

*Compassionate, Innovative, Excellent Outcomes.*



# Cancer Program **Annual Report** **2018**



McGlinn  
Cancer Institute

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READING HOSPITAL

Advancing Health. Transforming Lives.

# Message from the *Medical Director*



At McGlenn Cancer Institute at Reading Hospital, our mission is to deliver leading-edge, compassionate cancer care to every patient who walks through our doors. It is a privilege to share with you our 2018 Annual Report, which highlights our services, our employees, and the ways we support our patients.

Cancer continues to be a societal health challenge, but with advances in technologies, treatments, and clinical trials, patients are surviving cancer more than ever before. We know this is true, because we see it every day at McGlenn Cancer Institute.

Our comprehensive cancer center provides world-class care to patients in Berks County and the surrounding area. We provide a full scope of cancer care services, and we have affiliations with Sidney Kimmel Cancer Center at Thomas Jefferson University and Johns Hopkins University — each of which provide our patients access to national clinical trials that strive to answer some of the most pressing questions in cancer care.

Cancer treatment is most successful when detected early, and at McGlenn Cancer Institute, we hold screenings for breast, cervical, skin, prostate, colorectal, and oral cancers to enhance the chances of early detection.

Our multidisciplinary cancer teams include experienced specialists who bring their expert knowledge to each patient's case. Comprised of surgeons, radiation oncologists, medical oncologists, pathologists, radiologists, research coordinators, social workers, cancer nurse navigators, genetic counselors, and rehabilitation providers, our cancer teams treat a full array of cancers at every stage of disease.

Treatment options for cancer have increased significantly in recent years, and as you will read in this report, patients can be confident that McGlenn Cancer Institute offers a full range of treatment options — from minimally invasive robotic surgeries that help reduce recovery times to radiation therapy that offers precise treatment to the disease site while minimizing side effects to surrounding tissues.

One of the most significant advances in cancer care is a plethora of new drugs that help effectively fight cancer. McGlenn Cancer Institute offers its patients the latest medications available. With precision medicine now the norm, McGlenn Cancer Institute offers medications designed to address specific cancers and the exact nature of a patient's cancer cells.

As part of its mission to provide excellent cancer care, McGlenn Cancer Institute's team also provides compassionate emotional support throughout a patient's journey into survivorship. Cancer survivors are growing to more than 15 million in the United States. McGlenn Cancer Institute's survivorship program helps patients restore health and enjoy life to the fullest.

I'd like to take this opportunity to thank all of the workers at McGlenn Cancer Institute and the Reading Hospital for enabling us, as a team, to care for our patients and their families at a time of illness. Together, we help patients face the challenges of cancer. The future is bright at McGlenn Cancer Institute.

*Michael T. Brown, MD.*

Respectfully,  
Michael T. Brown, MD, MBA, FACS  
Medical Director  
McGlenn Cancer Institute

*...believe there's a cure.*

# Outreach and Community Education 2017

## Ongoing Programs

- **Young Survivors Breast Cancer Support Group:** Offered by Breast Cancer Support Services of Berks County, this group is specifically for breast cancer survivors in their 40s or younger and is held on the last Tuesday of every other month. It is co-facilitated by Elizabeth Hertzog, LSW, Oncology Social Worker at McGlenn Cancer Institute.

## February

- **February 16, 2017:** Look Good Feel Better program sponsored by the American Cancer Society. Three patients participated in this event and Channel 69 news was present, as well as members of the Reading Royals staff, to announce their Pink-in-the-Rink event and presented each participant with tickets.

## March

- **March 7, 2017:** Healthbreak on Colon Cancer Screening presented by Philip Elbaum, MD, was aired on local and cable television channels.
- **March 15, 2017:** A Digestive Health Seminar was held for the community at the Crowne Plaza Hotel. Various topics were discussed involving digestive health, and screenings. One hundred and forty-six people attended this event and there were 27 views on the webinar offered online.
- **March 25, 2017:** "When Breath Becomes Air" presentation by Dr. Lucy Kalanithi with discussion facilitated by Vinti Shah, DO, Chief of Palliative Medicine on end-of-life care, caregiving, and bereavement. Two hundred and three people attended this event.
- **March 27, 2017:** Medicare Education Session presented by Berks Apprise Vice President, Dot Hartman. We hosted 40 participants for this event.

## April

- **April 3, 2017:** Nick Leasure, MD, presented at Breast Cancer Support Services on the Side Effects of Breast Cancer Treatment at their monthly Pink Power Night.
- **April 11, 2017:** Active Aging presentation at The Highlands at Wyomissing by Vinti Shah, DO, on Advanced Care Planning. Seventy-two people attended this event.

