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1981 Annual Report Cancer Registry

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1981 ANNUAL REPORT
CANCER REGISTRY

NEW PATIENTS ADDED TO THE REGISTRY

ST. LUKE'S HOSPITAL
MILWAUKEE, WISCONSIN
Annual report of the cancer registry

Statistical Data: Barbara Walter ART

Artwork: Audio Visual Department

Printing by: Printing Services

Special thanks to Sandra Petersdorf for her assistance in compiling this report.

ABOUT THE COVER:
The number of new patients added to the Cancer Registry in 1980 (717) is not indicated on the cover due to the design of the graph.
We dedicate this report to people everywhere who believe, as we do, that there is always hope.

1980 marked the 20th year of operation for the St. Luke's Hospital Cancer Registry. The Registry has grown from a manual registry entering 352 patients in its first year of operation to a computerized Registry with 717 patients accessioned in 1980.

Of the 5,662 patients now entered in the Registry files, there is a 96% follow-up rate on the 2,873 patients who are still alive.

Requests for studies are welcomed by the Cancer Registry. The Registry has handled routine requests, such as information for weekly Tumor Conferences, as well as special requests. For example, one special request was made by the Social Service Department in its quest for epidemiological information as it relates to the cancer patient population in this hospital. All physicians and para-medical professionals are encouraged to tap the resources of the Cancer Registry.

The St. Luke's Hospital Cancer Program bears the approval of the American College of Surgeons. This approval gives the hospital the distinction of being able to provide the best cancer care available within the specific categories designated by the College.

We would like to express our grateful appreciation to all of those who were ready and willing to answer our questions, return our phone calls, and listen with an open mind and understanding heart to our explanations.

Barbara Walter, ART
Linda Thompson, RRA
Katherine McGill
Wanda Bartol
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Physical Medicine and Rehabilitation
Family Practice
Internal Medicine
Radiology
Internal Medicine
ENT & Max-Facial Surgery
OB & Gynecology
Radiology
Thoracic Surgery
Laboratory Medicine
Psychiatry
Orthopedics
Thoracic Surgery
Surgery - Dentistry
Surgery
Surgery - Urology
Surgery
Associate Administrator
Executive Director
Public Relations
Nursing
Medical Records
Director, Cardiovascular Data Registry
Social Services
Diagnostic and Treatment Center
Public Representative
Attorney at Law
Pharmacy
COMMENTARY

Cancer Committee Goals and Program for 1981

This year our committee continued its established activities of registry, education, and audit. This booklet attests to the registry's excellent performance. Continuing medical education for the attending staff was fostered through participation in the Security Savings and Loan Cancer Lectureships. Multiple disciplinary interchanges of information and expressions of judgment occurred at weekly conferences.

A new activity was formulation of a plan for enhancement of hospital services available to cancer patients. Ideas were volunteered from more than sixty people. An expression of these ideas has been prepared.

The success of our projects has depended on the members' voluntary generosity of enthusiasm, time, ideas, and work. Both the medical-dental staff and the hospital staff have been creatively constructive in response to our recommendations and in implementing them.

Our committee strives for scientific development and a swift incorporation of new and effective patient care information into our setting. In this way, evolution from our already broad base will enhance optimal patient care for quality and survival of life.

John P. Hanson, MD
Chairman, Cancer Committee

Analysis of the Data in the Cancer Registry Annual Report

The Cancer Registry at St. Luke's Hospital has done an excellent job in compiling and providing data as well as generating statistics of malignant tumors with the information that is available to the registry.

The information provided in this report meets the requirements of the American College of Surgeons. The contents included in this report, i.e., definition of terms, number of cancer patients for ten major sites, detailed information regarding different aspects of bladder cancer at St. Luke's Hospital, cancer facts and figures, and a study of 50 cases of gastric carcinoma are adequate, useful, and informative.

Physicians are constantly keeping abreast of the newest and up-to-date developments in the field of malignant neoplasia. By providing this essential information on malignant neoplasms, the Cancer Registry plays a very important role in helping all physicians further understand these neoplasms.

