



**Mercy Hospital Cancer Center**  
2010 Annual Report of 2009 Data



## **Mission Statement**

Consistent with the Mission of Mercy Health Partners, the Cancer Center mission is to promote comprehensive, quality, multidisciplinary care (including research, prevention, screening, early detection, diagnosis, treatment, rehabilitation, and hospice) for patients with cancer and for the community by:

- ♥ Encouraging comprehensive multidisciplinary community cancer program development.
- ♥ Providing education about approaches for the effective management and delivery of comprehensive cancer education.
- ♥ Facilitating research opportunities for all components of cancer care.
- ♥ Facilitating access to appropriate and cost-effective new technologies.
- ♥ Defining and promoting quality and value as it pertains to cancer care.
- ♥ Supporting efforts to ensure access to quality cancer care.
- ♥ Supporting patient advocacy consistent with Mercy's quality and value goals.

## Chairman's Report

Harmar D. Brereton, M.D./Christian S. Adonizio, M.D.

On behalf of Mercy Health Partners' physicians, staff, and volunteers, we are pleased to submit our 2010 Annual Report, which focuses on our 2009 strategic initiatives of service, excellence, evidence-based care management, and patient safety.

Cancer is not one illness. It is a group of more than one hundred illnesses, each requiring knowledge and experience to manage. The Mercy Cancer Center is dedicated to provide complete care for its patients diagnosed with cancer, from state-of-the-science diagnosis and treatment to support groups and finally end-of-life care. The multidisciplinary team of physicians, nurses, social workers, nutritionists, therapists, and tumor registry staff are all highly trained and motivated individuals dedicated to the mission and values of Mercy Hospital.

Our team of cancer specialists provides personalized care for our patients and strives to maintain expert knowledge in the field of oncology by maintaining oncology certification requirements, along with participating in continuing education programs offered at the local, state and national level.

In order to promote a multidisciplinary team, one member of the cancer committee is appointed to coordinate Cancer Program Activities in one of the four major areas. The Coordinator is responsible for the development of the annual goals, monitoring activities in his/her designated area, updating Cancer Committee on activities, and recommending an action plan for activities that fall below expectations. This year the Cancer Committee appointed the following Coordinators:

Cancer Conference Coordinator  
**CHARLES BANNON, M.D.**

Quality Control Cancer Registry Data Coordinator  
**HARMAR D. BRERETON, M.D.**

Quality Improvement Coordinator  
**CHERYL BURKE, RN, CPHQ**

Community Outreach Coordinator  
**VEE PAULI, RD, LDN, CCRP**

Cancer Physician Liaison  
**JOSEPH P. BANNON, M.D.**



Our goals for 2009 consisted of:

#### **CLINICAL AREAS:**

##### **Hospital-wide prevention protocols for Foley Catheter associated hospital-acquired UTI.**

**Evaluation:** This goal was implemented in April of this year. To date, MHP has noted a 30% decrease in Foley Catheter insertions, along with a 16% to 20% decrease in hospital acquired UTIs.

##### **Monitor Anti Coagulation Protocol**

**Evaluation:** In response to Joint Commission's National Safety Goal, the Anti-Coagulation Protocol was implemented. First the Daily INR Management is still in a Pilot Phase. MHP is showing compliance with this protocol. However, the Coumadin Protocol has been approved and is currently active.

#### **OUTREACH:**

**Educational program on staging the mediastinum** as it related to Lung cancer patients. This program is recommended by the ACoS.

**Evaluation:** This program was offered by Dr. Brian Mott on April 3rd at (Grand Rounds) Friday Noon Conference.

##### **PCEN Program Ovarian, Skin, Prostate, Colon.**

**Evaluation:** PCEN offered 13 programs related to Skin cancer and 10 programs related to Colon cancer, 4 programs related to Ovarian and 2 programs related to Prostate.

**Tobacco Cessation Program:** End (Teen cessation Program will be offered in local schools), Pa. Busted (work with county youths, which will train students who will then disseminate information to their school districts.

**Evaluation:** This program was on hold until the beginning of December. This program will begin extending educational seminars to the community.

#### **QUALITY IMPROVEMENTS:**

##### **Stage 2 T3 No Colon Cancer Study looking at Genetic Testing.**

**Evaluation:** Currently, letters have been

suspended due to the clinical trial being suspended.

**Stage 3 Colon Cancer patients** to determine if they received or were evaluated for chemotherapy and compare to CP3R.

**Evaluation:** Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with stage 3 colon cancer.

**Issue:** This study is taken from the American College of Surgeons Cancer Practice Profile Reports for Colon Cancer.

**Objective:** To insure all patients with stage 3 cancer are meeting the above criteria, receive or are considered for chemotherapy.

