

CANCER CARE CENTER

2011 Annual Report



Cancer Network

2010 data

Welcome

We are pleased to share with you the 2011 Annual Report for the Froedtert & The Medical College of Wisconsin Cancer Network at Froedtert Health Community Memorial Hospital's Cancer Care Center. This report highlights cancer services at the hospital and gives a statistical overview of newly diagnosed cases during 2010. Comparisons to state and national statistics are included where available. Also included in this year's report is commentary from one of our physicians on breast cancer treated at Community Memorial from 2000 to 2008. If you have questions regarding this report, or have other inquiries about our Cancer Care Center's statistics, please contact the Cancer Registry at 262-257-5144.



Prabhas Mittal

Prabhas Mittal, MD
*Cancer Committee Chairman
Medical College of Wisconsin
Medical Oncologist*



John Koenig

John Koenig
*Interim Director, Community
Division of the Froedtert & The
Medical College of Wisconsin
Cancer Network*

Accreditations

The Froedtert & The Medical College of Wisconsin Cancer Network at Froedtert Health Community Memorial Hospital's Cancer Care Center is accredited by the American College of Surgeons Commission on Cancer and the American College of Radiology.

2010 Cancer Committee Members

Prabhas Mittal, MD, Medical
Oncology Cancer Committee
Chairperson

Christopher Schultz, MD
Radiation Oncology, Cancer
Committee Interim Chairperson

Karl Bertram, MD
General Surgery

Kevin Gee, MD
Urology

John Lane, MD
Radiology

Curtis Quinn, MD
Cardiothoracic Surgery

Kerry Hicks, MD
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General Surgery

Gerardo Fronda, MD
Pathology

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Patient Care

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Cancer Care Center

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Cancer Care Center

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Julie Hembel, RN
Breast Care Center

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Marketing

Trisha Urbaniak, BSW, CTR
Cancer Registry

Paul Sanders, RPh
Administration

Jennifer Stewart
Medical Staff Office

Rhonda Knecht, RD
Clinical Dietetics

Introduction

John Koenig, Director

Community Division, Froedtert & The Medical College of Wisconsin Cancer Network

As the Froedtert Health Community Memorial Hospital Cancer Care Center celebrates its 17th year, we are proud to continue providing outstanding cancer services in our community.

In 2010, we began our first year as a member of the Froedtert & The Medical College of Wisconsin Cancer Network. The Cancer Network is an alliance between eastern Wisconsin's only academic medical center, our Cancer Care Center and Froedtert Health St. Joseph's Hospital's Kraemer Cancer Center in West Bend. At Community Memorial, Medical College of Wisconsin cancer specialists collaborate with surgeons, Froedtert Health Medical Group physicians and other community physicians to deliver comprehensive, patient-centered care. Highly specialized treatments and clinical trials are available when needed through a connection to Froedtert & The Medical College.

Through the Cancer Network, Medical College of Wisconsin hematologist/oncologists, as well as physicians specializing in gynecologic cancer, brain tumors, and urologic cancers (at Community Memorial Medical Commons) became available for cancer patients in Menomonee Falls and surrounding areas. These cancer specialists joined Medical College of Wisconsin radiation oncologists who have served patients at the Cancer Care Center since it opened.

During 2010, more than 700 new cancer patients were treated in our Cancer Care Center, 400 of whom saw our hematologist/oncologists. This could not have been accomplished without the assistance of many individuals and departments. In particular, we would like to thank our own Cancer Care Center staff, as well as lab, medical imaging, pharmacy and nursing departments for their dedicated support.

One of the most notable accomplishments of the year was receiving the Outstanding Achievement Award from our accrediting body, the American College of Surgeons Commission on Cancer. Only 17 percent of programs surveyed in 2010 were awarded this recognition. To receive the Outstanding Achievement Award, a facility must demonstrate full compliance with standards that represent the complete scope of a cancer program: cancer committee leadership, cancer data management, clinical services, research, community outreach, professional education and quality improvement.

Our involvement with the Bobbie Nick Voss Charitable Funds continues to promote education and screening for colorectal cancer. Since the beginning of this collaboration, funding has been provided to perform 65 colonoscopies for at risk individuals without health insurance. And from July 2010 to June 2011, our health coordinator and Community Outreach staff attended 43 public events, including flu clinics, health fairs, community health events and senior forums to raise awareness of colorectal cancer. We are proud to be able to work with this group to provide such an important community service.

Through the Cancer Network, the Cancer Care Center provides genetic counseling, nutrition counseling and psychosocial support to our patients. In 2010, we also added a new patient coordinator to our team. The new patient coordinator is specially trained to guide new patients into our program by acquiring medical records and other critical information, and scheduling appointments. This allows our team to provide an optimal experience for patients and their families throughout the cancer journey.

continued

In 2010, we provided community screenings for skin and prostate cancer. In addition, the Cancer Care Center coordinates support groups for breast and prostate cancer patients, as well as the Look Good... Feel Better® program to help women cope with the cosmetic effects of cancer treatment.

In 2010, planning began for a major renovation of the Cancer Care Center to better serve our patients. We upgraded the entire center, including the exam rooms, waiting area and technology to ensure current and future patients find everything they need in a welcoming, convenient location. Renovations increased our capacity by 50 percent and provide dedicated space for lab and pharmacy services. We also added a new linear accelerator for radiation treatment, which offers expanded image-guided capabilities, enhanced visualization of internal organs and increased efficiency and accuracy.

It has been another very active year for our Cancer Care Center. We are grateful to our physicians, staff and all of our referring providers who make it possible for us to provide the highest quality care to our patients and families.

A handwritten signature in black ink that reads "John Koenig". The signature is written in a cursive style with a large initial 'J' and 'K'.

Cancer Registry Report

The Cancer Registry at Community Memorial Hospital maintains a computerized database of all cancer patients diagnosed or treated at the hospital, beginning with cases from January 1990. The objective of the Registry is to aid in cancer patient management by organizing, analyzing and interpreting cancer data to provide accurate and meaningful information. A wide variety of information is collected about each patient including:

Demographic Data - Gender, race, age at diagnosis, residence

Medical History - Presenting symptoms, history of other cancer or health conditions, family history of cancer.