- **April 18, 2017:** Healthbreak on Immunotherapy and Personalized Medicine by Erik Rupard, MD, aired on local and cable television channels.
- **April 20, 2017:** Look Good Feel Better program sponsored by the American Cancer Society. Eight women attended this event.
- **April 24, 2017:** Vinti Shah, DO, offered an online webinar on Advanced Care Planning. Forty-three people viewed this webinar online.

## May

- **May 15, 2017:** McGlenn Cancer Institute hosted a painting event for patients in active treatment as well as survivors. Painting Creations by Amanda provided instruction for patients to create their own paintings. Six patients attended this event.
- **May 19, 2017:** McGlenn Cancer Institute hosted a Breast and Cervical Cancer Screening. Thirteen patients were screened that day. Patients received educational information on breast and cervical screening, and a one-on-one session regarding individual breast and cervical screening needs.

## June

- **June 3, 2017:** McGlenn Cancer Institute held a Cancer Survivor Day for our patients and the community in our Healing Garden. We hosted about 100 survivors and their families that day.
- **June 12, 2017:** Active Aging presentation on "Key Factors to Unlocking the Secrets and Family History" by Genetics Counselor Iman Haroun. Sixty-six people attended this event.

## July

- **July 19 and 20, 2017:** McGlenn Cancer Institute provided information on skin and colon screening at the Godiva Chocolate Employee Health Fair. About 300 employees attended this event.

## August

- **August 14, 2017:** McGlenn Cancer Institute hosted a wine glass painting event for cancer patients and survivors. Twelve people attended this event.

# Outreach and Community Education 2017

## September

- **September 5, 2017:** HealthBreak on Stereotactic Radiation for Prostate Cancer by Colin Murphy, MD, was shown on local and cable television channels.
- **September 9, 2017:** McGlenn Cancer Institute offered information on Family Risk Assessment as well as skin, colon, and breast screenings at the Lower Heidelberg Township Anniversary Day. Two hundred people attended this event.
- **September 23, 2017:** About 250 people attended the Abundant Life Church "Love Loud" Community Health Fair in Birdsboro where information on breast cancer and mammogram awareness was provided. FIT kit tests for colon cancer screening were offered to all attendees. Three participants accepted the test.
- **September 28, 2017:** McGlenn Cancer Institute hosted a Skin Screening Event. Tower Health Medical Group dermatologists, and family and internal medicine providers screened 46 patients. Patients were given educational material on skin screening and had a one-on-one session with a physician to discuss individual skin concerns.

## October

- **October 1, 2017:** Reading Hospital, along with Breast Cancer Support Services, sponsored Pink Power Brunch at the Doubletree in Reading. Nicole Agostino, MD, Nick Leasure, MD, Christine Cho, DO, and Michael Brown, MD, all spoke on different aspects of breast cancer care. Attendees were also offered education and materials from community resources on breast care/general wellness in the hour before the brunch. Two hundred and nineteen people attended this event.
- **October 9, 2017:** Active Aging presentation on "Breast Cancer"- a Historical Perspective" by Anne Close, MD. Forty people attended this event.
- **October 10, 2017:** Healthbreak on Cancer Risk Assessment by Iman Haroun, M. Sc., LCGC-aired on local and cable channels.
- **October 13, 2017:** Breast Nurse Navigator Lisa Delpizzo spoke at Classic Harley Davidson's "Pink Out" for a crowd of about 50 people.

- **October 21, 2017:** Breast Nurse Navigator Lisa Delpizzo spoke at First Century Worship Center to the Women's Ministry and offered educational information on breast health and breast cancer. Fifty people attended this event.
- **October 24, 2017:** Healthbreak on High Risk Cancer Clinic by Terrence Cescon, MD, was shown on local and cable television stations.
- **October 24, 2017:** McGlenn Cancer Institute and Reading Hospital Image Recovery Center had tables at the Senior Expo. Information was presented on lung cancer. This was a day long community event with about 800 people in attendance.
- **October 26, 2017:** McGlenn Cancer Institute had a table at the Caron Treatment Centers annual health fair. Information was presented on colon, breast, and skin screening with 150 people in attendance.

