August 2018

1982 Annual Report: Cancer Program

Aurora Health Care
1982 ANNUAL REPORT
CANCER PROGRAM

St. Luke's Hospital, Milwaukee Wisconsin
THE COVER:
A mosaic rendition of the doctor-disciple Luke by internationally-known artist Edmund Lewandowski graces the north exterior of the Walter Schroeder Pavilion. Located on the southeast corner of the hospital, the Schroeder Pavilion is the new home of expanded outpatient and emergency care services at St. Luke's Hospital.
We dedicate this report to Dorothy Black, who died of lung cancer in early 1982. Serving as the hospital's Public Relations Director for many years, Dorothy was a good will ambassador for the hospital. Fond memories remain in the hearts of many whose lives she touched.

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COMMENTARY/CRITIQUE

The cancer committee continues to enhance activities for registry, education and audit.

This annual report attests to the registry’s performance at an excellent level.

Continuing medical education for the attending staff and the house officers was complimented through participation in two activities. The Security Savings and Loan Lectureship focused on immunology and its relevance to clinical management and problems; multidisciplinary interchanges of information and expression of judgement occurring twice a month centered on clinical problems of patients currently hospitalized.

Throughout the year the plan for enhancement of hospital services was modified and moved forward. A thorough discussion of the options for participation in a quality assessment program for the cancer committee and the hospital was held.

The current report contains a long and short term audit concerning data in regard to female breast carcinoma.

It has been the recommendation of the cancer committee that an active evaluation be prepared for each long term audit and presented widely throughout the hospital in order to share information and enlighten participation in the quality assessment programs.

The long and short term data show that the patients over a five year period remain at about 60% axillary node involvement at the time of presentation. The common mode of therapy is a modified radical mastectomy. This procedure has been endorsed by the National Working Conference on Surgery and Breast Cancer. The determination of estrogen receptors has risen approximately 1/3 over the course of five years. The most recent data collection has enhanced retrieval of size of the initial lesion, presentation of preoperative mammograms, bone scans and liver chemistries as part of pretreatment staging.

We feel that our evolution from an already broad base of scientific development, information and record retrieval will enhance optimal care for quality and survival of life of patients.

Dr. J. P. Hanson
Cancer Committee Chairman
TOP TEN SITES

Total Cases Entered into the Registry for the Ten-Year Period 1972 - 1981

941  LUNG
923  BREAST
865  COLON/RECTUM
478  PROSTATE
345  SKIN (excluding melanoma)
334  BLADDER
252  UTERUS
196  LYMPHOMA
177  LEUKEMIA
173  UNKNOWN PRIMARY

4,684 CASES

NOTE: As of mid-1982, there are over 7,000 cases in the Registry.
**TOP TEN SITES**

Total Cases Entered into the Registry Each Year  
(1972 - 1981)

<table>
<thead>
<tr>
<th></th>
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<td>104</td>
<td>99</td>
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</tr>
<tr>
<td>COLON/RECTUM</td>
<td>70</td>
<td>64</td>
<td>80</td>
<td>62</td>
<td>83</td>
<td>96</td>
<td>114</td>
<td>96</td>
<td>105</td>
<td>95</td>
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<td>51</td>
<td>44</td>
<td>60</td>
<td>66</td>
<td>71</td>
</tr>
<tr>
<td>SKIN (ex. melanoma)</td>
<td>33</td>
<td>36</td>
<td>24</td>
<td>37</td>
<td>32</td>
<td>24</td>
<td>48</td>
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<td>39</td>
<td>24</td>
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<tr>
<td>BLADDER</td>
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<td>18</td>
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<td>35</td>
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<td>UTERUS</td>
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<td>22</td>
<td>19</td>
<td>29</td>
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<td>26</td>
<td>26</td>
<td>21</td>
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<tr>
<td>LYMPHOMA</td>
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<tr>
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<td>19</td>
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<td>19</td>
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<td>16</td>
<td>19</td>
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<tr>
<td><em>UNKNOWN PRIMARY</em></td>
<td>14</td>
<td>14</td>
<td>16</td>
<td>14</td>
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<td>18</td>
<td>18</td>
<td>23</td>
<td>26</td>
<td>14</td>
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</tbody>
</table>

* Many cases diagnosed as “unknown primary” are later specified as a particular site. The number of unknown primaries listed above are those that still remain as “unknown” sites.
HOSPITAL CANCER PROGRAM APPROVED

A surveyor from the American College of Surgeons visited St. Luke's in May of 1982 to talk with various physicians and other health professionals involved in our Cancer Program. The results of this survey arrived in September, granting our Cancer Program a three-year approval, the maximum approval given by the College.