**Process:** Perform a retrospective review of all eligible colon cancer patients treated at Mercy Hospital from January-June, 2009. Review hospital and office records for verification of Medical Oncology consults and treatment. Report findings to Cancer Committee.

**Outcome:** From January-June, 2009, there were 14 patients diagnosed with stage 3 colon cancer. 4 patients were over 80 years old. 8 patients received chemotherapy within 4 months. 1 patient refused chemotherapy. Chemotherapy was recommended for one but there is no indication that it was administered. 100% compliance.

#### **PROGRAMMATIC ENDEAVORS:**

##### **Installation of a new CT Scan machine.**

**Evaluation:** Currently, the installation of a new CT Scan is on hold.

##### **Installation of a new digital mammography unit.**

**Evaluation:** The new digital mammography was installed early has been operational and has been in operation since March.

The Cancer Committee at Mercy Health Partners is continuously striving for excellence, searching for ways to improve our cancer program and the services we provide to our community. The Cancer Committee would like to thank all staff members for their commitment to the prevention and treatment of cancer in Northeast PA.



## Oncology Services

Mercy's Outpatient and Inpatient units provide our patients with comprehensive and compassionate care. Both units offer a wide range of treatment services for a variety of inpatient ambulatory adult hematology and oncology patients. These units provide a full range of chemotherapy infusion services, blood transfusions, and IV hydration for the community. The staff members include credentialed oncology nurses, who provide specialized quality care and are an integral part of the multidisciplinary team. All of our outpatient oncology nursing staff are certified by the Oncology Nursing Society. Our staff provides both the patient and families with a centered approach to their treatment in order to meet each of their customized needs. Our staff nurtures an environment of support and high quality care

for patients and families. Our staff will work with our patients and walk them through each step of the process upon initial visit/admission. Mercy works to meet the needs of their patients and families.

## Rehabilitation Services

Mercy Health Partners Department of Rehabilitation Services offers physical, occupational, and speech therapy services to patients who are living with cancer on both an inpatient and outpatient level. The patients receive examination and testing to identify any impairment which may be contributing to functional limitations and negatively impacting their daily lives. The therapist works with the patient to develop a treatment plan which may include therapeutic exercise, therapeutic activity, or

alternative strategies for the purposes of limiting or preventing disability and alleviating or correcting any physical conditions.

The promotion and maintenance of fitness, health, and wellness is also a focus. Quarterly community health fairs held at our off-site outpatient facility, (Mercy Outpatient Center @ Keyser Avenue), provide a venue for the communication of information to our patients and to members of our surrounding community. On May 19, 2009, the Mercy Outpatient Center hosted a representative from the Northeast Cancer Institute who presented a lecture to health fair attendees on the topic of Skin Cancer Prevention.

In an effort to coordinate care to the outpatients in our community, our Speech Language Pathologist presented an educational in-service at Northeast Radiation Oncology Center to several physicians and professional staff members regarding swallowing assessment via video fluoroscopy. A referral system for patients in need of swallowing evaluations was established to facilitate timely service provision.

## Radiation Oncology (NROC)

The year began with educational programs: Dr. Chris Peters addressed the Lackawanna County Man-to-Man Prostate Cancer Support Group of the American Cancer Society, and nutritionist Mary Klem presented to NROC's Breast Cancer Forum support group.

In February, NBC aired a story on the prone breast radiation therapy technique at NYU Medical Center, featuring Dr. Giorgia Fumanti. This provided an opportunity for us to reinforce to the community the cutting-edge technology at NROC, as we were also using prone breast and enrolling patients on

a clinical trial with the treatment.

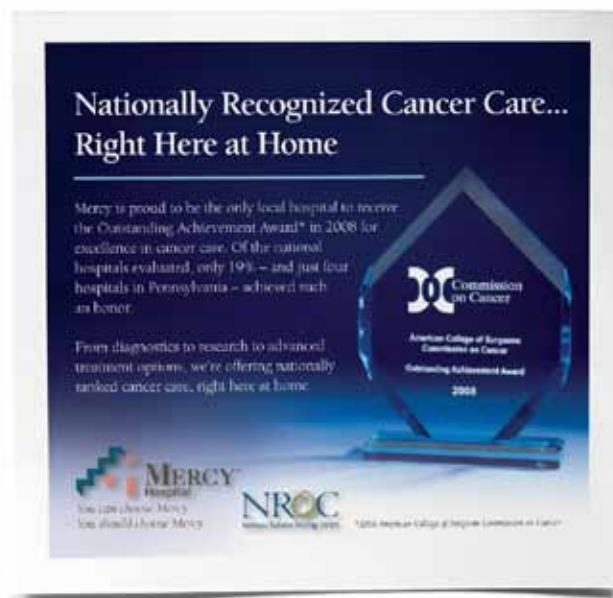
Northeast Regional Cancer Institute's (NRCI) Laura Toole spoke at NROC's March meeting of the Breast Cancer Forum, and Dr. Jose Pino-y-Torres, medical director of Upper Delaware Valley Cancer Center (UDVCC), Milford, conducted a presentation at Wayne Memorial Hospital's Lung Cancer Educational Forum. Additionally that month, we were represented at Cancer Teaching Day of Saint Francis Hospital, Poughkeepsie, NY, at Vassar College.

