



METHODIST RICHARDSON CANCER CENTER

2014 ANNUAL REPORT
Statistical Data for 2013



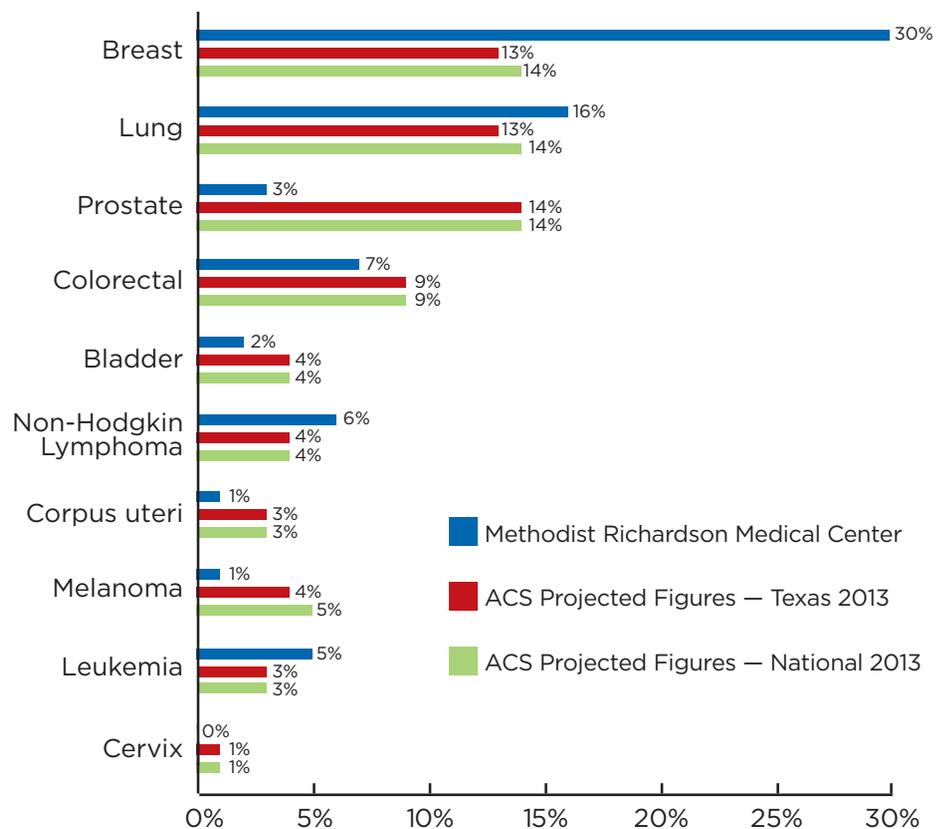
At the Methodist Richardson Cancer Center, both our Cancer Committee and cancer registry regularly track important data regarding all cancers diagnosed and treated here. The team also collaborates to evaluate and interpret that data, comparing our outcomes to those tracked on the National Cancer Database (NCDB).

Here we present to you some of our most recent statistical data, garnered from 2013.

TABLE 1.1
METHODIST RICHARDSON CANCER CENTER VS.
AMERICAN CANCER SOCIETY (ACS) NATIONAL FIGURES
Top 10 cancer sites in 2013

METHODIST RICHARDSON	NATION (PER THE ACS)
1. BREAST	1. BREAST
2. LUNG	2. LUNG
3. LEUKEMIA	3. PROSTATE
4. NON-HODGKIN LYMPHOMA	4. COLORECTAL
5. COLORECTAL	5. BLADDER
6. PROSTATE	6. NON-HODGKIN LYMPHOMA
7. PANCREAS	7. CORPUS UTERI
8. KIDNEY	8. MELANOMA
9. BLADDER	9. LEUKEMIA
10. STOMACH	10. CERVIX

GRAPH 1.2
10 most prevalent cancer sites diagnosed in 2013





New patient outcome study of quality

Study topic

Genomic assays, including Oncotype DX®, are being used more frequently to guide clinical decision-making for patients with early-stage breast cancer. Because we wanted to learn how many of these assays had been ordered at Methodist Richardson Cancer Center in recent years, in 2014 we assessed whether the results of these assays are being used appropriately to guide decision-making regarding chemotherapy.