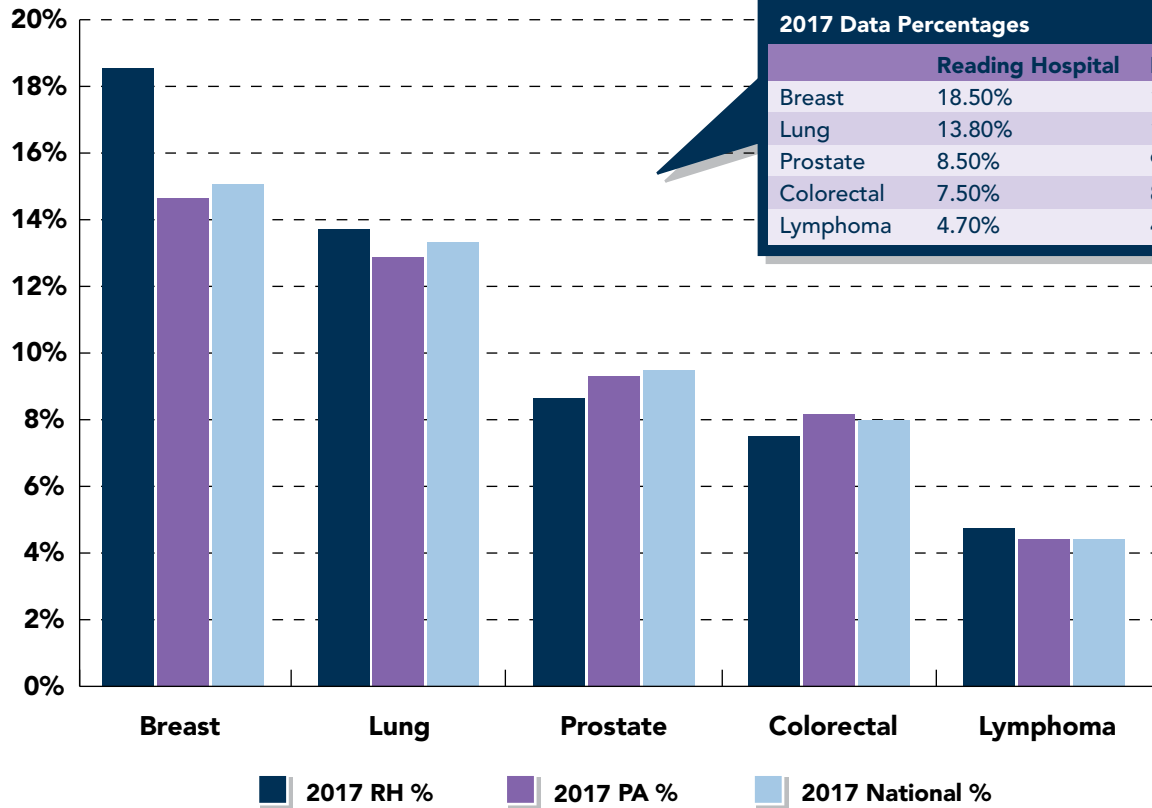
## November

- **November 3, 2017:** McGlenn Cancer Institute hosted a Breast Screening event. Nine patients were screened at this event. Patients were given educational material on breast screenings and had a one-on-one session with a physician to discuss individual breast and cervical screening needs.