In April, members of the Mercy Hospital Cancer Committee were featured in the hospital's announcement and promotion of the ACOS CoC Award, commendation with three-year accreditation. We received approval in summer from TomoTherapy® headquarters at the University of Wisconsin, to video stream the Tomo treatment process animation onto the NROC and UDVCC websites, narrated by Dr. Rock Mackie. At that time, Dr. Harmar Brereton was also working with the Man-to-Man support group locally, investigating the possibility of having Aureon come to the area and address the group about its Prostate Px test.

NROC once again was a key sponsor of the NRCI Survivor Celebration in June, and a sponsor of the Komen Race for the Cure in September.

A major focus on our clinical trials started in late summer, when Dr. Peters led the effort for Radiation Medicine Associates of Scranton to evaluate and fortify research at all of the group's affiliated cancer

centers. Always seeking to improve service to patients, enhance efficiency in operations and remain poised for future competition, NROC continued to nurture communication and relations with physicians and hospitals, promote clinical trials access and pursue partnerships, ensure that all Centers feature exceptional equipment and excellent staff, and assess growing populations, payor mix, and future declining reimbursements. The physicians of NROC were in turn invigorated to see and help support The Commonwealth



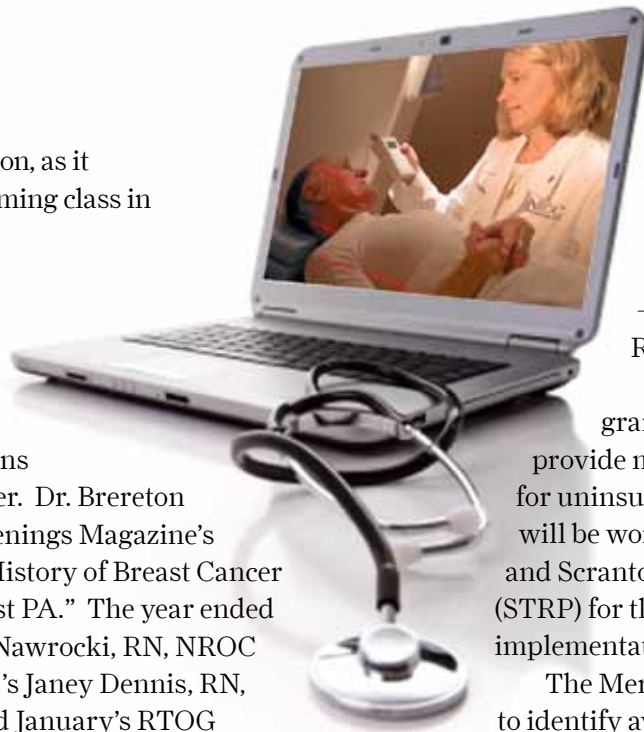
Medical College, Scranton, as it welcomed its first incoming class in the fall.

In October, Dr. Peters was a panelist on the live “Call the Doctor” show of WVIA-TV, answering questions about pancreatic cancer. Dr. Brereton was featured in Happenings Magazine’s special section, “The History of Breast Cancer Treatment in Northeast PA.” The year ended with Dr. Peters, Leah Nawrocki, RN, NROC manager; and UDVCC’s Janey Dennis, RN, making plans to attend January’s RTOG conference.

## Clinical Research

Clinical research is a vital part of the Mercy Cancer Center’s effort to provide the best care for our patients. In conjunction with Northeast Radiation Oncology Center (NROC), Hematology and Oncology Associates, Scranton Hematology-Oncology, and Mercy Health Partners, we have been able to offer our local community a large variety of Cancer Research Clinical Trials. In 2009 we accrued a total of 91 patients into our Treatment Clinical Trials which is 12% of the annual cases. This exceeds the recommended accrual of 2% for an approved Cancer Program. We accrued these patients through both pharmaceutical studies (9) and the following research bases (82) ECOG, NCCTG, NSABP, RTOG, GOG, CALGB and SWOG. It is this locally based Clinical Research that helps answer vital research questions that can lead to better screening, prevention and treatment options for our community.

