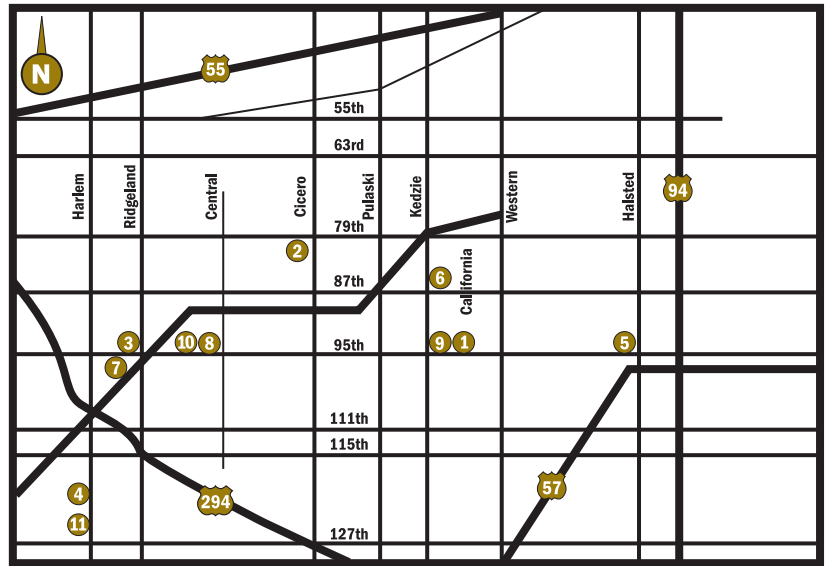


- 1 **Little Company of Mary Hospital and Health Care Centers**
2800 W. 95th St.
Evergreen Park, IL 60805
708.422.6200
- 2 **Burbank Medical Center**
4901 W. 79th St.
Burbank, IL 60459
708.229.5148
Physician offices—
A Little Company of
Mary Affiliates Facility
- 3 **Chicago Ridge Health Education Center**
9500 S. Ridgeland
Chicago Ridge, IL 60415
708.423.5774
Wellness education,
information and screen-
ings
- 4 **Diagnostic Center**
12432 S. Harlem Ave.
Palos Heights, IL 60463
708.361.8003
Laboratory, radiology,
ultrasound and cardiac
testing; specialist offices
- 5 **Halsted Medical Center**
736 W. 95th St.
Chicago, IL 60628
773.487.9500
Doctors' offices, X-ray
and lab services for adult
medicine
- 6 **Heritage Building**
2800 W. 87th St.
Chicago, IL 60652
773.863.7500 (Billing)
773.863.7575 (ADC)
Little Company of Mary
Adult Day Care Center
and physician billing
service headquarters
- 7 **Home Based Services**
9800 S. Southwest
Highway
Oak Lawn, IL 60453
708.229.HOME (4663)
Home health care, hos-
pice, mobile medical care
- 8 **Home Health Equipment Center**
5610 W. 95th St.
Oak Lawn, IL 60453
708.499.0071
Rental, sale, and delivery
of home health equip-
ment
- 9 **Mary Potter Physicians Pavilion**
2850 W. 95th St.
Evergreen Park, IL 60805
Physician offices, outpa-
tient laboratory, EKG and
X-ray
- 10 **Oak Lawn Care Station**
5660 W. 95th St.
Oak Lawn, IL 60453
708.499.2273
X-ray, laboratory, physi-
cian offices—A Little
Company of Mary
Affiliates Facility
- 11 **Palos Office Center**
12450 S. Harlem Ave.
Palos Heights, IL 60463
708.448.1207
Physician offices—
A Little Company of Mary
Affiliates Facility



How to Make an Appointment

If you have any questions about The Cancer Center, would like cancer information or a tour of the facility, please call 708.229.6001. If you would like to find a cancer specialist on staff at Little Company, please call Physician Match® at 708.423.3070.

About Little Company of Mary

The health care facilities are owned and operated by the Sisters of the Little Company of Mary. Since 1930, Little Company of Mary has been a community-based hospital providing advanced medical technologies in a friendly, compassionate environment.

In solidarity with the Sisters of the Little Company of Mary, we are entrusted to serve the community through our ministry of Catholic health care. We are the empowered laity—the Greater Company of Mary. Rooted in a deep heritage of prayerful support of the sick and dying, we strive to enhance the sacredness of life and human dignity. We strive to live our core values: professionalism, compassion, quality and responsibility.

Location and Parking

Little Company of Mary has ample free parking for visitors, convenient to the hospital. We have three lots to the east, two lots to the north and one lot west of the hospital. We also have complimentary valet parking available for cancer patients.