This approval indicates that all elements of our Cancer Program are organized and functioning to provide educational, multidisciplinary exchange on cancer patient management, to encourage quality control and audits, and to monitor the success of primary and secondary treatment through long-term follow-up.

Our hospital and medical staff were commended for the excellent effort put forth to continually maintain and improve our Cancer Program.

REGISTRY OPERATIONS UPDATE

As of mid-1982, the Registry had over 7,000 cases in its files. 1982 marks the tenth anniversary of computerization of the Registry.

Looking into the future, a new data system is on the horizon. St. Luke's plans to utilize the new data system created by the American College of Surgeons for use in Cancer Registries nationwide. The system with its Common Data Set is designed to aid in uniformity of data collection, which would provide more uniform and meaningful regional and national statistics.

Some additional items of information which will be collected in the new system include size of tumor, regional nodes examined, regional nodes positive, residual tumor, date of first recurrence, type of recurrence, distant sites of first recurrence, quality of survival, and more specifics as to type of treatment. It will also include an updated histology section.

The latter months of 1982 were filled with planning and other activities prior to implementation of the new system. Target date for operation of the new data system is set for February, 1983.

Through change and improvement in the data system, it is our goal that the Registry will be able to better serve the needs of St. Luke's staff.
MULTIPLE PRIMARIES

There are 423 patients in the Registry who have more than one primary cancer. This is about 6% of the more than 7,000 cases registered. 231 of the patients are female (100 living; 131 deceased) and 192 are male (68 living; 124 deceased). The majority of these patients have two primaries, however, fourteen patients have three primaries and one patient has four primaries.

SITES

The most common sites of occurrence for these primaries are colon/rectum, lung, breast, prostate, bladder, and skin (excluding melanoma).

Eighteen per cent of the patients have multiple cancers in the same site (for example, right and left breast; two primaries in the colon/rectum), and 59% of the patients have cancers in different sites. (23% are not known in this respect as their other additional primaries were diagnosed/treated elsewhere.)

Forty-one patients have two breast primaries; 25 patients have two colon/rectum primaries.

PATIENTS HAVING MORE THAN TWO PRIMARIES

Fourteen of our 423 patients have three primaries, 10 males and 4 females. The most common sites among these patients are prostate and skin.

One female patient in the Registry has four primaries—one breast primary diagnosed in 1969 and three primaries diagnosed in 1978—breast, colon, and skin. She expired in 1980 at the age of 89.
MOST COMMON HISTOLOGIC TYPES

The most common histologic types found in these patients are:

253 (29%) Adenocarcinoma NOS (not otherwise specified)/Adenoma malignum/Cribriform carcinoma
84 (10%) Ductal/Infiltrating duct/Tubular carcinoma
75 (9%) Squamous cell carcinoma/
   Epidermoid carcinoma NOS/
   Acanthoma, malignant/Prickle cell carcinoma/
   Cancroid/Spinous cell carcinoma
50 (6%) Basal cell carcinoma NOS/Rodent ulcer/
   Superficial multicentric basal cell carcinoma/
   Basal cell epithelioma
43 (5%) Carcinoma NOS/Large cell carcinoma/
   Epithelial neoplasm, malignant
29 (3%) Transitional cell carcinoma NOS/
   Basaloid carcinoma/Cloacogenic carcinoma/
   Schneiderian carcinoma
23 (3%) Papillary transitional cell carcinoma
24 (3%) Adenocarcinoma, poorly differentiated
29 (3%) Adenocarcinoma/Carcinoma arising in adenomatous polyp
252 (29%) Miscellaneous other histologies

862 total histologic types

TIME DIFFERENCE BETWEEN DIAGNOSES OF MULTIPLE PRIMARIES

The longest time period between diagnoses was a patient who had melanoma diagnosed in 1948, a second primary in 1971—lung, and a third primary—prostate—in 1972.

93 (27%) Diagnosed at the same time
30 (9%) Within six months
14 (4%) Six months—one year
126 (36%) One—five years
47 (13%) Over five years
38 (11%) Over ten years

* Information not known regarding some patients' primaries which were diagnosed/treated elsewhere.
CARCINOMA: FEMALE BREAST

LONG-TERM PATIENT CARE EVALUATION STUDY

This study of 50 patients was completed and submitted to the American College of Surgeons in 1982 as part of a nationwide compilation of statistics on breast cancer.

GENERAL INFORMATION

The patients studied were diagnosed between November, 1973, and December, 1976. Forty-nine patients were white; one person's race was not recorded.

Age at diagnosis showed this range:

40-49: 6
50-59: 12
60-69: 19
70-79: 10
80-89: 2
90+: 1

Twenty-five tumors were located in the left breast and 25 were located in the right breast. Twenty-two were specified as OUQ (outer upper quadrant), 4—OLQ (outer lower quadrant), 10—IUQ (inner upper quadrant), O—ILQ inner lower quadrant), and 1—nipple area.

