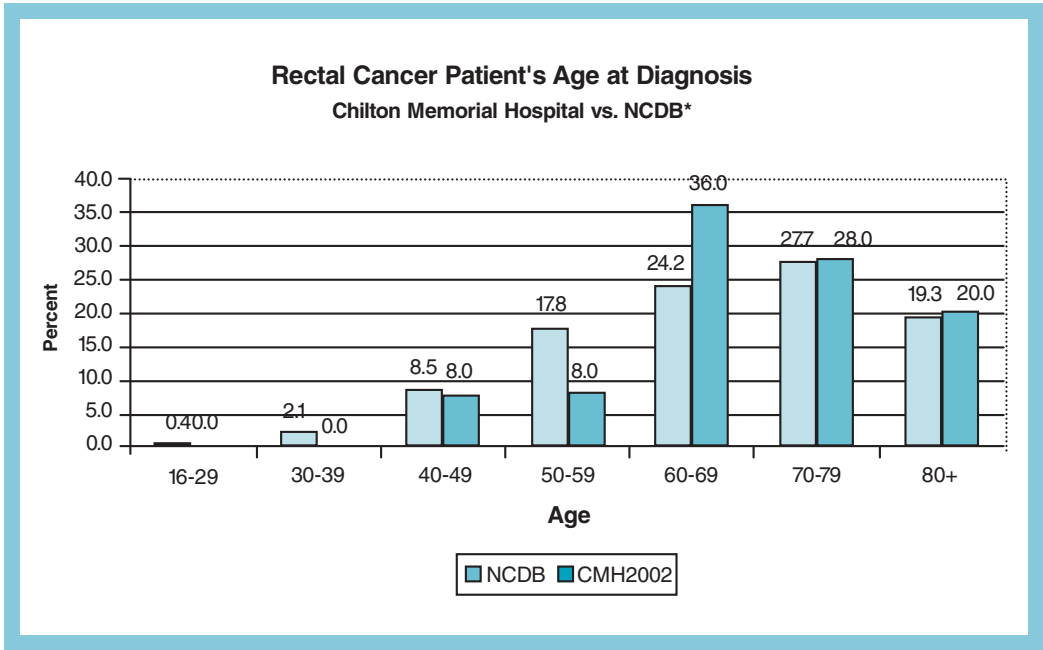
AJCC STAGE OF DISEASE*	CMH PERCENT 2002	NCDB PERCENT 2000***
0	8.3	8.99
I	33.3	26.89
II	16.7	18.61
III	16.7	17.80
IV	8.3	11.59
NA	0	0
Unknown	16.7	16.11
TOTAL	100	100