LITTLE COMPANY OF MARY
CANCER CENTER

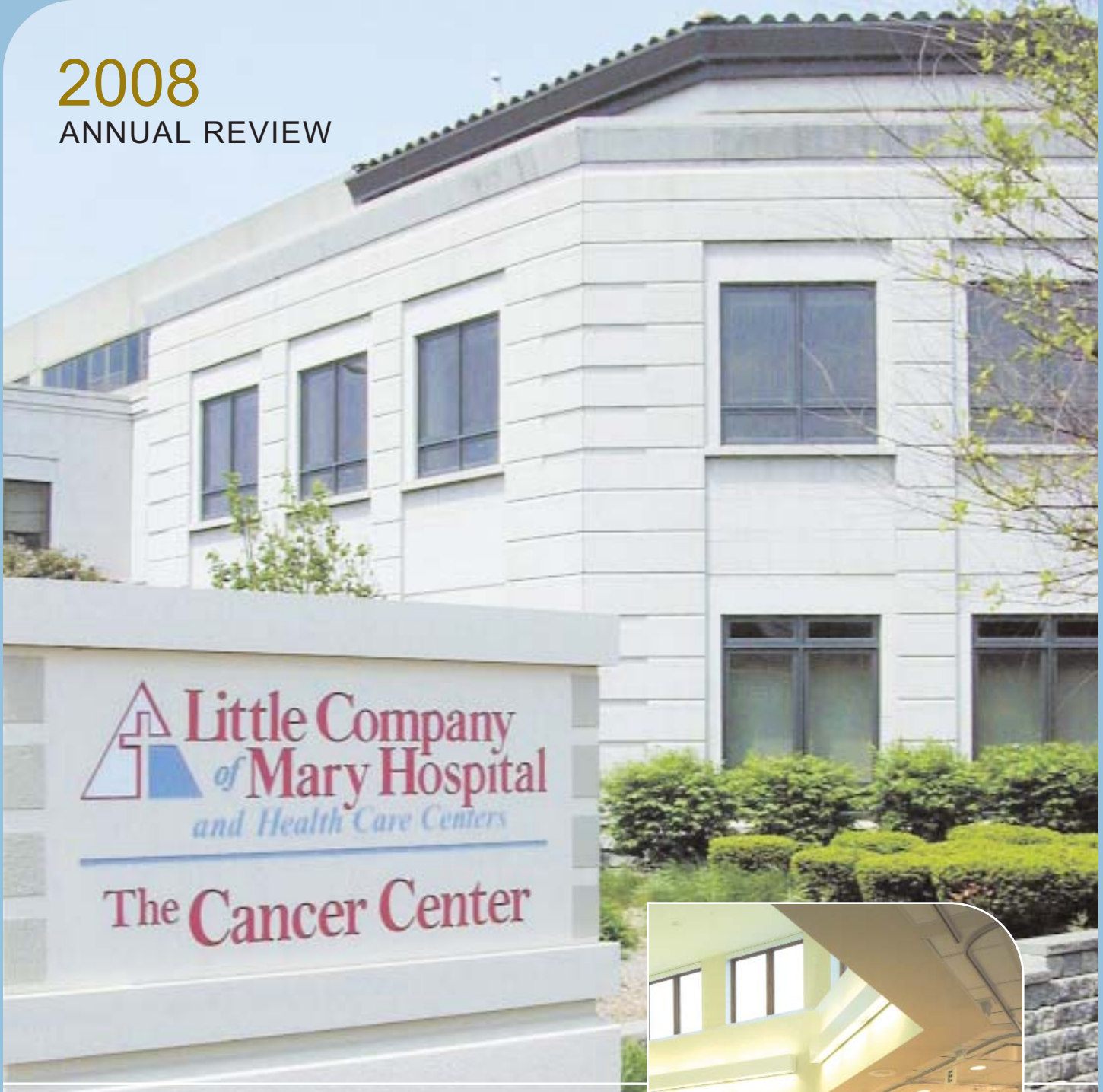
In Pursuit of Pain-Free Health Care®

2800 West 95th Street
Evergreen Park, IL
60805

866.540.LCMH
www.LCMH.org

2008

ANNUAL REVIEW



LITTLE COMPANY OF MARY
CANCER CENTER

In Pursuit of Pain-Free Health Care®

2008 Annual Review

From the Chairman

The comprehensive cancer program at Little Company of Mary Hospital continues to provide multidisciplinary state-of-the-art cancer treatment in a compassionate and pain free environment close to home. Our program continues to maintain the high quality standards necessary to be designated as an American College of Surgeons approved cancer program.

This report offers an in-depth analysis of our overall program, quality assurance measures, and outcome results, which are very comparable to national standards. In the past year, there were more than 650 newly diagnosed cancers treated at Little Company of Mary Hospital. In this report you will find a breakdown of the newly diagnosed cancers for 2008. There also is an in-depth site review that discusses treatment options as well as measures survival outcome for colon cancer patients diagnosed and/or treated here at Little Company of Mary Hospital.

Dr. Adam Dickler has joined the Department of Radiation Oncology at Little Company of Mary Hospital. He trained at Rush University Medical Center and also practiced there for two years. Dr. Dickler brought with him a new technology for the treatment of early stage breast cancer called Xofigo Electronic Brachytherapy. Xofigo can be used to treat patients with outpatient accelerated partial breast irradiation. In addition, Dr. Dickler authored a protocol with Dr. Ivanov (Breast Surgeon), which utilizes Xofigo to deliver intra-operative radiation therapy. This allows well-selected patients to receive all their radiation therapy at the time of surgery (no outpatient radiation treatments).

In addition, our affiliation with University of Chicago Hospital medical oncologists continues to provide our patients with the latest treatment options for care, while maintaining the friendly, community environment.

We are confident that careful review of our quality studies done within the cancer program will continue to strengthen our performance and help us to provide the highest quality care to our patients.

Finally, this letter would not be complete without recognizing all of the physicians, nurses, and support staff that have shown continuous support to the Cancer Conferences. I also would like to thank the members of the Cancer Committee for their continued support of the Cancer Program. Their hard work and effort has helped this cancer program to continue to provide quality service.

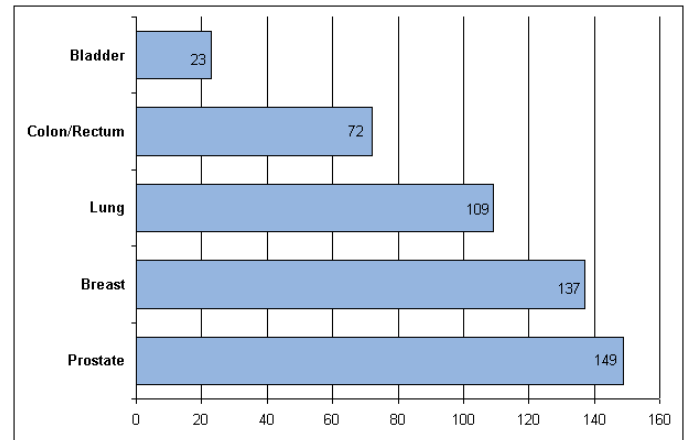
S. Javed Shirazi, M.D.
CHAIRMAN, CANCER COMMITTEE
Director, Radiation Oncology

Frequency Report Summary

PRIMARY SITE	PATIENT COUNT	MALE COUNT	FEMALE COUNT
BASE OF TONGUE	3	2	1
OTHER PARTS OF TONGUE	4	1	3
FLOOR OF MOUTH	3	2	1
OTHER PARTS OF MOUTH	2	2	0
OTHER PARTS MAJ SALIVARY GLANDS	3	3	0
TONSIL	2	1	0
OROPHARYNX	2	2	0
NASOPHARYNX	0	0	0
HYPOPHARYNX	2	2	0
ESOPHAGUS	9	7	2
STOMACH	11	5	6
SMALL INTESTINE	4	1	3
COLON	55	27	28
RECTOSIGMOID JUNCTION	5	1	4
RECTUM	12	7	5
ANUS AND ANAL CANAL	4	2	2
LIVER-INTRAHEPATIC BILE DUCTS	2	1	1
GALLBLADDER	3	2	1
OTHER PARTS OF BILIARY TRACT	2	1	1
PANCREAS	14	8	6
OTHER DIGESTIVE ORGANS	0	0	0
LARYNX	4	4	0
BRONCHUS AND LUNG	109	51	58
BONES, JOINTS AND OTHER SITES	4	3	1
HEMATOPOIETIC/RETICULOENDO	5	2	3
SKIN	4	3	1
RETROPERITONEUM AND PERITONEUM	2	1	1
BREAST	137	4	133
VAGINA	1	0	1
VULVA	3	0	3
CERVIX UTERI	10	0	10
CORPUS UTERI	9	0	9
OVARY	5	0	5
PENIS	1	1	0
PROSTATE GLAND	149	149	0
TESTIS	1	1	0
OTHER MALE GENITAL ORGANS	0	0	0
KIDNEY	15	10	5
RENAL PELVIS	2	2	0
URETER	2	0	2
BLADDER	23	17	6
EYE AND ADNEXA	0	0	0
BRAIN	2	1	1
THYROID GLAND	5	1	4
LYMPH NODES	13	5	8
UNKNOWN PRIMARY SITE	15	6	9
TOTAL	663	338	325