Jorge G. Pellegrini, MD
Associate Pathologist
Member, Cancer Committee
DEFINITION OF TERMS

*Analytical case* - Patient diagnosed and/or received all or part of first course of therapy at St. Luke's. This includes cases diagnosed and not treated.

*Non-analytical case* - Patient received at least one complete course of therapy prior to admission to St. Luke's or diagnosed at autopsy.

*Stage* - Extent of disease determined at the time of diagnosis and/or initial therapy.

(a) *In-situ* - A tumor classified microscopically as in-situ, non-invasive, pre-invasive, non-infiltrating, intra-ductal, intraepithelial or intraepidermal.

(b) *Localized* - Neoplasm restricted to the organ of origin but may be invasive or infiltrating within the organ of origin.

(c) *Regional* - A tumor that has extended beyond the limits of the organ of origin into (1) surrounding organs or tissues by direct extension, (2) regional lymph nodes by metastasis, or (3) a combination of (1) and (2) and appears to have spread no further.

(d) *Distant* - A neoplasm that has spread to other organs or lymph nodes remote from the primary tumor.

*Treatment*

(a) *Surgery* - The partial or total removal of the tumor excluding biopsy.

(b) *Radiation* - Cancer related beam and non-beam therapy. Non-beam includes radium, cesium, and radioactive isotopes.

(c) *Combined therapy* - Refers to any combination of surgery, radiation, chemotherapy, or hormone therapy administered jointly as a single course of treatment.

(d) *Diagnostic only* - Cancer related treatment not given. This may occur for many reasons: Patient refused treatment; diagnosed at autopsy; patient's general condition unsatisfactory for treatment.

*Special note defining “number of cases”*

When using the phrase “number of cases”, one of several definitions may apply. Physicians refer to patients as cases. Pathologists refer to tissue specimens as cases, and sometimes, cancer registrars refer to incidence of primary cancer in a given anatomical site as a case.
NUMBER OF CANCER PATIENTS
TEN MAJOR SITES
(Includes Analytical and Non-Analytical Cases)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNG</td>
<td>101</td>
<td>103</td>
<td>99</td>
<td>116</td>
<td>111</td>
</tr>
<tr>
<td>COLON/RECTUM</td>
<td>83</td>
<td>96</td>
<td>114</td>
<td>96</td>
<td>103</td>
</tr>
<tr>
<td>BREAST</td>
<td>89</td>
<td>82</td>
<td>109</td>
<td>93</td>
<td>77</td>
</tr>
<tr>
<td>PROSTATE</td>
<td>55</td>
<td>52</td>
<td>44</td>
<td>60</td>
<td>64</td>
</tr>
<tr>
<td>BLADDER</td>
<td>42</td>
<td>41</td>
<td>36</td>
<td>47</td>
<td>43</td>
</tr>
<tr>
<td>SKIN *</td>
<td>32</td>
<td>24</td>
<td>48</td>
<td>48</td>
<td>39</td>
</tr>
<tr>
<td>LYMPHOMA</td>
<td>21</td>
<td>18</td>
<td>14</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>LARYNX</td>
<td>10</td>
<td>15</td>
<td>12</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>UTERUS</td>
<td>40</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>20</td>
</tr>
<tr>
<td>LEUKEMIA</td>
<td>22</td>
<td>19</td>
<td>15</td>
<td>21</td>
<td>15</td>
</tr>
</tbody>
</table>

* Excluding malignant melanoma.

Note: Colon/Rectum figures have been combined for comparison to National Cancer Institute figures. The separate figures for these sites are available in the Cancer Registry.
BLADDER CANCER

CENSUS: Since 1972, when the Cancer Registry was computerized, 308 patients with bladder cancer have been accessioned into the Registry files. In 1980, 43 patients were entered, two of whom had additional primary cancer in another site.

HISTOLOGY: From a histological standpoint, 95% of patients diagnosed in 1980 were classified as transitional or papillary transitional cell carcinoma.

TREATMENT AND STAGING: 91.2% of the 1980 bladder cancer cases were staged as local. Of those, 58% were treated surgically and 20% received surgery combined with radiation. 14% received radiation alone.