Workup and Staging - Diagnostic tests done during workup, primary site, histology and extent of disease, including staging with the American Joint Commission on Cancer (AJCC) or TNM* staging system

Treatment - Surgery, radiation therapy, chemotherapy, hormone therapy, biological response modifiers and other therapies given as first course of treatment. This includes all therapy, whether given at Community Memorial or elsewhere.

Follow-up and Survival - Recurrence, subsequent treatment and yearly follow-up to compute survival statistics. Cancer Registry staff regularly attend state and national continuing education programs to stay abreast of new treatment methods and to remain current on changes in requirements for cancer program approval by the American College of Surgeons Commission on Cancer.

Rennetta Lindenberg, CTR

Cancer Registry

**TNM is a system for describing the extent of cancer in a patient's body. T describes the size of the tumor and whether it has invaded nearby tissue, N describes any lymph nodes that are involved, and M describes metastasis (spread of cancer from one body part to another). Source: National Cancer Institute*

Cancer Case Conferences (Tumor Board)

The Tumor Board Conference at Community Memorial Hospital is a multidisciplinary conference focusing on individual patients with cancer. The conference is held the second Friday of each month. A separate dedicated breast conference is held the first and third Fridays of each month. The format facilitates discussion of mode of presentation, diagnostic evaluation, treatment options and follow-up.

In case selection, participants present challenging cases that represent the case mix seen at the hospital to encourage discussion and learning opportunities. Whenever possible, cases presented are those of current patients to allow for an impact on how a patient's cancer is managed. In addition to patient care considerations, the Tumor Board provides a forum for education concerning a broad range of cancer-related topics. Statistics from the Cancer Registry are routinely presented in graphic format, including comparison with statistics available from the National Cancer Data Base.

Rennetta Lindenberg, CTR
Cancer Registry

Sites Presented in 2010

Primary Site	# of Cases
Lung	4
Breast	111
Prostate	6
Colorectal	6
Bladder	3
Testicle	1
Lymphoma	1
Brain	1
Stomach	1
Renal Pelvis	1
Melanoma	1
Tonsil	1
Pancreas	1
Hypopharynx	1

Clinical Trials

The Community Memorial Hospital Cancer Care Center has continued its strong relationship with the Radiation Therapy Oncology Group (RTOG) and the National Surgical Adjuvant Breast and Bowel Project (NSABP) by enrolling patients into nationally sponsored clinical trials. Radiation oncologists from The Medical College of Wisconsin are active co-investigators in these studies that study novel radiation therapy treatments. All studies are reviewed and closely monitored by Community Memorial Hospital's Institutional Review Board.

In 2010, enrollment was focused on studies for breast and prostate cancer. The first study was a randomized phase III study of Conventional Whole Breast Irradiation (WBI) versus Partial Breast Irradiation (PBI) for women with early stage breast cancer. This compared whether the standard treatment of six weeks of whole breast radiation is equivalent to one week of partial breast radiation. Three patients were enrolled in this clinical trial.

The second clinical trial was a phase II study of repeat breast preserving surgery and 3D-Conformal Partial Breast Re-Irradiation (PBrI) for local recurrence of breast carcinoma. This trial investigated for patients with a previous history of breast cancer and radiation, could conservative salvage surgery following by partial re-irradiation be an effective treatment option. One patient was enrolled in this trial.

The third clinical trial was an investigator initiated prostate phase II trial of high dose rate pelvic lymph node IMRT (Intensity Modulated Radiation Therapy) and hypofractionated prostate IMRT for high risk prostate cancer patients. This trial, which included two patients, examined whether a shorter treatment schedule with the same total radiation dose usually delivered can be safe and effective.

Statistical Summary

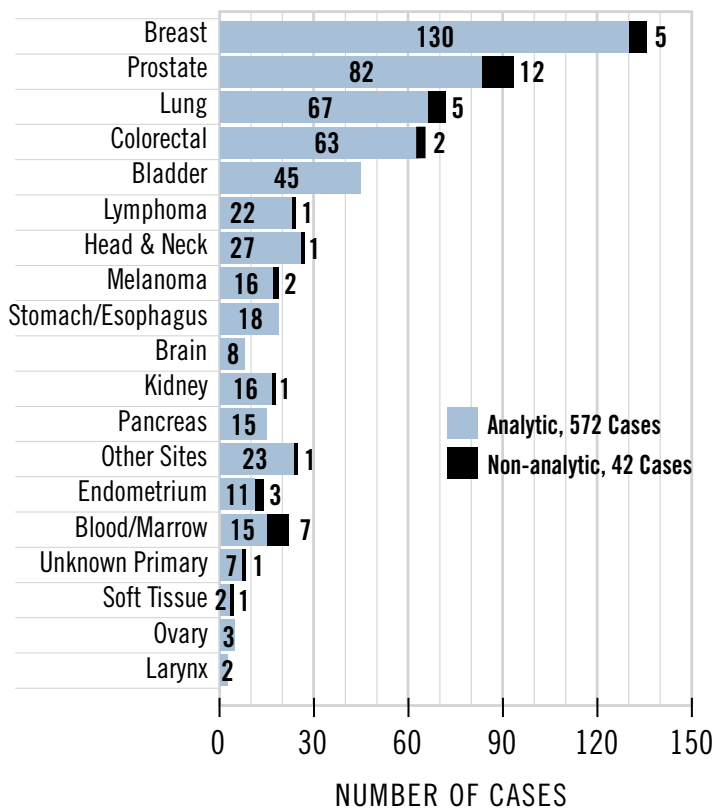
The Cancer Registry at Community Memorial Hospital added 614 cases to its database during 2010 and has accumulated a total of 12,205 cases since January of 1990. The number of new analytic cases (572) is more than nine percent higher than in 2009 (524 cases) with an increase in breast, bladder and lung cases. Prostate and colorectal cases decreased slightly.

The four most frequent sites continue to be breast, prostate, lung and colorectal cancer. These four sites accounted for 60 percent of cases, with breast and prostate alone comprising 37 percent of cases. As a result, community education and screening programs Community Memorial Hospital offers continue to emphasize these four sites. Breast cancer mammography

screening is done regularly throughout the year and a prostate cancer screening was held in September. A skin cancer screening was held in May and smoking cessation programs were also held periodically throughout the year.