Five Most Common Cancers Treated at LCM

New Cases



Who We Are

A trustworthy community hospital with friendly staff who offer personal care.

For years, that's what Little Company of Mary Hospital and Health Care Centers have been known for. It's a legacy we're proud of, and it's the reason many of our patients choose us. But what about all the other amazing technological advances underway that patients may not know about?

With new, minimally invasive tools, Little Company of Mary is offering patients exceptional care that's faster, less painful and allows for quicker return to normal activities. With these advances, we're easing the pain and improving patient results from treatments for

even the most serious conditions like cancer and heart disease.

But healing isn't possible with technology alone. And, the pain of health care isn't limited to the physical. Long waits, confusing information, repeat testing, poor communication—all these things cause patients stress and discomfort. So, combined with minimally invasive advances, we also want to focus on ways that relieve the pain of the health care experience by creating an exceptionally welcoming, convenient and efficient environment.

Renowned Cancer Treatment

Little Company of Mary offers first-rate cancer care to southwest Chicago and its surrounding suburbs.

The Cancer Center is ranked in the top 27 percent of the nation's cancer programs accredited by the American College of Surgeons' Commission on Cancer. The Center offers highly skilled cancer specialists, including physicians from the Medical Oncology Group of the University of Chicago Hospitals; the latest medical technologies for diagnosis and treatment; participation in clinical trials and a wide spectrum of support services. All cancer services are centered in a 33,000-square-foot state-of-the-art facility located on the Hospital campus. Every aspect of the bright and cheerful center was designed with the needs of the patient and family in mind.

For nearly 80 years, there has been a Catholic tradition of caring at Little Company of Mary that makes this Hospital unique. Little Company of Mary's compassion for the sick is deep-rooted and begins with the Sisters of the Little Company of Mary—the congregation of religious women who sponsor the Hospital. The congregation's Foundress, Venerable Mary Potter (1847 – 1913), survived with cancer for many years. As a result of this experience, she became a pioneer in holistic health care. The Little Company of Mary Sisters, who embody the healing presence of Jesus and the spiritual legacy of their Foundress, are committed to providing the finest cancer care possible.

Our Cancer Services

Participating in Clinical Studies

Little Company of Mary is committed to bringing medicine closer to a cure for cancer through the Hospital's affiliation with the Medical Oncology Group of the University of Chicago Hospitals.

Patients at Little Company of Mary who would benefit from clinical trials have access to promising new medications and the latest therapies usually available only in a university-based hospital.

Radiation Oncology

Little Company of Mary offers a broad spectrum of treatment options for the management of benign and malignant tumors via radiation therapy. The Hospital has the latest in linear accelerator technology for radiation therapy—all housed in The Cancer Center.

As a result of advanced technology, patients at Little Company of Mary exhibit fewer side effects from radiation therapy and physicians are able to preserve more healthy tissue during a course of treatment. New technologies also enable physicians to deliver higher localized doses of radiation to better control the disease. The program is under the direction of a board-certified radiation oncologist. The process involves an initial consultation, treatment planning, treatment delivery and follow-up care.

Little Company of Mary offers:

- ♦ **CT simulation**—capable of producing real-time digitally reconstructed radiographs
- ♦ **External beam radiation therapy**—two linear accelerators that produce high-energy X-rays
- ♦ **HDR**—high dose rate therapy used in brachytherapy such as prostate brachytherapy. Therapy involves placing radioactive isotopes directly in or near the tumor via special applicators to target cancer cells. We are one of a limited number of facilities in the Chicago area that provides prostate HDR to men. This procedure is broken into two to four treatments, allowing men to return to normal activities within a few days
- ♦ **Radioactive seed implants for prostate cancer**—radioactive isotopes are implanted directly into the tumor in the prostate gland
- ♦ **Radiopharmaceutical injection for metastatic bone disease**—an intravenous therapy delivered through infusion
- ♦ **Iodine therapy for thyroid cancer**—a capsule taken orally and absorbed by the thyroid tissue
- ♦ **IMRT**—an advanced form of radiation that provides three dimensional conformal images customized to tumor and organ structures, resulting in less side effects and toxicities and more radiation directly to intended site
- ♦ **XOFT**- Electronic Brachytherapy for partial breast radiation that offers treatment equivalent to MammoSite with a potential for less toxicities.♦
- ♦ **IORT** - Intraoperative electronic brachytherapy. This is a single treatment provided at the time of breast conservation surgery.
- ♦ **MammoSite**—an interstitial radiation therapy that provides brachytherapy to women with breast cancer. This allows a five day course of treatment versus six weeks and minimizes side effects and toxicities of external beam radiation

Surgery

Little Company of Mary's board-certified surgeons provide patients with the most effective and least invasive surgical procedures. LCM's general surgeons perform many tissue-sparing procedures and use video-assisted thoracic surgery to evaluate tumors. This new procedure assists surgeons to better diagnose, stage and treat patients with cancer.

Interventional Radiology

LCM employs two board-certified interventional radiologists, who work with a highly trained staff to offer a full spectrum of minimally invasive oncological procedures with a goal of reducing pain, side effects and recovery time. Working with a multidisciplinary team approach, the interventional radiology staff provides care for patients with various types of malignancies. Advanced ultrasound and CT fluoroscopy equipment are used for minimally invasive procedures, including targeted chemoembolization of tumors and localized tumor

destruction of kidney, liver, lung and bone tumors using cryoablation and radiofrequency ablation.

MRI Capabilities

Little Company of Mary welcomed the arrival of a new, advanced 1.5T MRI System. The system delivers unmatched image quality, faster imaging times and offers non-contrast MRI for safe and accurate diagnosis. Our advanced system is so quiet, there is no ear protection necessary for maximum patient comfort. Our system offers sophisticated breast imaging capabilities and guidance for breast biopsies. Call 708.499.8550 to schedule an MRI.