EXTENT OF DISEASE

Twenty-seven patients (54%) had a stage of regional; 24 of these patients had disease extending into the axillary nodes.

Fifteen patients had localized disease, 2 were in situ, 3 were distant (1 with metastases to brain; 3 with metastases to bone), and 3 were unknown/unspecific.
PATHOLOGICAL INFORMATION

The tissue source for pathological exam was the primary tumor site in all 50 cases. The most frequent histologic type was ductal infiltrating—36 of the cases having this histology.

Thirteen patients had an estrogen binding test done—7 were positive and 6 were negative.

Forty patients had axillary nodes examined, and of these, 24 (60%) showed axillary nodes containing cancer. Specifically, number of nodes with cancer/number of nodes examined were as follows: 0/7, 0/8, 0/10, 0/11, 0/11, 0/13, 0/14, 0/15, 0/16, 0/16, 0/22, 0/23, 0/25, 0/30, 1/1, 1/7, 1/10, 1/10, 1/11, 1/13, 1/13, 1/15, 1/15, 1/28, 2/2, 2/10, 2/11, 3/3, 3/16, 3/25, 4/4, 4/6, 4/16, 8/8, 14/15, 22/24, 38/54.

INITIAL DEFINITIVE TREATMENT

27 Surgery and Radiation (54%)
  9 Surgery only (18%)
  3 Surgery, Radiation, Chemotherapy
  2 Surgery, Chemotherapy
  1 Surgery, Radiation, Chemotherapy, Hormones
  5 Biopsy and Radiation
  1 Biopsy and Chemotherapy
  1 Biopsy, Radiation, and Hormones
  1 Radiation only

The type of surgery most frequently performed was a modified radical mastectomy with full axillary dissection—35 cases (70%). The oldest patient in the study (90 years of age) had surgery and radiation for her local disease.

END RESULT AT FIVE YEARS FROM DATE OF DIAGNOSIS

Twenty-five patients (50%) were still alive five years after diagnosis—21 were free of cancer, 4 had cancer present.

Twenty-one patients were dead. Fifteen had died because of cancer; the other six were dead because of other causes (2 had cancer present; 4 had an unknown cancer status).

Four patients were lost to follow-up.
CARCINOMA: FEMALE BREAST
SHORT-TERM PATIENT CARE
EVALUATION STUDY

This study of 25 patients was completed and submitted to the American College of Surgeons in 1982 as part of a nationwide study of breast cancer.

GENERAL INFORMATION

The patients studied were diagnosed between November, 1980, and November, 1981. Nineteen patients were white, 1 was black, 1 was Oriental, and 4 persons did not have their race recorded. Marital status of the patients was documented as 3 never married, 9 married, 3 separated/divorced, and 10 widowed.

Age at diagnosis showed this range:
31-40: 1
41-50: 3
51-60: 3
61-70: 6
Over 70: 12

Ten patients had a tumor of the right breast; 15 had a tumor of the left breast.

EXTENT OF THE DISEASE

2 In situ
3 Local
12 Regional
(3 with extension into adjacent tissue)
(9 with involvement of axillary nodes)
5 Distant metastases
(1 to lung; 1 to distant nodes; 1 to neck; 3 to bone)
3 Unknown
HISTORY

For 21 of the 25 patients, the reason for admission was breast tumor. Fifteen of these tumors were discovered by the patient; 10 were discovered by a physician.

The time difference between date of discovery and date of diagnosis was as follows:

- 10 within the same month
- 9 within one month
- 3 within two months
- 1 within three months
- 1 within 12 months
- 1 within 29 months

Five patients were recorded as pre-menopausal, 17 as post-menopausal. Six patients reported using hormones—3 for menopausal symptoms. Eleven patients had no history of hormone usage. Age of onset for menses ranged from 12-20 with 14 being the most frequent age. Cessation of menses showed an age range of 36-56. Number of pregnancies ranged from 0-10 with 2 being the most frequent.

Fifteen of the 25 patients indicated no family history of breast cancer. Four patients had a mother with breast cancer and 3 had a sister with breast cancer. Seven patients had a family member with cancer in another site.