Included in the graphical presentations for this year are stage at diagnosis and number of newly diagnosed cases by year for breast, prostate, lung and colorectal carcinoma. Additional comments on each graph describe trends and comparisons for those specific graphs.

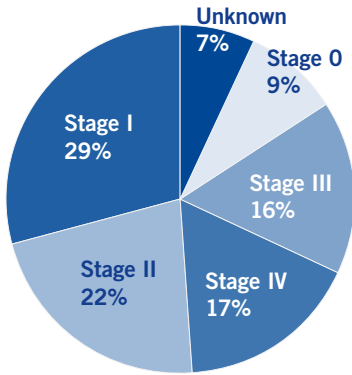
2010 Cases By Site, 614 Total Cases



New Cases By Site

- Breast and prostate cancer were the top two cancer sites for 2010.
- Number of breast cases increased in 2010 by five.
- Number of colorectal and prostate cancer cases decreased by five cases.
- Number of lung cancer cases increased by five cases over the previous year.
- Overall, the number of cases increased by 53 from the previous year.

AJCC Stage at Diagnosis 2010 Newly Diagnosed Cases



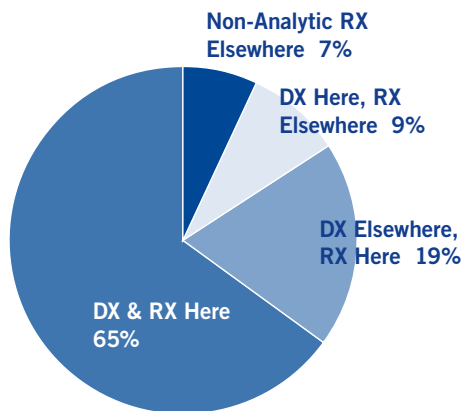
Newly Diagnosed Cases - AJCC Stage at Diagnosis

More than one half (60 percent) of all newly diagnosed cancer cases at Community Memorial Hospital in 2010 were stage 0, stage I or stage II. The Unknown/Not Applicable group (seven percent) includes cases that were not staged using the AJCC system – such as leukemia, myeloma and unknown primary. The changes from 2009 to 2010 were not significant and only varied slightly.

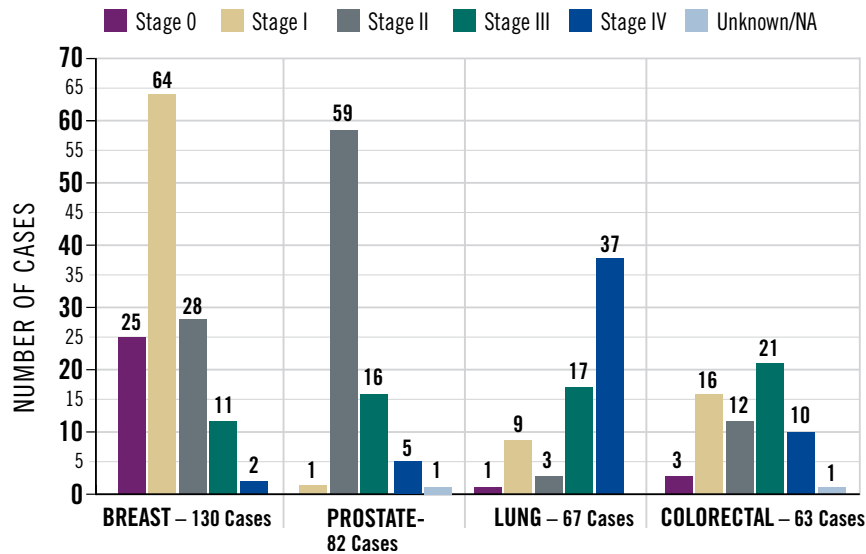
Case of Class

Class of case data have remained fairly consistent over the past several years. At Community Memorial, 65 percent of cases are diagnosed and treated here. Nineteen percent of cases are referred to Community Memorial for treatment after being diagnosed at another health care facility. Seven percent of cases came to Community Memorial in 2010 for treatment of recurrent or progressive disease after being diagnosed and receiving the first course of treatment elsewhere.

Class of Case 614 Total 2010 Cases



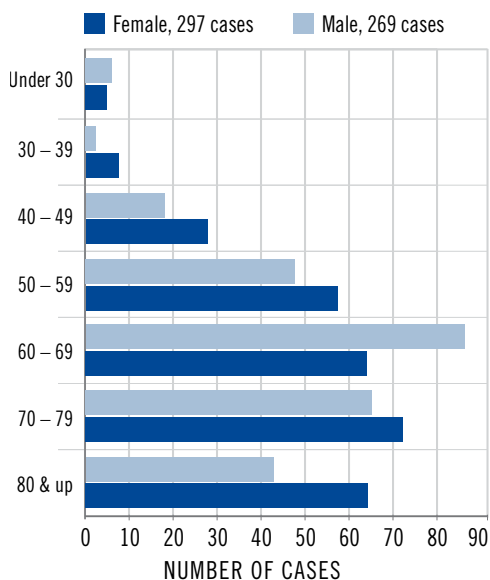
AJCC Stage at Diagnosis, 2010 – Breast, Prostate, Lung & Colorectal Cases



AJCC Stage at Diagnosis – Four Most Frequent Sites

The cases included in this graph account for 60 percent of total cases newly diagnosed in 2010. Each site reflects a fairly low percentage of stage III and stage IV cases except lung carcinoma. Lung carcinoma statistics are comparable to those of the National Cancer Data Base (NCDB). At Community Memorial, 17 percent of lung cases were stage III and 37 percent were stage IV. The most recent NCDB statistics show that 24 percent of lung cases were stage III and 35 percent were stage IV.