Medical Oncology

Board-certified hematologists/oncologists from Little Company of Mary and the Medical Oncology Group of the University of Chicago Hospitals collaborate to provide patients with the best possible care. The Hospital's Cancer Committee meets quarterly to lead and direct The Cancer Center programs. In addition, physicians and other cancer care professionals from all cancer disciplines meet weekly to confidentially review patients' cases and make recommendations for follow-up and treatment.

Our Medical Oncology Infusion Center is located on the first floor of The Cancer Center and includes three private chemotherapy bedrooms and eight sunlit chemotherapy treatment bays staffed by certified oncology nurses. Patients have access to a Nurse Navigator, a registered nurse and cancer survivor herself, who works with the patients to ease their treatment process.

Little Company of Mary Medical Oncology offers:

- ✦ University of Chicago Medical Oncologist consultations
- ✦ Chemotherapy administration
- ✦ A procedure room for bone marrow biopsies and lumbar punctures
- ✦ Blood product administration (many same day service)
- ✦ Fluid & electrolyte replacement
- ✦ Remicade and Reclast infusions

- ✦ Zevalin protocol for low grade lymphomas
- ✦ Phlebotomy
- ✦ Growth factor administration

Cancer Registry

The Cancer Registry captures a complete summary of patient history, diagnosis, treatment and status for every cancer patient diagnosed and/or treated at The Cancer Center. Data is submitted monthly to the Illinois State Cancer Registry Database. The registry also maintains life-time follow-up on all eligible patients. The information collected is used for internal and external studies of survival and disease status, population and studies and outcomes analyses. These studies help experts develop and evaluate treatment protocols as well as monitor quality patient care.

Integrative Therapy Services

In addition to the conventional cancer services, The Cancer Center offers a full array of integrative therapies to support those persons who are currently undergoing treatment (i.e., radiation or chemotherapy) free spa services are offered. Consisting of massage, pedicures, facials, and reiki sessions, all are performed by licensed and/or certified individuals. All Integrative Therapy Services are provided at no charge to our cancer patients. The Integrative Therapy department focuses on the patient's physical, spiritual and emotional needs. Here are just a few of the services available to patients and their families:

- ✦ Cancer support groups
- ✦ Community resource library
- ✦ Art Therapy
- ✦ Tai Chi
- ✦ Yoga
- ✦ Healing Touch
- ✦ Hypnosis
- ✦ Acupuncture
- ✦ Lood Good Feel Better

Ellyn Rose Cronin Community Patient Resource Center

Our Community Patient Resource Center is a full lending library open to the community. Pamphlets, books, brochures, as well as charts, models and Internet access are available in this spacious area.

The facility is nationally recognized by the American Cancer Society as a Patient Resource Center. Educational materials are available from the American Cancer Society, National Institutes for Health and many other organizations.

Genetic Counseling & Testing

It is estimated that everyone carries at least 50 significant genetic alterations. As the role of genes in cancer becomes more apparent, the importance of having the services of a genetic counselor specially trained in the heredity of cancer is a growing concern. Genetic counseling allows the opportunity to improve patient care and outcomes, identify patients at risk to help save lives and provide a comprehensive approach to patient care.

Little Company of Mary provides this vital service through our affiliation with the Medical Oncology Group of the University of Chicago Hospitals.

Inpatient Care

For patients who are admitted to the Hospital, Little Company of Mary offers a full spectrum of health care services with highly skilled physicians and staff. Nurses are specially trained in oncology to handle the complex needs of cancer patients, including palliative care.

Treating the Whole Person

Little Company of Mary recognizes the importance of holistic health in the healing process and is responding to the needs of area cancer patients and their families, who are seeking to improve and maintain their quality of life. Here are a few of the support services available to patients and families:

- ♦ Home-based service
- ♦ Home health equipment
- ♦ Hospice
- ♦ Nutrition services
- ♦ Pain and symptom management
- ♦ Pastoral care
- ♦ Pharmacy services
- ♦ Physical therapy
- ♦ Case management
- ♦ Speech and swallowing treatment
- ♦ Wound care



Ellyn Rose Cronin
Community Patient
Resource Center

Colorectal In-Depth

Cancer of the large intestine is one of the most common and treatable cancers seen in the United States. The overall lifetime risk of developing colorectal cancer is estimated at 5.4%, or 1 in 19 persons. It is seen slightly more commonly in men than women. It is estimated that in 2008, 148,000 new cases of colorectal cancer will be diagnosed in the US and approximately 5,000 people will die from the disease. This year, Little Company of Mary Hospital (LCMH) has chosen colorectal cancer from the completed analytical cancer review data of 2007 for its in depth site review. Colorectal cancer represented 11% of the cancers diagnosed and treated at LCMH during 2007.

Typically, colorectal cancer develops slowly over a period of years. Most cancers of the large intestines, termed adenocarcinoma, begin in an adenomatous polyp—an abnormal growth in the lining of the intestine. Over time, under genetic signaling, the cells in this polyp mutate into cancer cells and develop the potential to invade and spread to distant cancer, the disease can often be prevented or cured. This fact makes colorectal cancer one of the few cancers we can effectively screen for and potentially prevent. Increased screening has contributed to the decline in death rate from this cancer over the last 20 years.

Risk Factors

Both environmental and genetic risk factors can increase the risk of developing colorectal cancers. Here is a list of factors that can increase someone's chance of cancer.

- ✦ Increasing Age
- ✦ Prior personal history of colorectal cancer or polyps
- ✦ Familial adenomatous polyposis (FAP) syndrome
- ✦ Hereditary nonpolyposis colorectal cancer (HNPCC) syndrome
- ✦ Family history of colon cancer
- ✦ Diabetes Mellitus
- ✦ Inflammatory Bowel Disorders
- ✦ Alcohol consumption > 3-4 drinks per day
- ✦ Obesity
- ✦ lifestyle
- ✦ Cigarette smoking
- ✦ Diet high in red meat and low in fiber
- ✦ Probable risk factor

Protective Factors

Some protective factors in preventing someone from developing colorectal cancer have also been identified.

- ✦ Diet rich in fruits and vegetables
- ✦ Regular exercise
- ✦ Aspirin/Non steroidal anti-inflammatory medications
- ✦ Vitamin B6
- ✦ Calcium
- ✦ Magnesium
- ✦ Statin cholesterol medications
- ✦ Omega 3 Fatty acids
- ✦ Possible preventative factors

Screening

The primary goal of colon cancer screening is to prevent deaths from colon cancer. Screening tests can find cancers at an earlier and more curable stage. Some tests can also help identify precancerous growths or polyps and remove them prior to becoming malignant.