METASTASIS: When bladder cancer metastasizes, the most common sites are pelvic lymph nodes, lung and bone. 10% of all St. Luke's bladder cancer patients were initially diagnosed with or later developed metastasis. About half of those patients with metastasis experienced spread of the disease to the bone.

PATIENTS INITIALLY OR LATER DIAGNOSED WITH METASTASIS (1972 - 1980)

<table>
<thead>
<tr>
<th>Metastasis Timeframe</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initially diagnosed with metastasis</td>
<td>13 patients</td>
</tr>
<tr>
<td>Developed metastasis within 6 months</td>
<td>22 patients</td>
</tr>
<tr>
<td>Developed metastasis within 7 - 12 months</td>
<td>7 patients</td>
</tr>
<tr>
<td>Developed metastasis within 13 mo. - 2 yr.</td>
<td>19 patients</td>
</tr>
<tr>
<td>Developed metastasis within 3 years</td>
<td>7 patients</td>
</tr>
<tr>
<td>Developed metastasis within 5 years</td>
<td>1 patient</td>
</tr>
<tr>
<td>Developed metastasis 5+ years after dx.</td>
<td>1 patient</td>
</tr>
</tbody>
</table>

DIAGNOSED ELSEWHERE: Only five of the 43 patients entered in 1980 were non-analytical (diagnosed elsewhere). All of these patients had surgery elsewhere before coming to St. Luke's and all but one came here for radiation treatment.

CAUSE OF DEATH:
- Dead with no evidence of disease ............... 10 patients
- Dead with bladder cancer ...................... 85 patients
- Indeterminate whether or not cancer
  was present at time of death ................... 25 patients
- Dead with evidence of residual, recurrent
  or metastatic disease but cause of
  death attributed to other reasons ............ 5 patients
- Dead with no evidence of bladder cancer
  but another primary was present ............. 4 patients

Carcinoma of the Bladder at St. Luke's Hospital

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Patients Accessioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>22</td>
</tr>
<tr>
<td>1973</td>
<td>18</td>
</tr>
<tr>
<td>1974</td>
<td>29</td>
</tr>
<tr>
<td>1975</td>
<td>28</td>
</tr>
<tr>
<td>1976</td>
<td>42</td>
</tr>
<tr>
<td>1977</td>
<td>41</td>
</tr>
<tr>
<td>1978</td>
<td>36</td>
</tr>
<tr>
<td>1979</td>
<td>47</td>
</tr>
<tr>
<td>1980</td>
<td>43</td>
</tr>
</tbody>
</table>
BLADDER CANCER THERAPY
1980

NOTE: Figures have been rounded to the nearest full percent.

CASE COMPARISON
AREA HOSPITALS
1980 Cases Including Non-Analytical Cases

FAMILY (181)
TRINITY (275)
G. SAMARITAN DEACONESS (290)
WEST ALLIS MEMORIAL (296)
ST. MARY'S (300)
COUNTY (418)
ST. JOSEPH'S (571)
ST. LUKE'S (600)

Note: Number of hospital beds indicated in parentheses.
SURVIVAL CURVE FOR PATIENTS WITH LOCALIZED BLADDER CANCER
(28 Cases Diagnosed in 1975)

The percentage of patients with other stages of disease is too small to be accurately represented here. Survival was calculated using the direct method for computing observed survival.
CANCER FACTS AND FIGURES

...at ST. LUKE'S

The following sites had the greatest variance in the number of cases in 1979 and 1980:

<table>
<thead>
<tr>
<th>SITE</th>
<th># CASES 1979</th>
<th># CASES 1980</th>
<th>% INCREASE OR DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esophagus</td>
<td>15</td>
<td>20</td>
<td>33% increase</td>
</tr>
<tr>
<td>Uterus</td>
<td>26</td>
<td>20</td>
<td>23% decrease</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>23</td>
<td>35</td>
<td>52% increase</td>
</tr>
<tr>
<td>Larynx</td>
<td>4</td>
<td>20</td>
<td>400% increase</td>
</tr>
<tr>
<td>Thyroid</td>
<td>5</td>
<td>11</td>
<td>120% increase</td>
</tr>
</tbody>
</table>

Of the 5,662 cases entered in the Registry files, 16% had reported a known family history of cancer.