*AJCC 5th Edition

**Most current data available for the NCDB³

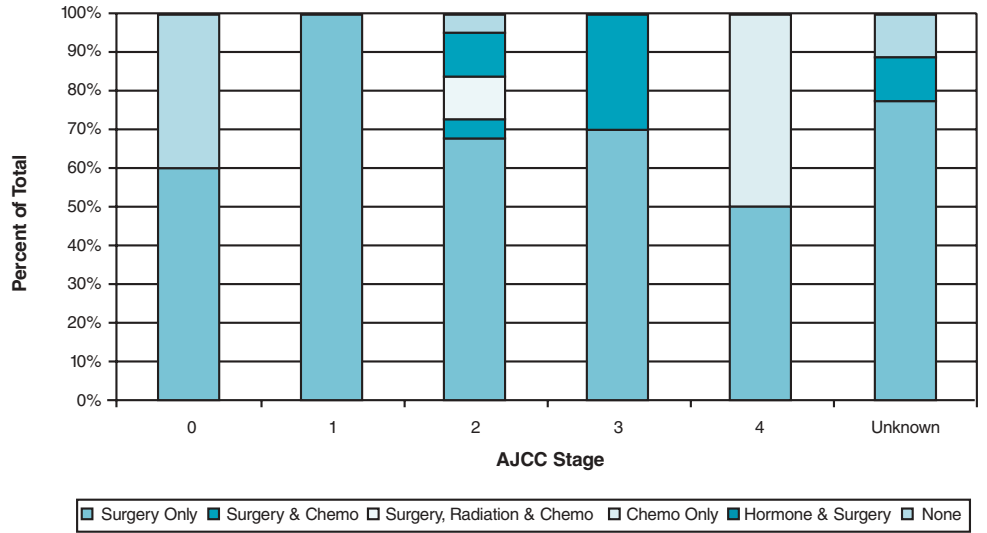


* NCDB Eastern Division 2000³

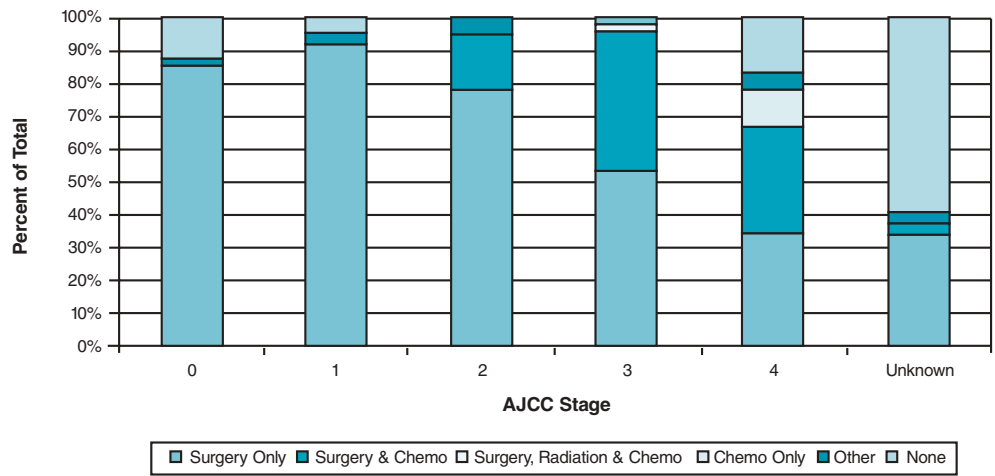


* NCDB Eastern Division 2000³

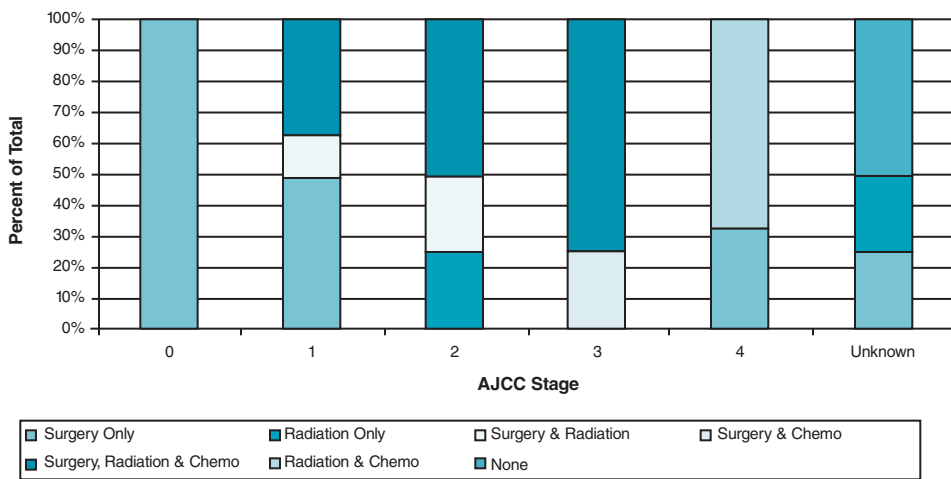
**Colon Cancer Treatment by Stage
Chilton Memorial Hospital 2002 Data**