All adults should undergo colon cancer screening at age 50 or sometimes earlier depending on one's personal and family risk factors regarding colon cancer.

Colonoscopy

This screening test allows the physician to visualize the whole intestinal lining of the rectum and colon. The procedure requires colon preparation the evening prior with a medication that causes diarrhea and cleans out the entire colon. A sedative is given prior to the procedure; a thin-lighted tube with an attached camera is then used to inspect the entire length of large intestine. Polyps and some cancers can be removed during the test. The effectiveness in colonoscopy finding colon cancers approximates 95%. The risks include serious bleeding or tears in about 1 out of 1000 procedures.

Other Screening Options

- Sigmoidoscopy
- ✦ CT colonography
- ✦ Double contrast barium enema
- ✦ Stool testing

The best screening test should be an individual decision after a discussion regarding risks and benefits with a physician.

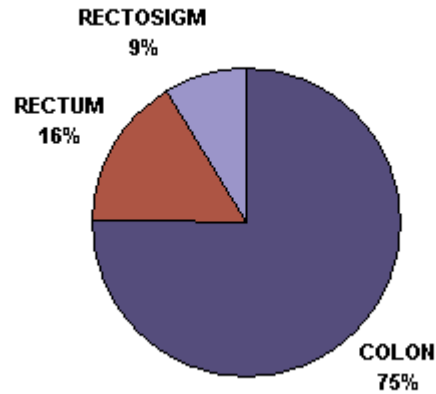
At LCMH, 2845 screening colonoscopies were performed from July 1, 2007 thru June 30, 2008. Of these, 1541 (54%) had a polyp or abnormality biopsied. 27 (1%) were diagnosed with colon cancer.

Diagnosis

From the Analytical Cancer Registry data at LCMH, 69 cases of colorectal cancer were diagnosed in the year 2007. **Figure 1** illustrates the distribution of cases by age and sex. Of these 69 patients, 7 cancers were found on screening colonoscopy. The remainder 62 patients presented with symptoms of pain, cramping, or blood in their stools as seen in **Figure 2**. **Figure 3** demonstrates 84 % (58 pts.) with cancer of the colon and 16% (11 pts.) with rectal cancer.

Frequency of Cancer

Figure 3



Staging

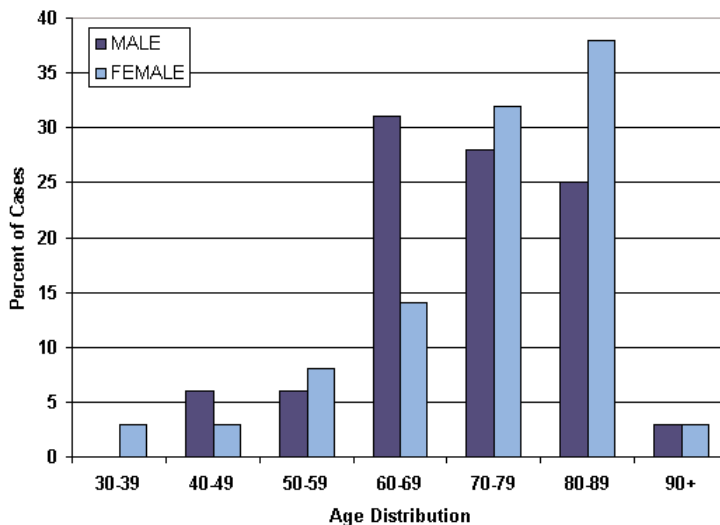
Accurate staging of colorectal cancer is vital for choosing treatment modalities and assessing prognosis. By following the standardized American Joint Committee on Cancer (AJCC), also known as the TNM system, extent of the primary cancer growth as well as regional lymph node and distant spread are evaluated both clinically and pathologically. Special emphasis is given to the number of lymph nodes examined in surgical resection specimens as the AJCC and a National Cancer Institute-sponsored panel recommended that at least 12 lymph nodes be examined in patients with colorectal cancer to confirm the absence of factors that are commonly considered in patient management include histology grade and serum CEA level, etc. Other molecular tumor markers such as DCC, DNA microsatellite instability, are not currently routinely applied clinically but may be proven to be essential in the future for colorectal cancer management.

Figures 4&5 depict the distribution of staging for the 69 cases of colon and rectal cancer in 2007 at LCMH. For stage 0-II colorectal cancer, the disease is limited to the primary site, 58% of LCMH patient group. 32% of patients were diagnosed with more advanced disease, having spread to lymph nodes or more distant sites. 14% of patients were not staged. Interestingly, the 7 cases of colorectal cancer found by screening colonoscopy all presented with early stage disease as shown in **figure 6**.