There were 26 cases reported in 1980 with metastatic cancer - unknown primary site.

There were 324 patients reported since 1972 with two or more primary sites.

The average lung cancer patient at St. Luke's survives about 11 months after diagnosis. There is one patient in the Registry files, however, who survived 12 years.

No cancer was reported at St. Luke's in 1980 for the following sites: tonsil, nasal cavity, sinuses, ear (excluding skin of the ear and auditory canal), eye, lacrimal gland.

...in the UNITED STATES

In 1981 about 805,000 people will be diagnosed as having cancer. (This does not include non-melanoma skin cancers and carcinoma in-situ.) (From "Cancer Facts & Figures 1981" - American College of Surgeons)

In the early 1900's, few cancer patients had any hope of long-term survival. In the 1930's, less than one in five was alive five years after treatment. Now, the ratio is one in three. (Based upon data from the National Cancer Institute's SEER Program (1973-77)

The National Cancer Institute reports steady decreases in stomach cancer since 1952. The reasons are unknown. There has also been a steady decrease in uterine cancer.
CANCER FACTS & FIGURES

... in Milwaukee County (1978)

<table>
<thead>
<tr>
<th>SITE</th>
<th>MILWAUKEE COUNTY*</th>
<th>% OF REPORTED CASES DIAGNOSED AND/OR TREATED AT ST. LUKE'S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>425</td>
<td>23%</td>
</tr>
<tr>
<td>Bladder (urinary)</td>
<td>166</td>
<td>22%</td>
</tr>
<tr>
<td>Breast</td>
<td>508</td>
<td>21%</td>
</tr>
<tr>
<td>Colo/Rectal</td>
<td>627</td>
<td>18%</td>
</tr>
<tr>
<td>Prostate</td>
<td>277</td>
<td>16%</td>
</tr>
<tr>
<td>Corpus uterus</td>
<td>160</td>
<td>16%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>99</td>
<td>15%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>108</td>
<td>13%</td>
</tr>
</tbody>
</table>

*From "Cancer in Wisconsin" - Wisconsin Department of Health and Social Services

... in Wisconsin

The National Cancer Institute estimated that there would be 16,000 new cancer cases reported in Wisconsin in 1980 and 17,000 cases in 1981.

The number of cancer cases reported to the Wisconsin Cancer Reporting System (Bureau of Health Statistics, Madison) in 1980 was 15,893:

<table>
<thead>
<tr>
<th>SITE</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth and pharynx</td>
<td>419</td>
</tr>
<tr>
<td>Upper GI</td>
<td>618</td>
</tr>
<tr>
<td>Colo-Rectal</td>
<td>2499</td>
</tr>
<tr>
<td>Other GI</td>
<td>634</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>1981</td>
</tr>
<tr>
<td>Other Respiratory</td>
<td>289</td>
</tr>
<tr>
<td>Bone and Connective</td>
<td>98</td>
</tr>
<tr>
<td>Skin</td>
<td>420</td>
</tr>
<tr>
<td>Breast</td>
<td>2129</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SITE</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical</td>
<td>630</td>
</tr>
<tr>
<td>Other Female Genital</td>
<td>1088</td>
</tr>
<tr>
<td>Prostate</td>
<td>1527</td>
</tr>
<tr>
<td>Other Male Genital</td>
<td>120</td>
</tr>
<tr>
<td>Urinary</td>
<td>1229</td>
</tr>
<tr>
<td>Eye and Nervous System</td>
<td>281</td>
</tr>
<tr>
<td>Hematopoietic System</td>
<td>615</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>625</td>
</tr>
<tr>
<td>All Others</td>
<td>691</td>
</tr>
</tbody>
</table>

15893
GASTRIC CARCINOMA

This study was compiled using 50 analytical cases. These cases were selected sequentially beginning with 1980 and working in reverse chronological order. There were 30 males and 20 females. The mean age was 70 for males, 66 for females, with an age range of 30-89.