Age at Diagnosis By Gender 566 Total 2010 Analytic Cases



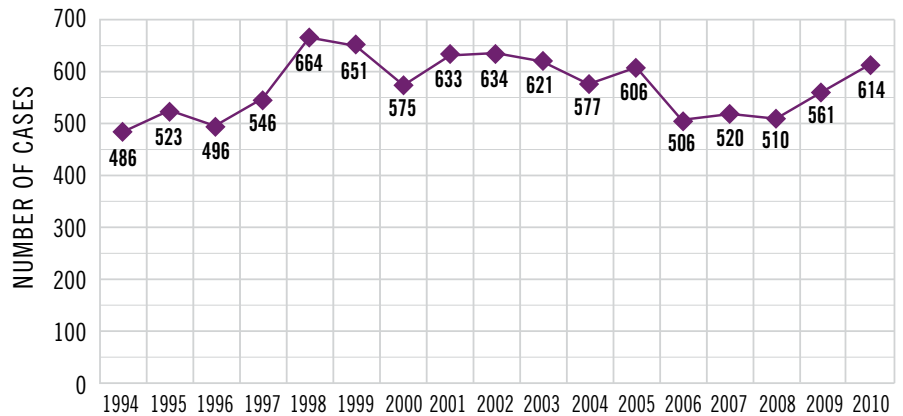
Age at Diagnosis By Gender

The data for age at diagnosis shows a greater number of females than males – 269 males and 297 females. The total will be different due to patients having more than one cancer. Males comprised more of the 60-69 age group, while a greater number of female cancer cases fell in the 40-49 group and the 70-79 age group. This difference is primarily due to the ages of men with prostate cancer and women with breast cancer. Over the past several years, mammogram screening has increased the number of cases diagnosed at an earlier age and stage.

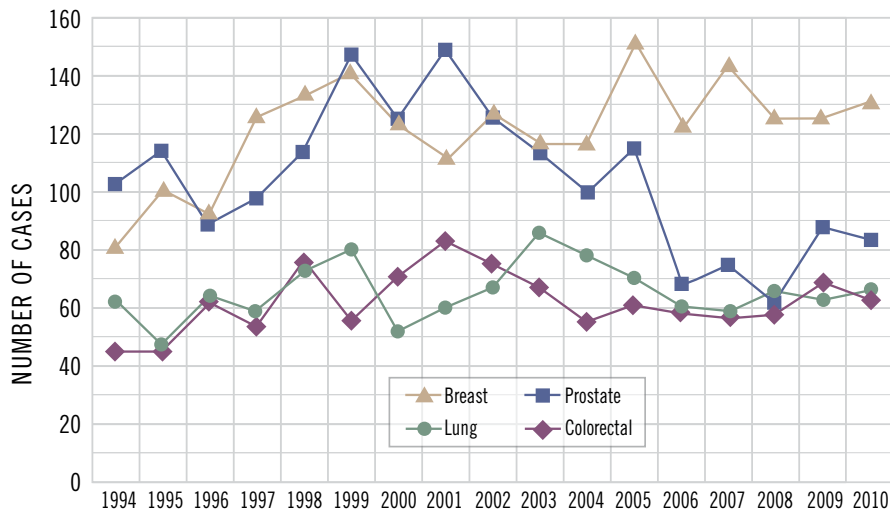
Number of Newly Diagnosed Cases per Year

The total number of newly diagnosed cancer cases seen at Community Memorial in 2010 increased by 53 cases from 2009. The increase in cases between 1996 and 1998 represents added services at the hospital and the opening of the Menomonee Falls Ambulatory Surgery Center. The slight decrease in cases seen between 1998 and 1999 was due to discontinuing the collection of basal and squamous cell carcinoma skin cancer cases.

Number of Newly Diagnosed Cases per Year Community Memorial Hospital 1994-2010 Number of Cases 614



Number of Newly Diagnosed Cases per Year (Breast, Prostate, Lung, Colorectal Cancers) Community Memorial Hospital 1994-2010



Number of Newly Diagnosed Cases per Year (Breast, Prostate, Lung, Colorectal Cancers)

Numbers of newly diagnosed cases seen per year for breast has risen dramatically since 1994, although it began to level off in 2002. The increase was mainly due to the addition of radiation therapy services.

Community Breast Care Center

Since opening in 1997, the Community Breast Care Center has provided services to women with suspected or diagnosed breast cancer. Experienced team members work in concert to provide diagnosis, treatment, education, guidance and support to women facing breast cancer or other breast disease. Specialists from surgery, pathology, radiology, medical oncology, radiation oncology, genetic counseling, mammography, nursing and supportive services all interact with patients to provide the best possible outcomes. The breast care coordinator serves as the navigator to assure that women have access to all necessary resources needed to meet the challenges of breast disease.

The breast care coordinator is also instrumental in the continuing success of the Breast Cancer Conference. This conference of providers meets twice monthly to review and discuss treatment options for patients. This conference is focused on treatment planning for newly diagnosed and recurrent breast cancer patients, and includes discussion of tumor stage and relevant, nationally accepted breast cancer patient care guidelines developed by national organizations. The multidisciplinary collaboration ensures that patients have access to multidisciplinary evaluation, including staging, treatment management and follow-up evaluation, and increases the level of care we provide to breast cancer patients.

A review of the 2010 Breast Cancer Conference highlights the following:

- Attendees had an opportunity to review pathology and radiology reports before surgery or adjuvant treatment
- Medical oncologists and radiation oncologists attending the conferences were able to be aware of patient issues prior to patients' appointments
- Attendees had an opportunity to discuss consideration for clinical trials
- Multidisciplinary collaboration increased the level of care provided
- Services were integrated to offer best care and use of resources
- Learning specific to breast care increased, leading to a better Breast Care Center

Statistics through December 17, 2010 are as follows:

- 111 prospective patients were presented
- 162 medical staff were present. Specialties included medical oncology, radiation oncology, pathology, radiology, general surgery and plastic surgery
- 101 hospital staff members or students attended

Ninety-five percent of medical staff strongly agreed to the following:

- Cases selected were interesting and appropriate
- Content of case presentations was complete and appropriate
- Presenters met program objectives
- Presenters were knowledgeable and presented in a clear, organized manner
- Presenters encouraged participation