Male vs Female by Age

Figure 1

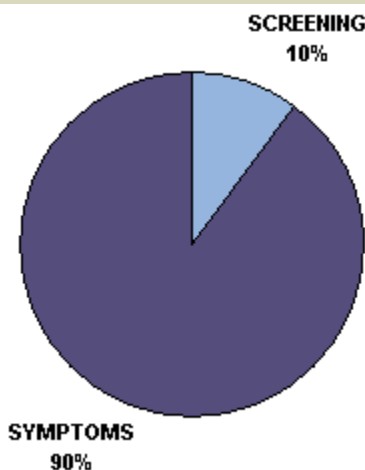
Colorectal Cancer at Diagnosis



Screening vs Symptoms

Figure 2

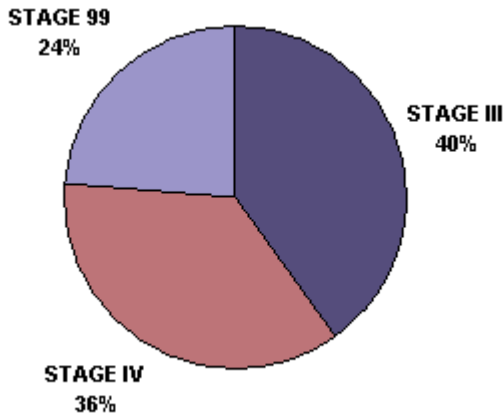
LCM Colon Cancer Diagnosis



Colon Stage at Diagnoses

Figure 4

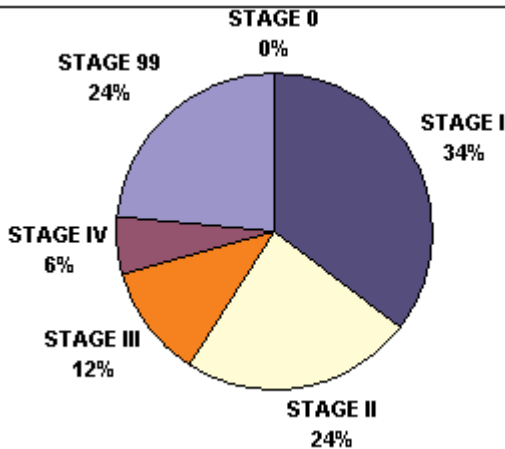
Cases Diagnosed in 2007



Rectal Stage at Diagnoses

Figure 5

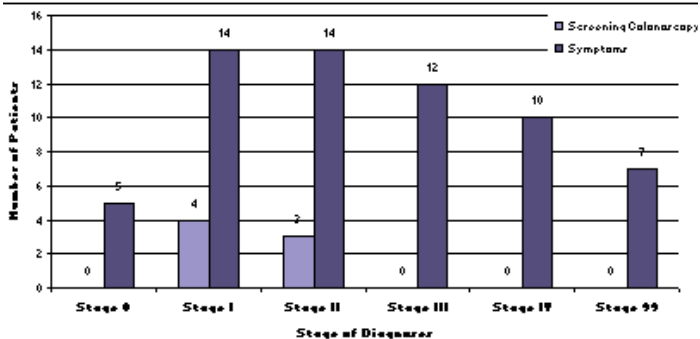
Cases Diagnosed in 2007



Importance of Screening

Figure 6

Colorectal Cancer at Diagnosis



Treatment

Once the diagnosis of colorectal cancer is made, most patients are evaluated for distant spread of disease. If there is no evidence of distant disease, patients with colon cancer undergo surgical resection. The role of surgery is to remove the cancer by performing a resection based on the blood supply of the colon, which parallels the lymphatic drainage. A complete lymphadenectomy is essential for treatment and prognosis of colon cancer, with a minimal of 12 lymph nodes to clearly establish stage. Following definitive pathologic staging, additional therapy may be warranted.

Rectal cancer treatment involves surgery as well, however, a multidisciplinary approach is usually involved. Except with extremely early lesions, preoperative treatment with chemotherapy and radiation is now utilized in most patients. Surgical resection then follows, again with attention given to complete resection of the lymphatic drainage. After pathologic exam, additional therapy may be advised.

Adjuvant Chemotherapy

Even after the cancer has been completely removed surgically, microscopic undetectable cancer cells can be left behind. Treatment, usually chemotherapy, can be given after surgery, to effectively neutralize cancer cells anywhere in the body. This treatment, referred to as adjuvant chemotherapy, can lessen the chance of cancer recurrence and ultimately improve the cure rate.

Not all patients require adjuvant chemotherapy after surgery. Most patients with cancer spread into lymph nodes, or Stage III, derive benefit from adjuvant chemotherapy. Patients with more invasive tumors that do not involve any lymph nodes, or Stage II, may benefit from adjuvant chemotherapy. Higher risk Stage II patients usually receive adjuvant therapy while lower risk Stage II patients usually do not. This decision will be individualized for each patient. Less invasive tumors, or Stage I, do not require adjuvant chemotherapy.

Treatment of Metastatic Colon Cancer

Despite methods of early diagnosis and treatment, colon cancers can be spread to other body sites at the time of diagnosis or can recur at a later date after initial treatment. This is referred to as Stage IV or metastatic cancer. Although some patients with limited amounts of metastasis cancer can be cured with surgery as mentioned above, for many patients metastatic colon cancer is not curable. Chemotherapy is recommended for most patients with metastatic cancer to both

improve symptoms and prolong survival. In fact, new drugs for the treatment of metastatic colon cancer have contributed to patients' improved survival over recent years far surpassing advances in most other cancer types.

Cancer Treatment Drugs

Conventional Chemotherapy: These drugs work by preventing cancer cells from dividing and reproducing themselves. Side effects occur by the drugs inhibiting normal cells from reproducing as well. Conventional chemotherapy includes drugs given both by IV and by mouth.

They include:

- ♦ 5-fluorouracil be given intravenously or by mouth
- ♦ Leucovorin given intravenously is used to enhance the activity of 5-fluorouracil
- ♦ Oxaliplatin given intravenously
- ♦ Irinotecan given intravenously

Conventional chemotherapy drugs are used in the adjuvant setting after surgery and in treatment of metastatic disease.

Targeted Therapies: These anti-cancer drugs work by a newer and different mechanism compared to conventional chemotherapy. These drugs are special proteins called antibodies that inhibit other proteins that are responsible for cancer growth or survival. Although not totally free of side effects, since these drugs do not work like conventional agents, they typically do not have as many side effects compared with standard chemotherapy.

They include:

- ♦ Bevacizumab
- ♦ Cetuximab
- ♦ Panitumumab

Targeted therapies are used alone and in conjunction with conventional chemotherapy in treatment of metastatic cancer. They are currently being tested in clinical trials to determine its benefit in adjuvant treatment.

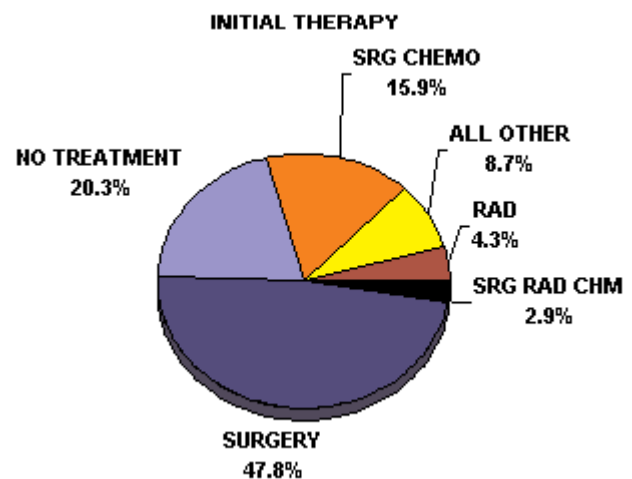
External beam radiation therapy is the treatment of cancers with high energy x-rays. Radiation therapy does not typically play a role in the curative treatment of colon cancer. It does play a large role in the curative treatment of locally advanced

rectal cancer, though. The radiation can be given either before or after definitive surgery and is often combined with systemic chemotherapy. If it is given before surgery, the radiation can shrink the tumor and make the surgery easier and also help to preserve sphincter function. When given after surgery, radiation helps to eliminate any residual tumor cells. Radiation also has a role in palliating recurrent or metastatic rectal and colon cancers, which cause symptoms such as bowel obstruction, bleeding, or pain.