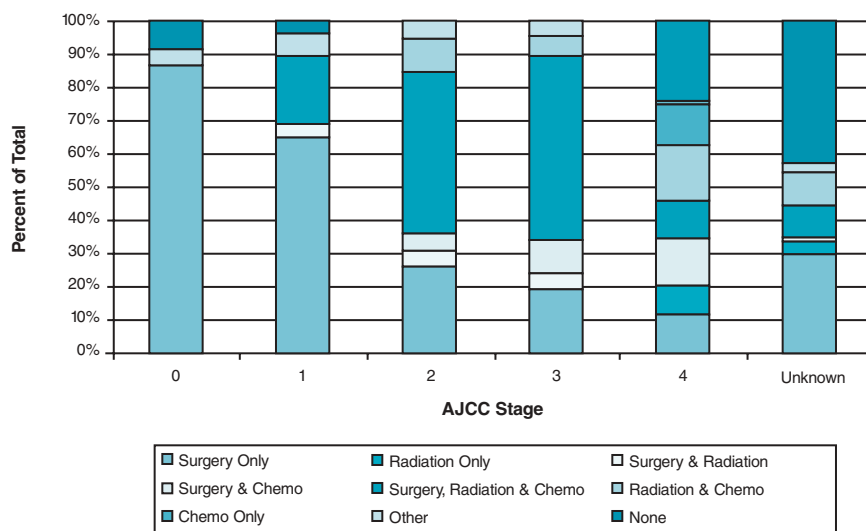
**Colon Cancer Treatment by Stage National Cancer Data Base³
2000 Data Eastern Region**



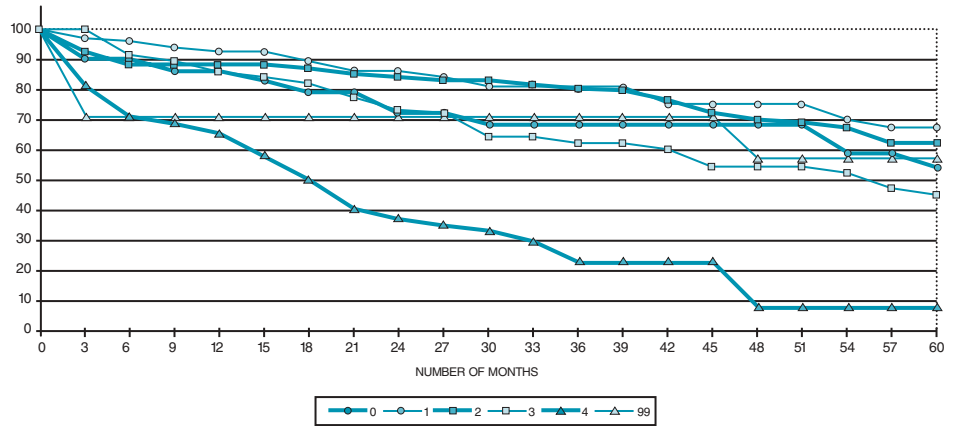
**Rectal Cancers Treatment by Stage
Chilton Memorial Hospital 2002 Cases**



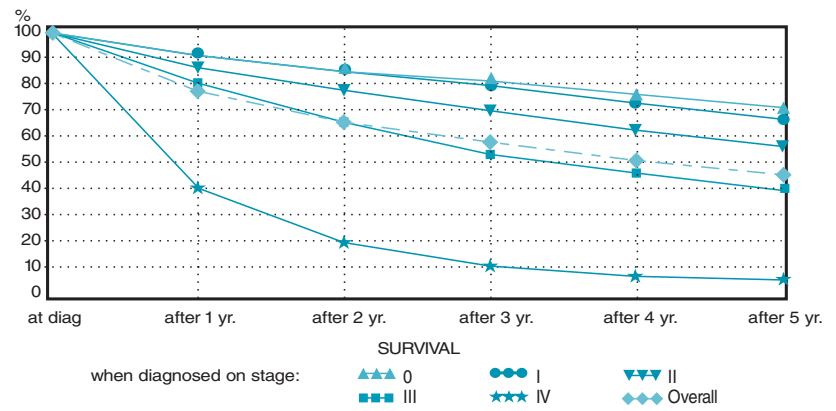
**Rectal Cancer Treatment by Stage
National Cancer Data 2000 Eastern Region³**