## December

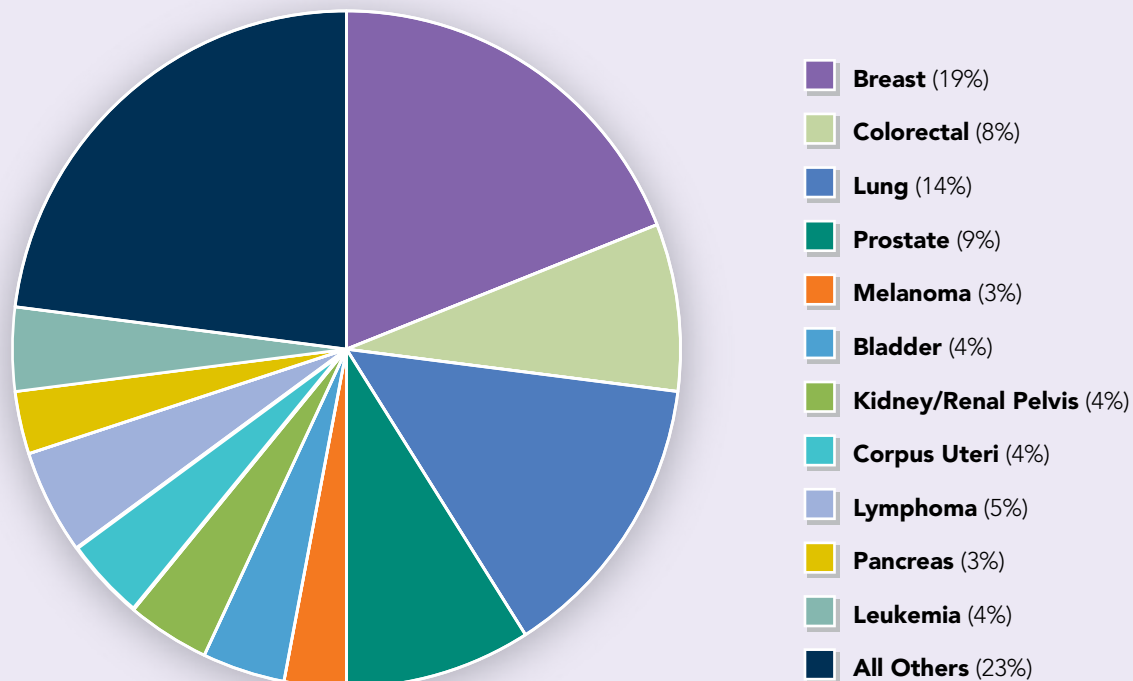
- **December 18, 2017:** McGlenn Cancer Institute hosted a holiday event for our survivors called Jingle and Mingle. Thirteen patients participated in decorating a holiday wreath with the help of a local florist from Stein's flowers and a team member at Michael's.
- **December 22, 2017:** McGlenn Cancer Institute received 27 food baskets donated by Wilson West Middle School to give to patients in need for the holidays. The Wilson West students and staff brought the baskets and handed them out to patients and sang Christmas carols in McGlenn Cancer Institute lobby.

### 2017 Data Comparison: Reading Hospital, State and National



	Reading Hospital	PA	National
Breast	18.50%	14.50%	15.10%
Lung	13.80%	12.80%	13.20%
Prostate	8.50%	9.40%	9.60%
Colorectal	7.50%	8.10%	8.00%
Lymphoma	4.70%	4.30%	4.30%

### 2017 Incidence of Cancer at Reading Hospital



## 2017 Site Distribution—Analytic Cases

	Reading Hospital # CASES	Reading Hospital %	National %
<b>ORAL CAVITY AND PHARYNX</b>	<b>20</b>	<b>1.1</b>	<b>2.9</b>
Tongue	4	0.2	1.0
Mouth	5	0.3	0.8
Pharynx	3	0.1	1.0
Other Oral Cavity	8	0.5	0.1
<b>DIGESTIVE SYSTEM</b>	<b>293</b>	<b>16.7</b>	<b>18.4</b>
Esophagus	24	1.4	1.0
Stomach	20	1.1	1.7
Small Intestine	6	0.3	0.6
Colon Excluding Rectum	101	5.7	5.7
Rectum and Rectosigmoid	31	1.8	2.4
Anus, Anal Canal and Anorectum	10	0.6	0.5
Liver and Intrahepatic Bile Duct	24	1.4	2.4
Gallbladder	2	0.1	0.7
Pancreas	57	3.2	3.2
Other Digestive Organs	5	0.3	0.3
<b>RESPIRATORY</b>	<b>133</b>	<b>14.3</b>	<b>14.4</b>
Larynx	7	0.4	0.8
Lung and Bronchus	242	13.8	13.2
Other Respiratory Organs	2	0.1	0.4
<b>SOFT TISSUE</b>	<b>11</b>	<b>0.6</b>	<b>0.7</b>
Soft Tissue (including Heart)	11	0.6	0.7
<b>SKIN EXCLUDING BASAL AND SQUAMOUS CELLS</b>	<b>51</b>	<b>2.9</b>	<b>5.7</b>
Melanoma- Skin	45	2.6	5.2
Other Non-Epithelial Skin	6	0.3	0.5
<b>BREAST</b>	<b>325</b>	<b>18.5</b>	<b>15.1</b>
<b>FEMALE GENITAL SYSTEM</b>	<b>119</b>	<b>6.8</b>	
Cervix Uteri	11	0.6	0.8
Corpus and Uterus, NOS	73	4.2	3.6
Ovary	19	1.1	1.3
Vagina and Other Female Genital Organs	8	0.4	0.3
Vulva	8	0.5	0.4
<b>MALE GENITAL SYSTEM</b>	<b>157</b>	<b>8.9</b>	<b>10.1</b>
Prostate	150	8.5	9.6
Testis	7	0.4	0.5