Radiation treatment is given on an outpatient basis. It is delivered Monday through Friday for about fifteen minutes a day. When give either before or after surgery, the treatment course is approximately 5 weeks. Palliative radiation is usually 2 – 3 weeks in duration. External beam radiation is usually well tolerated by patients. Common side effects include mild fatigue and slight diarrhea or nausea. These side effects from radiation usually go away shortly after treatment is completed. Figure 7 shows the treatment of the colorectal cancers at LCMH for 2007.

Initial Therapy

Figure 7



Survival

As previously discussed, colorectal is one of the few cancers that effective screening can impact the mortality of the disease. As with most tumors, earlier stage of disease at presentation correlates with improved survival. Survival rates for colorectal cancer are commonly discussed over a 5-year interval. LCMH survival data compares favorably with national statistics.

Five Year Survival Table for Colon Cancer Cases Diagnosed in 1998 - 2000

LCM Cancer Center

Table 1

Stage	# of Cases	% At Dx	1st Yr	2nd Yr	3rd Yr	4th Yr	5th Yr
0	24	100%	91.6%	82.5%	82.4%	82.3%	76.6%
I	39	100%	96.8%	87.3%	87.3%	78.2%	76.6%
II	67	100%	90.9%	87.7%	78.8%	72.7%	67.5%
III	69	100%	86.2%	74.5%	61.7%	56.4%	49.9%
IV	33	100%	50.7%	19.9%	13.4%	4.7%	4.7%
99	25	100%	59.2%	54.0%	52.9%	51.6%	51.6%
Total Cases	257						
** Stage 99 = Unknown							

NCDB Cases Diagnosed 1998 - 2000

Table 2

Stage	# of Cases	% At Dx	1st Yr	2nd Yr	3rd Yr	4th Yr	5th Yr
0	12,478	100	93.5	89.8	86.3	82.4	78.3
I	35,216	100	92.3	87.9	83.4	78.9	74.3
II	46,775	100	88.6	81.7	75.1	69.1	63.7
III	40,877	100	83.8	71.1	61.3	54.6	49.3
IV	32,745	100	42.7	21.7	12.6	8.4	6.3
Source: National Cancer Database by jbanasiak@facs.org							

Study Compiled By:

Monica Lorimer, M.D., General Surgery

Jason Comer, M.D., Hematology Oncology

Adam Dickler, M.D., Radiation Oncology

Chuang S. Kiang, M.D., Anatomic & Clinical Pathology

Lapearl Clark, CTR, Cancer Registrar

Maria G. Garcia, RHIT, Cancer Registrar

For more information:

✦ American Society of Clinical Oncology
(www.cancer.net/portal/site/patient)

✦ National Comprehensive Cancer Network
(www.nccn.org/patients/patient_gls.asp)

✦ National Cancer Institute
1-800-4-CANCER (www.cancer.gov)

✦ American Cancer Society
1-800-ACS-2345 (www.cancer.org)

✦ National Library of Medicine
(www.nlm.nih.gov/medlineplus/healthto pics.html)

✦ The American Gastroenterological Association
(www.gastro.org)

✦ The American College of Gastroenterology
(www.acg.gi.org)

Lung Cancer Overview

What is Lung Cancer?

Lung cancer is a disease that begins in the tissue of the lungs. Lung cancer is still the leading cause of cancer death in the United States, comprising up to 30% of all cancer deaths.

The vast majority of lung cancer cases fall into one of two different categories:

Non-small cell lung cancer is the most common type of lung cancer, making up nearly 80% of all cases. This type of lung cancer grows and spreads more slowly than small cell lung cancer and it is divided into three different subcategories: squamous cell carcinoma, adenocarcinoma and large cell carcinomas.

Small cell lung cancer makes up nearly 20% of all lung cancer cases. It grows rapidly and spreads to the lymph nodes and to other organs of the body. This type of lung cancer is frequently caused by smoking or second hand smoke.

Signs and Symptoms

Signs and symptoms of lung cancer vary depending on the type, location, and size of the tumor. Many people with lung cancer have no symptoms until the disease has advanced into late stages. Others may have:

- ✦ Coughing (most common)
- ✦ Shortness of breath (dyspnea)
- ✦ Fatigue, general pain
- ✦ Wheezing
- ✦ Pain in the chest, shoulder, upper back, or arm
- ✦ Coughing up blood (hemoptysis)
- ✦ Repeated pneumonia or bronchitis
- ✦ Loss of appetite (anorexia) and weight loss
- ✦ Hoarseness
- ✦ Swelling of face or neck
- ✦ Pleural effusion

Treatment Options for Lung Cancer

The type of lung cancer and the stage of the disease

determine which treatments are normally used. Non-small cell cancer is normally treated with surgery while small cell cancer is normally treated with chemotherapy or other non-surgical procedures. Treatment options are different for each individual case, but there are several common procedures listed below.

Surgery: Surgery is most commonly used in the treatment of non-small cell cancer. It is often followed by radiation or chemotherapy to destroy cancer cells that may have spread or may have been missed during surgery.

Chemotherapy: Drugs are administered by mouth or injection to kill the cancer cells. Chemotherapy is most commonly used in the treatment of small cell cancer. The drugs enter the blood stream and can therefore reach areas of the body where the cancer may have spread.

Radiation therapy: In some cases, photon beams can be used to kill or shrink cancer cells at the site of the tumor. The radiation may be administered by a machine, such as a linear accelerator, or from a radioactive source implanted within the diseased area. Our Radiation Oncology department utilizes IMRT as well as intracavitary high-dose rate brachytherapy.

Emerging Treatments

Epidermal growth factor (EGF) receptor inhibitors target the cancer cells causing growth cessation in some cases.

Vascular endothelial growth factor (VEGF) inhibitors attack blood vessels that supply food and oxygen to tumor cells causing regression in some cases.

Prostate Cancer Overview

What is Prostate Cancer?

Prostate cancer is a malignant tumor that develops in the prostate gland, a part of the male reproductive system. It occurs when cells in the normal prostate gland begin to grow out of control. These cells may spread to other parts of the body, especially the draining lymph nodes and bones.

Signs and Symptoms

Prostate cancer is most often discovered by a screening blood test called PSA (prostate specific antigen) or by a DRE (digital rectal exam) performed by a physician. Early prostate cancer usually does not cause symptoms. More advanced prostate cancers may cause symptoms that are more often caused by a benign disease called BPH (benign prostatic hypertrophy). These symptoms include frequent urination, trouble starting urination, and pain upon urination. Prostate cancer that has spread to the bones may cause bone pain.