LIFE TABLE SURV. BY AJCC STAGE
1994 TO 1999 COLON CANCER SURVIVAL AT CMH

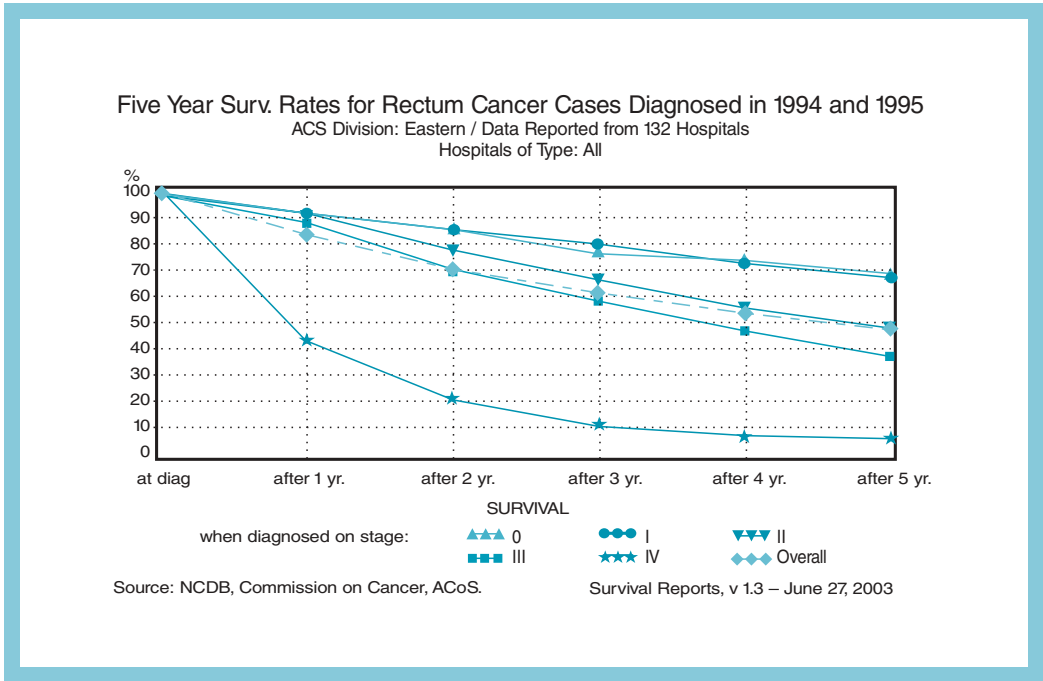
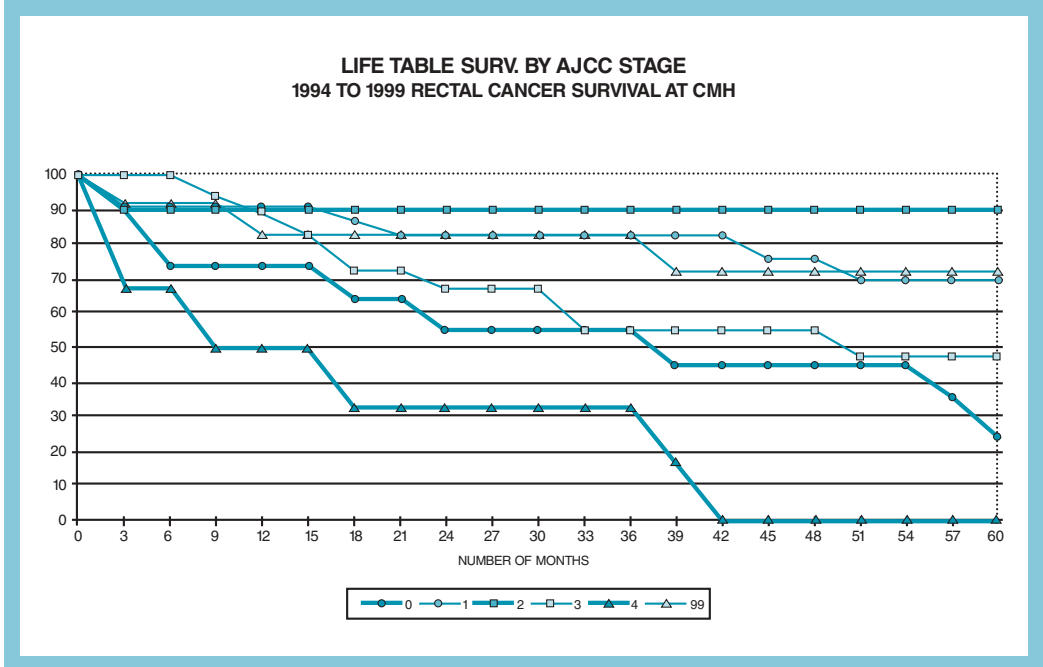