The predominant presenting symptoms were: weight loss, epigastric pain, vomiting and anorexia. Twenty percent of the patients studied demonstrated a history of gastric or duodenal ulcer. Only 4% presented with a palpable mass.

With the exception of one patient, all received a chemistry profile upon admission. 80% of the patients had a gastroscopy and 82% of the patients had an upper GI; some patients had both tests. Seventy percent of these gastric cancer cases were positive for anemia and 42% were positive for blood in the stool.

Histologically, adenocarcinoma (not otherwise specified) was the most common (78%). More specifically, ulcerating adenocarcinoma appeared in 6% of the cases and linitis plastica in 4% of the cases. Almost half (46%) were graded as poorly differentiated.

With regard to the location of the tumor in the stomach, 14% had involvement in both the proximal and distal portions of the stomach. Thirty percent were proximal only; 34% had distal involvement only. Twenty percent of all the patients experienced metastasis to the liver.

Treatment was administered as follows:

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery - all types</td>
<td>76%</td>
</tr>
<tr>
<td>A. Partial gastrectomy</td>
<td>28%</td>
</tr>
<tr>
<td>B. Laparotomy only</td>
<td>18%</td>
</tr>
<tr>
<td>C. Radical gastric resection</td>
<td>16%</td>
</tr>
<tr>
<td>D. Gastrojejunostomy</td>
<td>12%</td>
</tr>
<tr>
<td>E. Total gastrectomy</td>
<td>2%</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>24%</td>
</tr>
<tr>
<td>Radiation</td>
<td>16%</td>
</tr>
<tr>
<td>CEA</td>
<td>24%</td>
</tr>
<tr>
<td>None</td>
<td>24%</td>
</tr>
</tbody>
</table>
CANCER REGISTRY ACTIVITY: FOCUS ON FOLLOW-UP

With all of the technology involved in computerization, the Cancer Registry still strives to remember that, behind it all, there lies the human entity. Follow-up activities are geared toward assisting the physician and the patient in maintaining the best possible health status for the patient. This is done by keeping in contact at least once a year with the patient's physician.

Should it be determined that the patient has not seen his or her doctor in the past year, the Registry takes over. The patient or his family members are then contacted with gentle emphasis made on the importance of an annual physical examination. Sometimes, patients express to the Registrar a need or a problem they may have. The Registrar has a readily available list of various local service agencies which may be of assistance.

When no response is obtained from patients or families, the follow-up process continues. Current telephone or city directories are used to help locate patients who may have moved. Vital statistics offices or the Visiting Nurse Association may be of assistance in this respect as well.

Occasionally patients do vanish, never to be heard from again. When all efforts seem fruitless, the case is set aside and follow-up methods are tried again at a later date.

St. Luke's Hospital currently has a 96% follow-up rate—a percentage well above the 90% rate recommended by the American College of Surgeons. The Registry is a witness to the tribute grateful patients pay to the medical and nursing staff through their letters. The following is an excerpt from a letter a patient sent to the Registry. “When I first entered your establishment in 1966, I was scared to death to talk about it. But after meeting with your Dr. Woloschek, I was thoroughly at ease.” This type of letter is not uncommon to the Registry.

Here is a response to a form letter from a relative with a sense of humor:

Describe any health problems you may have been having:
Temp. --? Blood pressure --0/0 Pulse --0 Respirations --0
Name and address of present physician:
God; Heaven
New address if you have moved:
Heavenly Lane, Plot #361, Fort Atkinson Lakeview Cemetery
One lady was so amazed to think “after all these years” that the hospital was still concerned. She wrote: “I thought my records would have been thrown out and I completely forgotten.”

Also reflected in the letters is the strong positive spirit many patients have. This is an excerpt from a warm and moving letter from a cured patient. She says, “Outside of high blood pressure, a ‘not acute’ heart irregularity, some annoying arthritic pains and a constant state of being too heavy, I am really quite well.”