Breast Carcinoma Compared to the NCDB 2000-2008

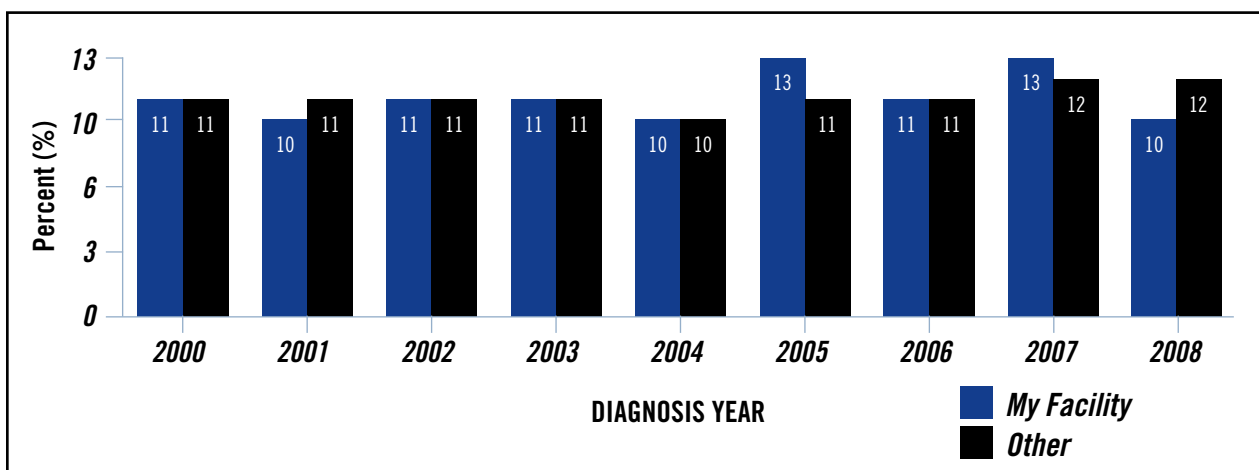
Froedtert Health Community Memorial Hospital | Menomonee Falls, WI

In 2011, the American Cancer Society estimated there would be 230,480 new cases of breast cancer diagnosed in the United States. It is also estimated that 39,970 persons would die from breast cancer in 2011. Breast cancer ranks second in cancer deaths in women (after lung cancer).

Between 2000 and 2008, 1,100 new cases of breast cancer were diagnosed and treated at Froedtert Health Community Memorial Hospital's Cancer Care Center, part of the Froedtert & The Medical College of Wisconsin Cancer Network. Cases diagnosed at Community Memorial Hospital and treated elsewhere were not included in the study. The total included for this study is 1,100. Community Memorial Hospital's statistics were compared to national statistics from the National Cancer Data Base (NCDB). This review contains statistics from 2000-2008, which are the most recently compiled. During this time period, 1,631,067 cases of breast cancer were reported to the NCDB.

Demographics: There were no males in either study group. At Community Memorial Hospital, 99 percent of breast cancer patients were Caucasian, compared to 81 percent recorded for the NCDB. One percent of patients were African-American, compared with 10 percent for the NCDB. Additional patients from NCDB data were of other racial origins. Figure 1 reflects the percentage of cases seen by year compared to the NCDB. From 2000 through 2008, the percentage of cases for Community Memorial Hospital are about equal to NCDB statistics. In 2005, slightly more breast cancer cases were seen at Community Memorial Hospital, and 2008 shows a slightly higher percentage for the NCDB.

Breast Cancers Diagnosed in 2000 to 2008
Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States
Class of Case 1 and Class of Case 2



	2000	2001	2002	2003	2004	2005	2006	2007	2008
My Facility	11%	10%	11%	11%	10%	13%	11%	13%	10%
Other	11%	11%	11%	11%	10%	11%	11%	12%	12%

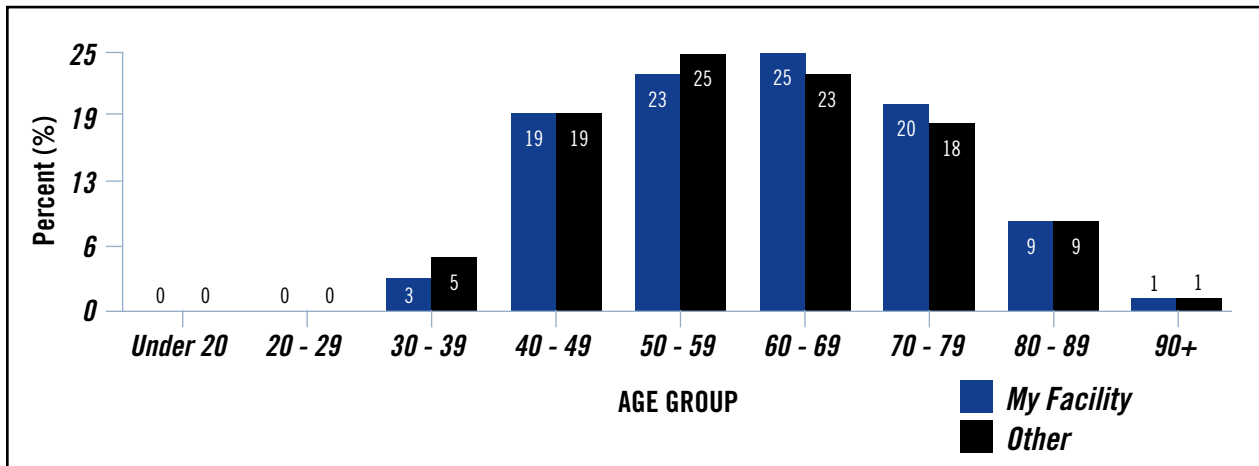
Figure 1

Demographics

The distribution of age at diagnosis is comparable to data for the NCDB. Most of the age groups only differed by two percent (Figure 2). Seventy-eight percent of patients for Community Memorial Hospital and 76 percent of patients for the NCDB are 50 years and over at diagnosis. Four hundred ninety three patients were diagnosed between the ages of 60 and 79 for Community Memorial Hospital (45

percent). This is very similar to NCDB statistics (41 percent). There were no cases in the under 29 group for Community Memorial Hospital and only three percent for cases in the 30-39 age group for Community Memorial Hospital; compared to five percent for NCDB. One hundred three cases were diagnosed for Community Memorial Hospital at ages 80 and over (10 percent); compared to 10 percent for the NCDB.