Cancer prevention and control continues to remain an important part of the Mercy Cancer Center program. We routinely provide information on cancer risk factors, diet and cancer prevention and smoking cessation at employee and public health fairs. We also provided the American Lung Association’s “Freedom from Smoking” classes for employees, patients and visitors through our affiliation with Northeast Regional Cancer Institute (NRCI).



We maintain records for the long term follow-up of 52 participants in the NSABP Breast Cancer Prevention Trial – STAR (Study of Tamoxifen and Raloxifene).

This year we were awarded a grant from Komen for the Cure to provide mammograms and follow up care for uninsured or under insured women. We will be working through the Lahey Clinic and Scranton Temple Residency Program (STRP) for this program which will begin implementation next year.

The Mercy Cancer Center continues to identify available cancer prevention studies and evaluate them for feasibility for our demographic population.

## Pharmacy

Mercy Health Partners Department of Pharmacy provides pharmaceutical services for both inpatients and outpatients. Medication orders are reviewed for accuracy and drug-interactions. All intravenous medications are prepared aseptically in a vertical flow laminar air-flow hood to maximize safety and ensure a sterile product. Highly effective regimens for the prophylaxis of chemotherapy induced nausea and vomiting are applied to each patient. Measures have been implemented to ensure patient safety from look-alike sound-alike medications stored in the pharmacy and on patient care areas. Numerous investigational medications are maintained and dispensed by the pharmacy in accordance to their respected protocols. The Pharmacy staff works closely with the oncology physicians, nurses and patients to ensure the best quality of care.

## Social Services

Mercy Health Partners offers medical social work for patients and their families who are dealing with cancer. Because people with cancer encounter a variety of personal issues and problems related to their diagnosis of cancer, our social services can help them cope with the psychological, emotional, physical, and financial demands of cancer. Our

services have also created support groups like Facing Cancer Together Support Group, which provides cancer patients and their families with information from speakers about topics ranging from nutrition to angels. The Cancer Center has also continued to support the Susan G. Komen for the Cure Foundation. Annual Survivors Day held at Mohegan Sun in the summer and McDade Park in the fall are continued commitments on behalf of the center to patient/family support efforts. We continue to partner with the Northeast Regional Cancer Institute (NRCI) in patient/family and professional education efforts. Cancer screening is a fundamental aspect of our effort toward early cancer detection-again partnering with the NRCI. We continue to support our patients/families from the time of diagnosis, through treatment, recovery, and survival, and also through the circumstances surrounding end of life. Our social services team treats each patient with personalized care and support. Whether it is a get-well card or just a phone call to see how our patients are doing, we are here for them.

## Continuum of Care

Mercy's commitment to quality healthcare is embodied by our Continuum of Care approach. This means we provide a comprehensive range of healthcare services and programs designed to serve the on-going needs of our community. Through all stages of life, Mercy offers healthcare and follow-up services that help patients maintain their optimal health and quality of life. Besides nationally ranked heart care, Mercy leads the region in a number of comprehensive services, including emergency and express care, minimally invasive surgical procedures, cancer treatment, long-term acute care, skilled nursing, rehabilitation, home health and hospice care.

## A Summary of Tumor Registry Activity for 2009

The Cancer Registry functions under the supervision of the Cancer Committee and follows the mandated guidelines of the Pennsylvania Cancer Registry and the American College of Surgeons as a Community Comprehensive Cancer Program. The

computerized registry reference date is January 1, 1977.

We accessioned a total of 940 cancer cases in 2009. Of those, 732 were analytic, meaning they were diagnosed and/or received a first course of treatment of Mercy Hospital, Scranton. The registry collects demographics, cancer identification, treatment and follow-up data on each eligible cancer patient. This data contributes to treatment planning, staging and continuity of care for cancer patients. All patients who are diagnosed or treated as an inpatient or outpatient at Mercy Hospital are included in the registry.

Currently, we have a follow-up rate of 96.6 percent for all analytic patients from the cancer registry reference date and a follow-up rate of 96.9 percent for all analytic patients diagnosed within the last five years, surpassing the standards of 80 and 90 percent respectively. Accurate follow-up is essential to evaluate cancer care outcomes. The hospital compares outcome results with regional, state, and national statistics. As a Commission on Cancer Approved Program, we submit our data to the National Cancer Data Base yearly.