	Reading Hospital # CASES	Reading Hospital %	National %
<b>URINARY SYSTEM</b>	<b>132</b>	<b>7.5</b>	<b>8.7</b>
Urinary Bladder	64	3.6	4.7
Kidney and Renal Pelvis	63	3.6	3.8
Ureter and Other Urinary Organs	5	0.2	0.2
<b>EYE AND ORBIT</b>	<b>3</b>	<b>0.2</b>	<b>0.2</b>
<b>BRAIN AND OTHER NERVOUS SYSTEM</b>	<b>97</b>	<b>5.5</b>	<b>1.4</b>
<b>ENDOCRINE SYSTEM</b>	<b>51</b>	<b>2.9</b>	<b>3.5</b>
Thyroid	23	1.3	3.4
Other Endocrine including Thymus	28	1.6	0.1
<b>LYMPHOMA</b>	<b>82</b>	<b>4.7</b>	<b>4.8</b>
Hodgkin Lymphoma	12	0.7	0.5
Non-Hodgkin Lymphoma	70	4.0	4.3
<b>MYELOMA</b>	<b>31</b>	<b>1.8</b>	<b>1.8</b>
<b>LEUKEMIA</b>	<b>62</b>	<b>3.5</b>	<b>3.6</b>
Lymphocytic Leukemia, Acute, Chronic and Other	30	1.7	1.5
Myeloid and Monocytic Leukemia, Acute, Chronic and Other	29	1.6	1.8
Other Leukemia	3	0.2	0.3
<b>OTHER AND UNSPECIFIED PRIMARY SITES</b>	<b>74</b>	<b>4.2</b>	<b>2.0</b>

*Source: Estimated national percentages of new cases are based on 1999-2013 incidence data reported by the North American Association of Central Cancer Registries (NAACCR).*

#### Top Five Sites at Reading Hospital—A Five-Year Comparison

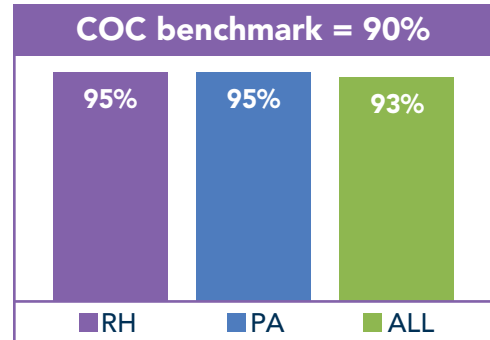
2017		2016		2015		2014		2013	
1,759 cases		1,677 cases		1,669 cases		1,543 cases		1,623 cases	
%		%		%		%		%	
Breast	18.5	Breast	17.8	Breast	17.6	Breast	17.7	Breast	18.3
Lung	13.8	Lung	11.6	Lung	11.3	Lung	13.9	Lung	12.6
Prostate	8.5	Prostate	8.9	Colorectal	8.6	Colorectal	9.3	Prostate	8.4
Colorectal	7.5	Colorectal	7.5	Prostate	8.0	Prostate	7.6	Colorectal	8.1
Lymphoma	4.7	Lymphoma	4.9	Melanoma	5.2	Corpus uteri	5.1	Corpus uteri	4.9
								Lymphoma (NHL/ Hodgkins)	4.9

# Cancer Program

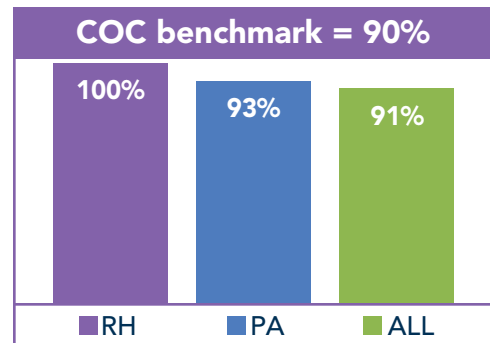
## Practice Profile Reports – Accountability Measures

McGlinn Cancer Institute values quality treatment for all our patients. One of the ways we assess the quality of our care is to compare our performance rates to other hospitals in PA and all Commission on Cancer (CoC) approved programs in the nation. The American College of Surgeons provides ACoS accredited hospitals the availability of this data. The graphs below show our 2017 quality performance rates as compared to Pennsylvania and the National Cancer Database.

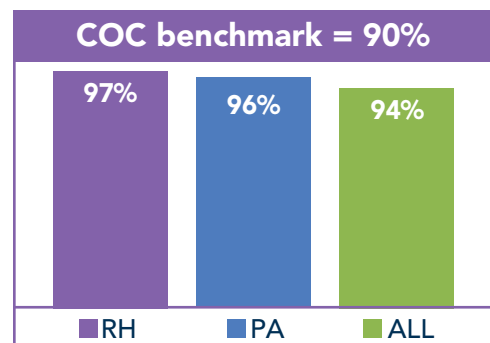
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.