Age Group of Breast Cancer Diagnosed in 2000 to 2008
Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States
Class of Case 1 and Class of Case 2



	Under 20	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90+
My Facility	0%	0%	3%	19%	23%	25%	20%	9%	1%
Other	0%	0%	5%	19%	25%	23%	18%	9%	1%

Figure 2

Histology

The majority of the cases had a confirmed diagnosis histologically. The most common cell type was infiltrating duct carcinoma with 69.27 percent for Community Memorial Hospital compared to 66.57 percent for the NCDB. This was followed by lobular carcinoma, NOS with 12.73 percent for Community Memorial Hospital and 9.18 percent for the NCDB. Community Memorial Hospital sees a higher number of cases with infiltrating duct and lobular carcinoma

than NCDB: 11.09 vs. 5.92. When comparing to the NCDB data, Community Memorial Hospital had different statistics in the mixed or combination histologic types. The other specified types group was about 8 percent lower for Community Memorial Hospital as compared to the NCDB and the infiltrating duct mixed with other types of carcinoma histologic types had a three percent difference between Community Memorial Hospital and NCDB.

Histology of Breast Cancer Diagnosed in 2000 to 2008 Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States Class of Case 1 and Class of Case 2				
# Histology	My (N)	Oth. (N)	My (%)	Oth. (%)
1. Infiltrating Duct Carcinoma	762	1085770	69.27%	66.57%
2. Lobular Carcinoma, NOS	140	149702	12.73%	9.18%
3. Infiltrating Duct and Lobular Carcinoma	122	96537	11.09%	5.92%
4. Infiltrating Duct Mixed with Other Types of Carcinoma	9	69971	0.82%	4.29%
5. Other Specified Types	67	229087	6.09%	14.05%
Col. Total	1100	1631067	100%	100%

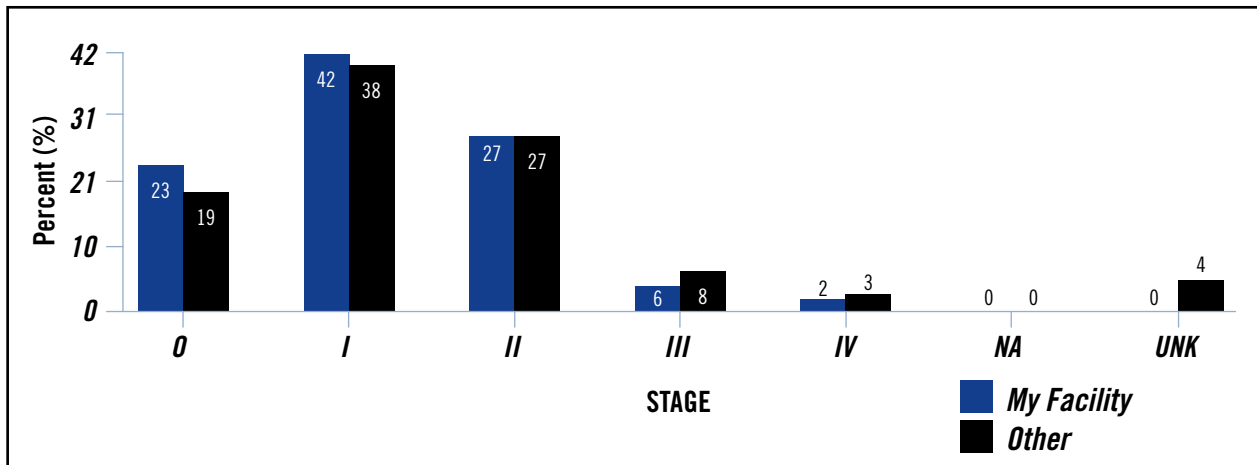
Table 1

Stage

The majority of the breast cancer cases at Community Memorial Hospital were staged using AJCC criteria. None were unable to be staged due to insufficient workup or patient refusal for further testing. NCDB statistics are similar to those of Community Memorial Hospital in all groupings, with the exception of a higher percentage of unknown stage for the NCDB

and a higher percentage of stage I for Community Memorial Hospital with 42 percent vs. 38 percent (Figure 3). Stage distribution for Community Memorial Hospital is as follows: stage 0- 248 patients; stage I- 458 patients; stage II- 295 patients; stage III- 71 patients; stage IV- 26 patients; and two patients with unknown stage.

**Stage of Breast Cancer Diagnosed in 2000 to 2008
Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States
Class of Case 1 and Class of Case 2**



	0	I	II	III	IV	NA	UNK
My Facility	23%	42%	27%	6%	2%	0%	0%
Other	19%	38%	27%	8%	3%	0%	4%

Figure 3

Stage of Breast Cancer Diagnosed in 2000 to 2008 Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States Class of Case 1 and Class of Case 2				
# Stage	My (N)	Oth. (N)	My (%)	Oth. (%)
1. 0	248	307288	22.55%	18.84%
2. I	458	621240	41.64%	38.09%
3. II	295	439006	26.82%	26.92%
4. III	71	135988	6.45%	8.34%
5. IV	26	55128	2.36%	3.38%
6. NA	-	1602	-	0.1%
7. UNK	2	70815	0.18%	4.34%
Col. Total	1100	1631067	100%	100%

First Course of Treatment

First course of treatment is defined as therapy given as first course of treatment at Community Memorial Hospital and also includes any treatment given at a different facility. Treatment comparisons showed very similar data for Community Memorial Hospital and the NCDB in most areas. There was a slightly higher percentage for surgery only in the NCDB group with a slightly higher percentage for surgery, radiation and hormone therapy in the Community Memorial

Hospital data. The statistic for patients receiving surgery, radiation, chemotherapy and hormone therapy are about five percent higher than the NCDB, and other specified therapy is about three percent lower than the NCDB. Statistics for patients receiving no treatment were about one percent lower in the Community Memorial Hospital data as compared to the NCDB (Table 2).

First Course Treatment of Breast Cancer Diagnosed in 2000 to 2008 Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States Class of Case 1 and Class of Case 2				
# First Course Treatment	My (N)	Oth. (N)	My (%)	Oth. (%)
1. Surgery Only	156	411380	14.18%	25.22%
2. Surgery & Radiation	141	195147	12.82%	11.96%
3. Surgery & Chemotherapy	58	147282	5.27%	9.03%
4. Surgery, Radiation & Chemotherapy	88	165081	8%	10.12%
5. Surgery, Radiation & Hormone Therapy	291	255771	26.45%	15.68%
6. Surgery & Hormone Therapy	118	135804	10.73%	8.33%
7. Surgery, Radiation, Chemotherapy & Hormone Therapy	147	136034	13.36%	8.34%
8. Surgery, Chemotherapy & Hormone Therapy	71	62919	6.45%	3.86%
9. Other Specified Therapy	22	91959	2%	5.64%
10. No 1st Course Rx	8	29690	0.73%	1.82%
Col. Total	1100	1631067	100%	100%

Table 2

First Course of Treatment (Surgery)

The majority of the patients having a surgical procedure were treated with partial or less than total mastectomy. For Community Memorial Hospital, the percentage was 63.27 percent, or 696 cases, and for the NCDB the percentage was 56.69 percent. Two percent of the patients in the study were not treated surgically at Community Memorial Hospital and this compared to 4.93 percent for the NCDB. Overall, statistics were

comparable, with only a slight variation in each group. There were no patients for Community Memorial Hospital who were treated with extended radical mastectomy, or in the categories of surgery not otherwise specified or unknown. A small percentage of patients in the NCDB data fit these groups.