Criteria for evaluation

We reviewed all patients who had Oncotype DX testing from 2010 through June 2014. Stage, Oncotype DX score, and initiation of chemotherapy and/or endocrine therapy were evaluated.

Findings

Seventy breast cancer patients treated at the Cancer Center underwent Oncotype DX testing between January 2010 and June 2014. Patients were between stages IA and IIB.

Of the 70 patients, 18 (25.7 percent) had N1mi or N1a disease.

Forty-four patients (63 percent) had low recurrence scores (0-17); 17 (24 percent) had intermediate recurrence scores (18-30); and nine (13 percent) had high recurrence scores (≥ 31).

None of the low-recurrence-score patients underwent chemotherapy, and all were recommended endocrine therapy (42 patients started endocrine therapy; one patient is undergoing radiation; and one patient is undecided).

Of the intermediate-recurrence-score patients, 29.4 percent underwent chemotherapy and all (100 percent) underwent endocrine therapy. Of the high-recurrence-score patients, seven (77.8 percent) underwent chemotherapy, one was lost to follow-up, and one was not recommended chemotherapy because of comorbidities.

National benchmarks

National Comprehensive Cancer Network and American Society of Clinical Oncology guidelines recommend consideration of a 21-gene assay for estrogen receptor- and progesterone receptor-positive, HER2-negative, early-stage breast cancers to assist with decision-making regarding chemotherapy.

Per guidelines, patients with low recurrence scores should be recommended endocrine therapy only. Patients with intermediate recurrence scores may be considered for chemotherapy in addition to endocrine therapy. Patients with high recurrence scores should be recommended chemotherapy followed by endocrine therapy.

Conclusions and plan

Clinical patient management of patients with 21-gene assay testing at the Cancer Center is appropriate and is being guided by genomic assay results. We should continue to use tumor biology and genomic assays to help guide decision-making regarding chemotherapy and discuss potential use of these assays for all patients presented at our breast conference.

Cancer survivors benefiting from new rehabilitation program

Research shows that 65 to 95 percent of all cancer survivors would benefit from oncology rehabilitation, but only 5 to 10 percent receive it. Methodist Richardson Cancer Center set out to close the gap in care for cancer survivors.

By partnering with Methodist Richardson Medical Center's physical medicine department, we now offer the STAR® (Survivorship Training and Rehabilitation) Program, developed by Oncology Rehab Partners.

Restoring quality of life

At Methodist Richardson, we are dedicated to helping cancer survivors function at the highest level possible. Cancer treatment can be difficult to tolerate and often causes significant fatigue, pain, and disability.

Through our STAR Program, our goal is to minimize these side effects and encourage cancer survivors to have the best quality of life possible. The STAR Program provides patients with coordinated cancer rehabilitation supported by a team of certified STAR clinicians and providers.

Patients report great results

In 2013 only 16 patients from the Cancer Center received rehabilitation. Since we initiated the STAR Program in 2014, 103 patients have been referred for physical, occupational, or speech therapies. They have experienced positive outcomes, reporting improved strength and function and decreased pain.

All patients strongly agreed that the STAR Program played an important part in their overall rehabilitation and would strongly recommend the program to others.

LEARN MORE. Additional information about the STAR Program is available at MethodistHealthSystem.org/RichardsonOncologyRehab.

Methodist Richardson Cancer Center is located at 2805 E. President George Bush Highway, Richardson, TX 75082, on the campus of Methodist Richardson Medical Center.

For more information, call 469-204-6100 or visit MethodistHealthSystem.org/RichardsonCancer.

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