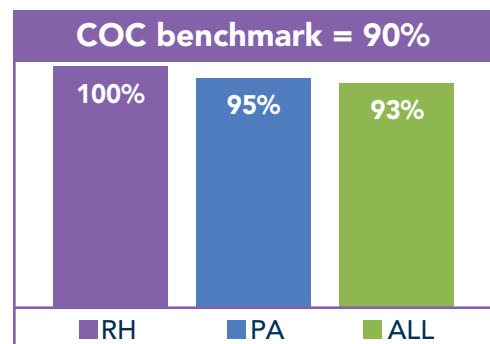
Radiation therapy is administered within one year (365 days) of diagnosis of breast cancer for women > 4 positive regional lymph nodes.



Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1C or stage IB-III hormone receptor positive breast cancer.



Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB-III hormone receptor negative breast cancer.



strength





# Cancer Registry Report

for 2017

**Reading Hospital** is staffed by four certified cancer registrars. These registrars are data management experts who collect important, necessary information about a patient's health history when diagnosed with a cancer. The information collected is entered into a specialized database called the Tumor Registry. The Registry is carefully maintained, so that all the information it harbors is available for use by the Pennsylvania Cancer Registry and the National Cancer Database. Registry staff is continually educated about cancer and best practices for documenting the data. Each registrar is required to obtain 20 Continuing Education Credits every two years to maintain licensure as a Certified Tumor Registrar.

The Cancer Registry and the data it provides are fundamental to the cancer program. Registry data track the many aspects of a patient's care before, during, and after treatment. Life time follow-up is maintained on all patients within the cancer registry database. This essential information provides healthcare providers, researchers, and public health officials the opportunity to better monitor and advance the cancer treatments offered and improve efforts in cancer prevention and screening. Currently the registry contains over 31,000 patients since its inception.

## 2017 CANCER CONFERENCE SUMMARY

As part of our multidisciplinary approach to quality patient care, we offer nine site specific multidisciplinary cancer conferences. Radiology, Pathology, Surgery, Medical Oncology, Radiation Oncology, Clinical Trials, Genetics, Nurse Navigation, and Support Services collaborate to provide the best individual treatment plan for each patient. See number of analytical cases presented at each conference below:

**Thoracic:** 270 cases

**Breast:** 285 cases

**Neuro-Oncology:** 52 cases

**Head and Neck:** 30 cases

**Hematopathology:** 93 cases

**Gastrointestinal:** 119 cases

**Gynecologic:** 94 cases

**Cutaneous Malignancy:** 65 cases

**Genitourinary:** 140 cases

*courage*

# 2017 Cancer Committee *Members*

**Michael T. Brown, MD, FACS, MBA** – Director, McGlinn Cancer Institute, Cancer Liaison Physician, Chief, Section of General Surgery, Physician Reviewer