Five Year Surv. Rates for Colon Cancer Cases Diagnosed in 1994 and 1995
 ACS Division: Eastern / Data Reported from 138 Hospitals
 Hospitals of Type: All



Source: NCDB, Commission on Cancer, ACoS. Survival Reports, v 1.3 – June 27, 2003

* NCDB Eastern Division 2000³



* NCDB Eastern Division 2000³

GLOSSARY

ACOS: American College of Surgeons

ACS: American Cancer Society

AJCC Staging: Method of grouping cases for treatment options, evaluating prognosis, and comparing results. This is based on tumor growth, involvement of lymph nodes, and the presence or absence of distant metastases.

Analytic: Cases diagnosed and/or receiving all or part initial cancer-direct treatment at Chilton Memorial Hospital after reference date (January 1993)

ATR: Accredited Record Technician

BS: Bachelor of Science

CAT: computed axial tomography

Chem: Chemotherapy

CHES: Community Health Education Specialist

Class of care: A determination of the patient's diagnostic and treatment status at first admission to the hospital. The two major categories are analytic and non-analytic.

CMH: Chilton Memorial Hospital

Comb: Combination

CT: Computed Axial Tomography

CTR: Certified Tumor Registrar

DXA: Dual-energy X-ray Absorptiometry

ENT: Ear, Nose, Throat

Frozen section: Section cut by a microtome from tissue that has been frozen

IMRT: Intensity Modulated Radiation Therapy

LSW: Licensed Social Worker

M: Mammography

MD: Medical Doctor

MLS: Master's in Library Science

MPH: Master of Public Health

MRI: Magnetic Resonance Imaging

NCCN: National Comprehensive Cancer Network

NCDB: National Cancer Data Base

NHL: Non-Hodgkin's lymphoma

Non-analytic: Cases diagnosed and/or treated elsewhere, or before Chilton Memorial's reference date (January 1993)

NOS: Not otherwise specified

PA: Physician Assistant

PAP: Papanicolaou's smear

PET: Positron-Emission Tomography

Rad: Radiation therapy

R: Radiography

RT: Radiology Technologist

Staging: A numerical method indicating the extent to which the cancer has grown and/or spread. Helps determine the best form of treatment and prognosis.