Prevention and Early Diagnosis

The American Cancer Society recommends that screening for prostate cancer with a PSA blood test and DRE should be offered annually to patients at age 50. Men at high risk for prostate cancer, African American men and those with a family history, may begin testing at age 45. Those patients with a strong family history, including those with multiple first-degree relatives diagnosed at an early age, may benefit from screening at age 40.

Treatment Options

There are several major treatment options available based upon the stage of the prostate cancer.

Watchful Waiting: Watchful waiting refers to close observation and monitoring without definitive treatment. Watchful waiting is often used when an early-stage cancer is found in an elderly man.

Surgery: Surgically removing the prostate, or prostatectomy, is often used in early stage prostate cancers. The most common type of surgery is a radical retropubic prostatectomy where the surgeon makes an incision in the abdomen. In a radical perineal prostatectomy the surgeon makes an incision in the perineum, the skin between the anus and scrotum. In a newer form of surgery, called da Vinci® prostatectomy, a surgeon uses a robot to help him perform the procedure and needs to make only several small incisions in the abdomen to remove the prostate laparoscopically.

Radiation Therapy: Radiation therapy uses ionizing

radiation to destroy the cancer cells. External beam radiation therapy (EBRT) uses a linear accelerator to produce high energy X-rays which can be directed at the prostate gland. Intensity modulated radiation therapy (IMRT) is a form of external beam radiation which allows highly shaped radiation beams to deliver higher doses of radiation to the tumor while sparing nearby normal tissues. Prostate brachytherapy is a form of radiation that involves placing pieces of radioactive material into the prostate. Low dose rate (LDR) implants involve the permanent placement of radioactive seeds with a needle through the patient's skin. High dose rate (HDR) implants involve the temporary placement of a radiation source into the prostate.

Hormonal Therapy: Hormonal therapy uses medication to block prostate cancer cells from receiving a male hormone that the cancer uses to grow and spread to other parts of the body. Hormonal therapy can be used before and/or during radiation therapy or in cases when the cancer has spread to other parts of the body.

Prostate Cancer Management Program

Little Company of Mary's Prostate Cancer Management Program offers the widest range of prostate cancer treatment, including Advanced Radiation Therapy and HDR.

By remaining committed to giving our doctors the most modern and advanced tools available for diagnosing and treating prostate cancer, Little Company of Mary is able to provide a comfortable environment and a less painful cancer experience.

The Cancer Center offers a Prostate Cancer Support Group, co-sponsored by US TOO! International. Join us on the first Thursday of the month from 7 to 9 p.m., in Meeting Room I of the Cancer Center. Please call 708.229.6015 for more information.

National Prostate Cancer Coalition's Drive Against

Prostate Cancer: Little Company of Mary screened more than 600 men during the 2008 "Drive Against Prostate Cancer" event.

Screenings were free in part by Siemens Diagnostics who donated the test kits, the University of Michigan Labs who analyzes the PSA test, and Little Company of Mary's staff and urologists who volunteered their time. In addition to the exam, participants received a PSA blood test.

For more information and to take a free risk test:
Log onto www.PursuingPainfreeCancer.org

Breast Cancer Overview

What is Breast Cancer?

Breast cancer is a malignant tumor that starts from abnormal cells of the breast. These abnormal cells continue to grow and spread into surrounding tissue. They may break off and metastasize to other parts of the body via the lymphatic system. There are many different types of breast cancer. Usually breast cancer comes from either the ducts or the glands.

Signs and Symptoms

Unfortunately, the early stages of breast cancer may not have any symptoms. This is why it is important to follow screening recommendations. As a tumor grows in size, it can produce a variety of symptoms including:

- ♦ Lump or thickening in the breast or underarm
- ♦ Change in size or shape of the breast
- ♦ Nipple discharge or nipple turning inward
- ♦ Redness or scaling of the skin or nipple
- ♦ Ridges or pitting of the breast skin

Prevention and Early Diagnosis

The American Cancer Society recommends the following guidelines for early detection of breast cancer:

- ♦ Women 20 to 39 should have a clinical breast exam performed by a health care professional every three years and should perform monthly breast self-examination.
- ♦ Women aged 40 and over should have an annual clinical breast exam performed by a health care professional and should perform monthly breast self-examination.
- ♦ Women aged 40 and over should also have annual screening mammograms.

Mammograms are essential for identifying breast abnormalities at early stages before any physical symptoms develop. Mammography can detect breast cancer 1.7 years before a woman can feel a lump in her breast. In addition, breast self-examinations are responsible for detection of a large percentage of breast abnormalities. Coupled together, mammograms and breast self-examinations have proven to be the most effective methods of detecting and diagnosing breast cancer.

Treatment Options

Surgery: The primary aim of a breast surgeon is to rid cancer; however, big emphasis is also placed on excellent cosmetic

outcome. Currently there are two main surgical options: breast conservation surgery and mastectomy.

In cases of invasive cancer, both of these procedures are accompanied by sentinel lymph node biopsy: finding the first lymph node that drains the affected breast. If this lymph node has breast cancer cells, then axillary lymph node dissection should follow.

Systemic Therapy: Systemic therapy treats the rest of the body to get rid of microscopic cancer cells that may be present after definitive surgery.

Radiation Therapy: Radiation therapy is offered to breast cancer patients to rid the body of any microscopic cancer that may remain in the breast, chest wall, axilla (underarm) area or supraclavicular nodes.

Comprehensive Breast Health Center

Little Company of Mary offers women with breast cancer a multidisciplinary approach to their care. Our center features the only fellowship-trained female breast surgeon in the area. She collaborates with both radiation and medical oncologists to provide high quality comprehensive care. She also utilizes digital mammography and MRI, for more accurate screening and diagnostic procedures.

Little Company of Mary was the recipient of a digital mammography machine purchased with funds from the Beverly Breast Cancer Walk.

Y-ME

Little Company of Mary hosts a Y-ME support group on the first Tuesday of the month from 7 to 8:30 p.m., on the main floor of The Cancer Center.

The Breast Center will evaluate and treat patients for:

- ♦ Nipple discharge
- ♦ Breast pain
- ♦ Abnormal mammogram
- ♦ New or suspicious breast masses
- ♦ Benign breast changes
- ♦ Breast cancer
- ♦ Family history of breast cancer
- ♦ Gynecomastia

For more information and to take a free risk test:
Log onto www.PursuingPainfreeCancer.org/breast