**Michael Haas, MD** – Chief, Section of Radiation Oncology

**Brian Le, MD** – Pathology; Cancer Conference Coordinator

**Eric Rupard, MD** – Chief, Section of Hematology/Oncology

**Joshua Tice, MD** – Radiology

**Sharon Craig, R.T.(R)(T), BS, MBA** – Administrative Director; Quality Improvement Coordinator

**Vinti Shah, MD** – Chief, Section of Palliative Medicine

**Bridget Staron, MSN, RN, OCN** – Director of McGlinn Cancer Institute Center Nursing

**Elizabeth Hertzog, LSW** – Oncology Social Work; Psychosocial Services Coordinator

**Carl Seidl** – Vice President, Administration

**Patricia Weiser, RN, CCRP** – Supervisor, Protocol Office; Clinical Research Coordinator

**Iman Haroun, M. SC., LCGC** – Risk Assessment Program

**Denise Williams, CTR**, – Cancer Registry Supervisor; Cancer Registry Coordinator

**Donna Behun, RN, OCN** – Community Outreach Coordinator

## ALTERNATES

**Richard Gregor, MD** – Diagnostic Radiology

**Kurt Bamberger, MD** – General Surgery, Physician Reviewer

**Sharon Swierczynski, MD, PhD** – Pathology

**Nick Leasure, MD** – Hematology/Oncology

**Adam Smith, MD, PhD** – Radiation Oncology

**Margaret Cosbey, RN** – Palliative Care

**Marge Bligh** – Vice President

**Sarah Ailes, RN** – Cancer Infusion Center

**Anita Wilhelm, RN, BSN** – Risk Assessment Program

**Nancy Miller, CTR** – Cancer Registry

**Karen Bielecki, RN** – Quality Department

**Kim Meglathery, RN** – Community Outreach

**Aracelis Alvarez, BSN, RN, OCN** – Oncology Research Nurse, Protocol Office

**Shelby Timberlake, LSW** – Psychosocial Services

# Ad Hoc Committee *Consultants*

**D. Michael Baxter, MD** – Chair, Family and Community Medicine

**Amir Behnam, MD** – Plastic and Reconstructive Surgery

**Bernice Robinson-Bennett, MD** – Chief, Section of Gynecologic Oncology, Physician Reviewer

**Paul Brockman, MD** – Physical Medicine and Cancer Rehabilitation

**Terrence Cescon, MD** – Protocol/Risk Assessment Program

**Christine Cho, DO** – Plastic and Reconstructive Surgery

**Uday K. Dasika, MD** – Cardiothoracic Surgery, Physician Reviewer

**Mark Dougherty, DMD** – Chair, Department of Dentistry

**Constantine Harris, MD** – Urology

**Craig Kimmel, MD** – Chief, Section of Otolaryngology

**Louis LaLuna, MD** – Gastroenterology

**Cecelia Smith, DO** – Chair, Department of Medicine

**John Villeneuve, MD** – Gynecologic Oncology

**Jaime McMillan** – Marketing

**Renee Maggiaro, MSW, LSW** – Inpatient Social Services

**Laura Stack, MBA, BSN, RN** – Inpatient Oncology Nursing

**Jessica Pham MA, RD, CSO, LDN** – Nutrition

**Megan Fidler MS, RD, LDN, CNSC** – Nutrition

**Kelly Edwards** – American Cancer Society

**John Mercer R. Ph.** – Pharmacy

**Cindy Henry, RHIA** – Director, HIM

**Karen Fattore, MSW, ACSW** – Care Management

**Claire Mooney, MSN, MBA** – Nursing Administration

**Rev. Stephen Weisser** – Chaplaincy

# Colorectal Cancer

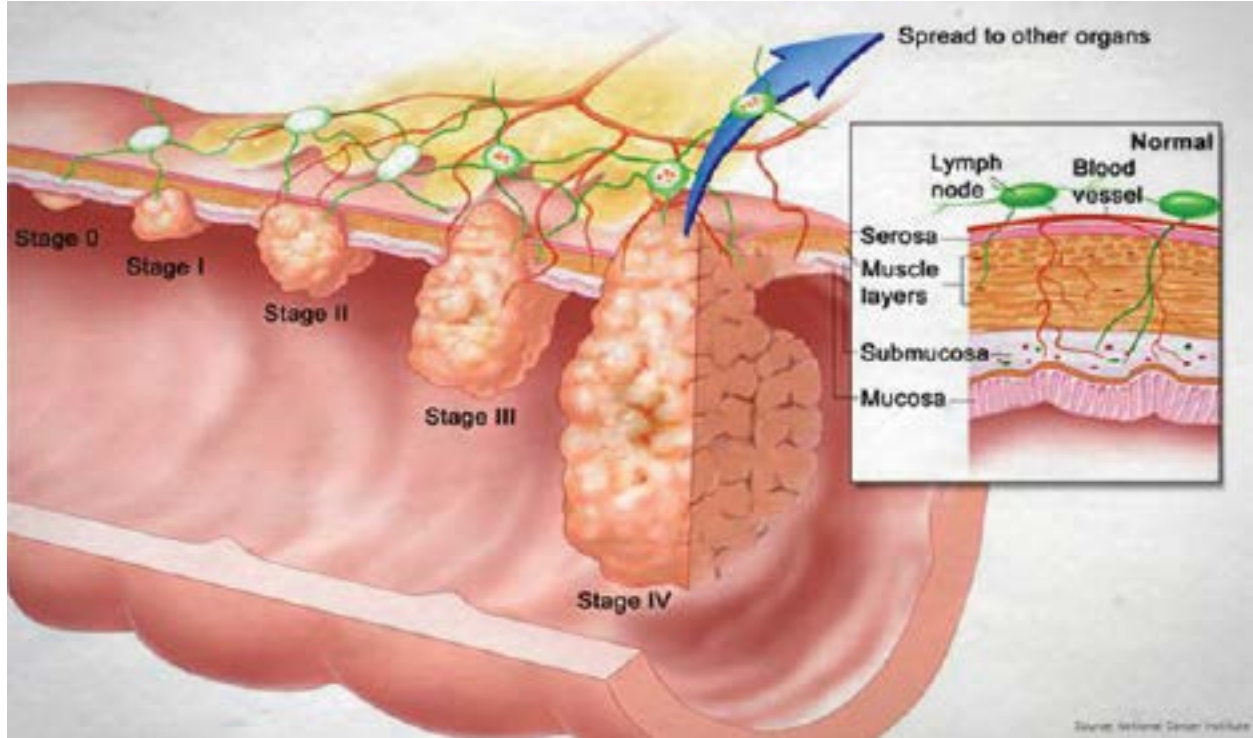
An estimated 140,250 people in the United States will be diagnosed with colorectal cancer in 2018. This diagnosis affects 1 in 22 men and 1 in 24 women. Ninety percent of patients are over the age of 50. Colorectal cancer remains the third leading cause of cancer-related deaths in America. Thankfully, this death rate is decreasing. This is in part due to screening colonoscopies and advancements in treatment.