PRE-TREATMENT EXAMS (PRIOR TO AND AFTER ADMISSION)

<table>
<thead>
<tr>
<th>ESSENTIAL-GENERAL</th>
<th>ESSENTIAL-SPECIFIC</th>
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<tbody>
<tr>
<td>25 Complete physical</td>
<td>21 Biopsy prior to treatment</td>
</tr>
<tr>
<td>12 Rectal exam</td>
<td>9 Bone survey</td>
</tr>
<tr>
<td>8 Pelvic</td>
<td>3 Skull</td>
</tr>
<tr>
<td>5 Pap smear</td>
<td>3 Pelvis</td>
</tr>
<tr>
<td>25 Urinalysis</td>
<td>3 Lumbar spine</td>
</tr>
<tr>
<td>25 EKG</td>
<td>21 Bone scan</td>
</tr>
<tr>
<td>25 Chest x-ray</td>
<td>19 Pre-op mammogram</td>
</tr>
<tr>
<td>25 CBC</td>
<td>19 Involved breast</td>
</tr>
<tr>
<td>25 Blood chemistries</td>
<td>15 Other breast</td>
</tr>
</tbody>
</table>

SPECIAL AS INDICATED

- 16 Liver scan
- 3 Sonogram
- 1 CAT scan
INITIAL DEFINITIVE TREATMENT

11 Surgery only (44%)
6 Surgery and Chemotherapy
3 Surgery and Radiation
2 Biopsy only
2 Biopsy, Radiation, Chemotherapy
1 Biopsy and Chemotherapy

PATHOLOGICAL INFORMATION

The tissue source was the primary tumor site in all 25 cases. The most common histologic type found (14 cases—56%) was ductal infiltrating; 7 tissue specimens showed lobular infiltrating. One case showed Paget's disease with underlying tumor, one papillary, one medullary (with foci of intraductal), and one was adenocarcinoma NOS (not otherwise specified).

Tumor size was documented in 19 cases and ranged from 2 cm. to 15 cm., the average size being 4.6 cm.

An estrogen binding test was done in 17 cases. Fourteen were positive, 3 were negative.

Seventeen patients had axillary nodes examined, 11 showed axillary nodes with cancer. Specifically, number of nodes with cancer/number of nodes examined were as follows: 0/11, 0/8, 0/"multiple", 0/11, 0/13, 0/15, 1/9, 1/1, 1/21, 1/14, 2/7, 3/8, 3/24, 6/15, 6/10, 7/14, 9/9.

Grading of the tumor was as follows: 2 well differentiated, 4 moderately differentiated, 9 poorly differentiated, and 10 unknown.

MORTALITY AND MORBIDITY

There were no deaths in the hospital among the 25 patients. Complications were: 1 wound infection, 1 cardiac complication, 1 seroma.

LENGTH OF HOSPITALIZATION

17 14 days or less
5 15-21 days
1 22-30 days

OTHER

None of the 25 patients had breast reconstruction.
During the past ten years (1972-1981), 923 breast cancer primaries have been entered in the Registry, 917 female and 6 male.

AGE AT DIAGNOSIS

Under 20: 0
21-30: 5 (1%)
31-40: 46 (5%)
41-50: 185 (20%)
51-60: 214 (23%)
61-70: 246 (27%)
71-80: 152 (16%)
81: 75 (8%)

PATHOLOGICAL INFORMATION

The histologic types found in these cases are as follows:

- 57% Ductal carcinoma
- 11% Adenocarcinoma, NOS (not otherwise specified)
- 7% Carcinoma, NOS
- 7% Lobular carcinoma
- 6% Comedocarcinoma, NOS
- 4% Medullary carcinoma
- 3% Intraductal carcinoma
- 5% Other misc. histologies

STAGE AT INITIAL DIAGNOSIS

- 3% In situ
- 42% Local
- 39% Regional
- 15% Distant
- 1% Unknown
### TREATMENT/STAGE

**REGISTRY BREAST CANCER PATIENTS (1972-1981)**

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<tr>
<th></th>
<th>TOTALS</th>
<th>IN SITU</th>
<th>LOCAL</th>
<th>REGIONAL</th>
<th>DISTANT</th>
<th>UNKNOWN</th>
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<td>SURGERY</td>
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<td>23</td>
<td>193</td>
<td>40</td>
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<td>RADIATION</td>
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<td>0</td>
<td>54</td>
<td>105</td>
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<td>9</td>
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<td>8</td>
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<td>8</td>
<td>0</td>
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<tr>
<td>DIAGNOSTIC ONLY (no treatment)</td>
<td>59</td>
<td>4</td>
<td>28</td>
<td>6</td>
<td>16</td>
<td>5</td>
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<td>* OTHER THERAPY COMBINATIONS</td>
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<td>357</td>
<td>138</td>
<td>12</td>
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</table>

* Combinations of hormones, deprivation, surgery, radiation, chemotherapy, or supportive therapy only.
FIVE-YEAR SURVIVAL: BREAST CANCER

444 Registry Cases Diagnosed 1972-1976

ALL STAGES

Calculated by the direct method for computing observed survival (no adjustments are made for deaths due to causes other than cancer)