First Course Surgery of Breast Cancer Diagnosed in 2000 to 2008 Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States Class of Case 1 and Class of Case 2				
# First Course Treatment	My (N)	Oth. (N)	My (%)	Oth. (%)
1. None, no surgery of primary site	24	80492	2.18%	4.93%
2. Local tumor destruction, NOS	-	280	-	0.02%
3. Partial mastectomy, NOS; less than total mastectomy, NOS	696	924585	63.27%	56.69%
4. Subcutaneous mastectomy	1	1835	0.09%	0.11%
5. Total (simple) mastectomy, NOS	221	262783	20.09%	16.11%
6. Modified radical mastectomy	152	337290	13.82%	20.68%
7. Radical mastectomy, NOS	4	8652	0.36%	0.53%
8. Extended radical mastectomy	-	476	-	0.03%
9. Mastectomy, NOS	2	4570	0.18%	0.28%
10. Surgery, NOS	-	7878	-	0.48%
10. Unknown if surgery performed	-	2226	-	0.14%
Col. Total	1100	1631067	100%	100%

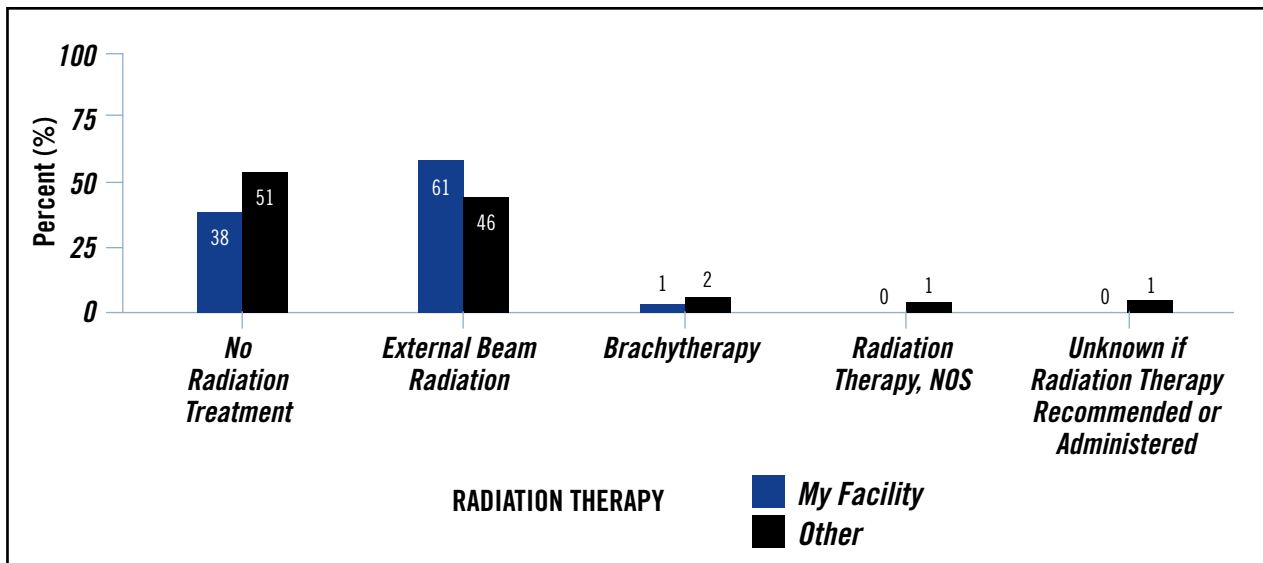
Table 3

First Course of Treatment (Radiation)

The radiation information in Figure 4 shows a slightly higher percentage of external beam radiation at Community Memorial, with patients receiving 61 percent compared to the NCDB's 46 percent. Thirty-eight percent of patients received no radiation for the

Community Memorial data as compared to the NCDB at 51 percent. Only one percent of the Community Memorial Hospital patients received brachytherapy. The NCDB had two percent of patients receiving brachytherapy.

**Radiation Therapy of Breast Cancer Diagnosed in 2000 to 2008
Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States
Class of Case 1 and Class of Case 2**



	No Radiation Treatment	External Beam Radiation	Brachytherapy	Radiation Therapy, NOS	Unknown if Radiation Therapy Recommended or Administered
My Facility	38%	61%	1%	-	-
Other	51%	46%	2%	1%	1%

Figure 4

For patients receiving chemotherapy alone, the Community Memorial data shows 14.09 percent, or 155 patients, and the NCDB is a higher percentage at 20.53 percent. Hormone treatment alone is 37.36 percent for Community Memorial Hospital compared to 25.02 percent for the NCDB. Immunotherapy is

almost identical in both groups with one percent or lower. No patients were treated with endocrine surgery in the Community Memorial data. Chemotherapy and hormone treatment for patients after surgery showed 20.09 percent for Community Memorial Hospital compared to 12.56 percent for the NCDB.