3-D: three-dimensional

IMPORTANT TELEPHONE NUMBERS

All area code 973

Main Hospital number	831-5000
Chilton Cancer Center	831-5300
Community Health Education	831-5475
Comprehensive Breast Center	831-5200
Dietetics	831-5090
Medical Library	831-5058
Oncology Registry	831-5256
Pain Management	831-5093
Pastoral Care	831-5001
Pharmacy	831-5187
Radiology	831-5088
Social Services	831-5177

REFERENCES

¹American Cancer Society *Cancer Facts and Figures*, National Media Office, NY, NY 2002

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about
CHILTON
MEMORIAL
HOSPITAL

Chilton Memorial is a fully accredited 256-bed, acute care, community hospital located at 97 West Parkway in Pompton Plains, New Jersey. It serves residents in 25 communities, and provides care for those of all ages. It was the first hospital in New Jersey to be awarded a perfect score of 100 by the Joint Commission Accreditation of Healthcare Organization.

In 2002, Chilton Memorial won additional acclaim. Its obstetrics program was recognized as “exemplary,” and as being in the top 10 percent of all obstetrics programs in the nation by HealthGrades, Inc., an organization that assesses the quality of obstetric care provided by hospitals. At the other end of the age spectrum, the hospital’s geriatrics program, New Vitality, was recognized by Catalyst, Inc. as one of the two best, most comprehensive hospital programs for seniors out of 210 nationwide. New Vitality has 29,000 members, and is designed to help seniors stay mentally alert, physically active, and emotionally connected. The program offers free membership and an informative magazine to seniors, along with health screenings, support groups, and numerous free or low cost exercise, travel, culture, computer, and health-oriented classes and seminars.

Chilton Memorial offers a 28-bed state-of-the-art emergency department that was renovated in 2001-2002 to become more patient friendly and to assure greater patient privacy. Its staff members see more than 100 patients per day in the main Emergency Department, or in its fast-track service or observation unit.

The hospital offers cancer treatment from diagnosis to therapeutic treatment, support and educational services all under one roof. It also offers a full range of diagnostic testing, and state-of-the-art radiology exams including nuclear medicine, ultrasound, mammography, X-ray, computerized tomography (CT), and mobile magnetic-resonance imaging and Positron Emissions Thermography scans.

Six operating rooms and a cystoscopy room are located inside the hospital; the freestanding ambulatory surgery center has three operating suites, a minor-procedure room, and separate preoperative and recovery areas for pediatric patients. Additionally, the hospital has an endoscopy center with three pre-procedure bays, four examination rooms, and eight recovery beds.

The hospital offers many outpatient tests that assist in the diagnosis and treatment of cardiac and respiratory disorders, a catheterization/angiography suite, and a rehabilitation and conditioning program designed for patients who have had a heart attack, cardiac surgery, angina, or angioplasty.

Inpatient and outpatient dialysis, and centers that specialize in identifying sleeping disorders, controlling pain, and treating non-healing wounds are also available.

Off site, Chilton Sports Medicine and Rehabilitation in Riverdale offers physical, occupational, and speech therapy, and athletic training services. Various screenings and education programs are available at the hospital’s outreach site, the Chilton Health and Wellness Center, located in the YM/YWHA of North Jersey in Wayne. That location also houses one of the state’s 15 Tobacco QuitCenters operated by the hospital’s Community Health department. Additional health screenings and education programs are provided as a result of contracts coordinated through 13 local town health departments. Community outreach also addresses the needs of the population through healthcare assessments and partnerships with grass-roots organizations.

More than 575 physicians representing 60 primary care and specialty disciplines are on staff. In support of its employees, the hospital offers tuition reimbursement and on-going educational opportunities.

Chilton Memorial is licensed by the New Jersey Department of Health and is a member of the Voluntary Hospital Association of America, American Hospital Association, and New Jersey Hospital Association.

For more information about Chilton Memorial’s facilities and services, call 973-888-CHILTON, or visit the hospital’s award-winning web site: www.chiltonmemorial.org.



Discover a higher level of care.

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