Colorectal cancer is cancer of the colon or rectum that begins in the form of a polyp. A polyp is a tissue formation with abnormal growth patterns. Overtime, this benign growth transitions to a malignant growth and becomes cancer. Without treatment, this mass can spread causing bowel obstruction or perforation as well as metastatic disease and death.

Risks of colorectal cancer including both avoidable and unavoidable factors. Avoidable factors include smoking, obesity, diets high in red meat, and heavy alcohol use. Unavoidable risk factors include advancing age, African American ethnicity, personal or family history of colorectal polyps or colon cancer, inflammatory bowel disease like ulcerative colitis or Crohn's disease, and certain genetic syndromes.

The gold standard in prevention of colorectal cancer is colonoscopy. By directly visualizing the entire inside of the colon and rectum, doctors are able to identify, biopsy, and remove any abnormal tissue to detect and prevent the growth of cancer. It takes approximately 17 years for a tumor to obstruct the bowel sufficiently enough to cause symptoms, but only two years to metastasize to distant organs. Therefore, the American Cancer Society recommends that men and women begin screening colonoscopies at age 45. If polyps are discovered during the colonoscopy or if a patient has a family history or personal risk factors, a repeat colonoscopy should be done every three to five years or more frequently in certain cases. If not, the patient can wait ten years before having another colonoscopy. Other screening tools for colorectal cancer include stool sample studies and radiographic imaging. Doctors should discuss the risks and benefits of each screening tool with their patients to determine the best option for that individual.

A biopsy is required to confirm the diagnosis of colorectal cancer. Once a diagnosis is made, treatment is determined by a team of physicians that includes medical oncologists, surgeons, and radiation oncologists. Individual factors, stage of disease, and location of the tumor help to guide their recommendations. Although colon cancer and rectal cancer are treated differently, the concepts of treatment are the same. They are divided into local and systemic treatment. Local treatment is focused on the removal or shrinking of the tumor by surgery, chemotherapy or radiation. Systemic therapy is the use of chemotherapy and/or immunotherapy to eradicate cancer cells outside the primary colorectal tumor.



Source: National Cancer Institute

Survival rates after colorectal cancer treatment are based on stage at diagnosis, treatment, and individual factors. The earlier the stage (that is, the sooner it is diagnosed) the better the prognosis. Thanks to screening methods, we are able to detect and diagnose colorectal cancer at earlier stages. For those diagnosed with stage I colorectal cancer, the five-year survival rate is 92%. However, stage IV colorectal cancer has a five-year survival rate of just 12%. Here at McGlenn Cancer Institute we are dedicated to improving these statistics as well as the quality of life of our patients through continued research, early screening, and advances in treatment.

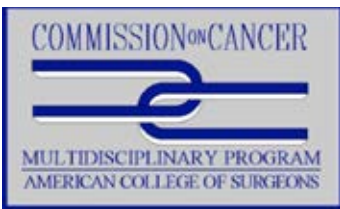
**Written by:** **Jaelyn Malat, DO**  
**Philadelphia College of Osteopathic Medicine**  
**Resident of General Surgery at Reading Hospital**

#### References

NCCN.ORG - COLORECTAL GUIDELINES  
 CANCER.ORG - AMERICAN CANCER SOCIETY



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Mailing address: PO Box 16052, Reading, PA 19612-6052 • 484-628-8621  
Email: [towerhealth.org](http://towerhealth.org) • [www.towerhealth.org/cancer](http://www.towerhealth.org/cancer)



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