Systemic Therapy of Breast Cancer Diagnosed in 2000 to 2008 Community Memorial Hospital, Menomonee Falls, WI vs. All Types Hospitals in All States Class of Case 1 and Class of Case 2				
# Systemic Therapy	My (N)	Oth. (N)	My (%)	Oth. (%)
1. No Systemic Therapy	306	640803	27.82%	39.29%
2. Chemotherapy Alone	155	334884	14.09%	20.53%
3. Hormone Therapy Alone	411	408030	37.36%	25.02%
4. Immunotherapy Alone	1	446	0.09%	0.03%
5. Endocrine Surgery or Radiation	-	624	-	0.04%
6. Chemotherapy and Hormone Therapy	221	204782	20.09%	12.56%
7. Chemotherapy and Immunotherapy	5	5394	0.45%	0.33%
8. Hormone Therapy and Immunotherapy	-	241	-	0.01%
9. Systemic Therapy, NOS	1	35718	0.09%	2.19%
10. Unknown if Systemic Therapy Administered	-	145	-	0.01%
Col. Total	1100	1631067	100%	100%

Table 4

Survival

Survival comparison is displayed in Figure 5. The NCDB compared survival for 1998-2002 by stage and overall survival. Survival by stage for 1998-2002 is not shown for Stage III and IV due to insufficient cases in each stage group for Community Memorial Hospital to provide statistically significant information for comparison. The survival shown below is overall

survival for the 1998-2002 cases submitted to the NCDB and overall, Stage 0, Stage I and Stage II for Community Memorial Hospital. Community Memorial Hospital is higher in each group as compared to the NCDB. Five year survival for breast is 90 percent for Community Memorial Hospital and 85 percent for the NCDB.

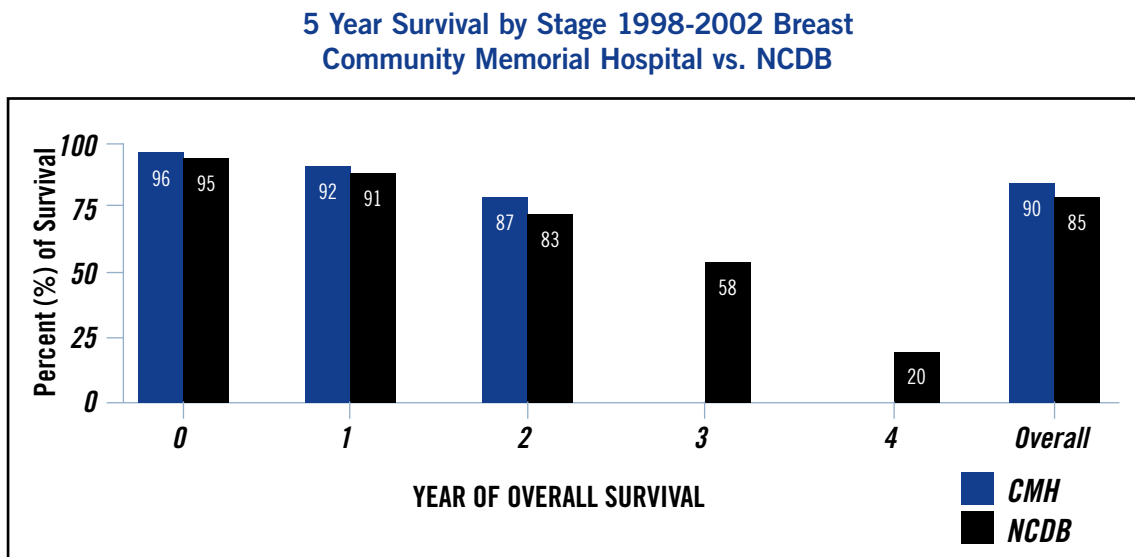


Figure 5

Breast Cancer Physician Commentary

Julia R. White, MD

Medical College of Wisconsin Radiation Oncologist

The statistics describing breast cancer in the United States (U.S.) are always overwhelming to read. It seems staggering that the American Cancer Society expects that 288,130 American women will learn that they have new diagnoses of breast cancer in 2011; roughly 80 percent of these will be invasive cancer (230,480) and the remainder (57,670) non-invasive cancer, or ductal carcinoma in situ. Perhaps most chilling is that 39,520 breast cancer deaths are expected among U.S. women in 2011.

However, amidst these alarming statistics, there is actually significant good news to report for women with breast cancer in the U.S. and particularly within the breast cancer program through the Froedtert & The Medical College of Wisconsin Cancer Network at the Froedtert Health Community Memorial Hospital Cancer Care Center. The incidence or number of new cases of breast cancer diagnosed each year has remained stable since 2004 in the U.S. Even more important, the death rate from breast cancer has dropped by approximately 2.2 percent per year since 1990. This trend for improvement in the survival or cure rate for breast cancer has been attributed to a combination of improvement in early detection by mammographic screening and advances in treatment with chemotherapy, hormonal/targeted therapies and radiation.

Women treated for breast cancer at Community Memorial Hospital for 2000-2008 demonstrate better five year survival for breast cancer - 90 percent compared to 85 percent for U.S. women in the National Cancer Data Base (NCDB). Early detection and advanced treatment are also the likely reason for the better overall survival observed in the Community Memorial Hospital experience. Women in the Community Memorial Hospital group were more frequently diagnosed at the earliest stages of 0 or 1 than U.S. women in the NCDB, thus improving their likelihood for cure. Similarly, women treated at Community Memorial Hospital during 2000-2008 more frequently received combined modality treatment with surgery, radiation and systemic therapies of chemotherapy, hormonal and targeted therapies. The more frequent application of advanced treatment at Community Memorial Hospital compared to U.S. women in the NCDB further explains improved outcomes for women with breast cancer at Community Memorial Hospital.

The breast cancer program at Community Memorial Hospital is poised and committed to continuing the improvement in cure rates for women diagnosed with breast cancer in our community. Encouraging women aged 40 and over to have annual screening mammography is one of the most important actions we can do to reduce suffering and death from breast cancer. Digital mammography that is available through Froedtert Health improves detection for certain women. The genetic counselors available through the Cancer Network can help identify and advise women who are at very high risk for developing breast cancer over their lifetimes because of strong family history. The recent expansion of our Cancer Care Center enables delivery of advanced treatments with state-of-the-art radiation and more capacity for chemotherapy and targeted therapies. A bi-monthly multidisciplinary breast cancer conference allows physicians and other health professionals to discuss and plan the best possible treatment approach for a woman's breast cancer. Clinical trials available at through the Cancer Network at our Cancer Care Center give women access to the newest treatment approaches and an opportunity to volunteer to help improve cure rates for the next generation. We hope continued research will one day eliminate breast cancer, but in the mean time, the Community Memorial Hospital breast cancer program is dedicated to the care and treatment of each individual woman and her specific disease.