Quality control of cancer registry data is required on 10 percent of all analytic cases per year. The Cancer Committee performed Quality Assurance on 106 analytic cancer cases in 2009 with a 100 percent accuracy rate.

The registry is located on the third floor of the Main Building and is staffed by a Certified Tumor Registrar and a staff assistant from the Regional Cancer Registry at the Northeast Regional Cancer Institute. Office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m. Information can be obtained by calling 340-4828.

## Prostate Cancer

**Analyzed by: Christopher A. Peters, M.D.**

Prostate cancer is the most commonly diagnosed cancer among men and in 2010 accounted for twenty-eight percent of all new cancer diagnoses with approximately 217,000 cases identified. In men it is the second leading cause of cancer death accounting for 32,000 deaths per year, approximately eleven percent of cancer deaths in 2010. Somewhat unique to prostate cancer is the fact that the majority of

patients diagnosed with this disease do not die of prostate cancer as many patients have slow growing forms of cancer that may not be clinically significant in their lifetime. As the median age of diagnosis of prostate cancer is age 68, there are often competing causes of morbidity and mortality for this subset of patients. As such, although approximately one in six men in the United States will be diagnosed with prostate cancer at some point during their lifetime only approximately one in thirty six will die of disease (Jamal Ca, a journal for clinicians 2010).

## DIAGNOSIS:

### Lab Studies:

**PSA (Prostate-specific antigen):** Prostate-specific antigen (PSA) is a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in the blood. It is normal for men to have a low level of PSA in their blood; however, prostate cancer or benign conditions can increase a man's PSA level. As men age, both benign prostate conditions and prostate cancer become more common. The most frequent benign prostate conditions are prostatitis and benign prostatic hyperplasia (BPH). There is no evidence either causes cancer, but it is possible for a man to have one or both of these conditions and to develop prostate cancer as well. A PSA level alone can not diagnosis cancer, however the results will allow the physician to determine the next course of action.

### Imaging Studies:

**Transrectal Ultrasound:** Transrectal ultrasound (TRUS) uses sound waves to make a picture of the prostate on a video screen. For this test, a small probe is placed in the rectum. It gives off sound waves, which enter the prostate and create echoes that are picked up by the probe. A computer turns the pattern of echoes into a black and white picture of the prostate.

**Bone Scan:** A bone scan is done to show whether the cancer has spread from the prostate gland to bones. For this test, a radioactive material is put into the patient's vein and the dose of radiation is very low and does not cause side effects. The radioactive substance is drawn to diseased bone cells throughout the body and shows up on the bone scan as "hot spots".

**CT Scan:** Can help tell if the cancer has spread into lymph nodes in your pelvis.

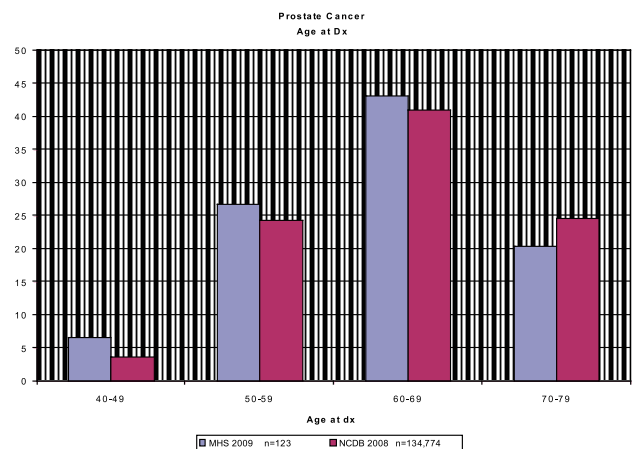
**MRI:** This gives a very clear picture to help see whether the cancer has spread to the seminal vesicles or the bladder.

**ProstaScint TM scan:** Like the bone scan, the ProstaScint scan uses low levels of a radioactive substance to find cancer that has spread beyond the prostate. The advantage of this test is that it finds the spread of prostate cancer to lymph nodes and other organs.

### Procedures:

**DRE (Digital Rectal Exam):** The prostate gland is next to the rectum, and most cancers begin in the part of the gland that can be reached by rectal exam. It is less effective than the PSA blood test in finding prostate cancer, but it can sometimes find cancers in men with normal PSA levels. Therefore, it may be done as part of the screening process. It may also be done on men who have prostate cancer. It can help tell whether the cancer has spread beyond the gland.

**Prostate Biopsy:** During the biopsy, tissue from the prostate is removed so it can be sent to the lab to see if it contains cancer cell. A core needle biopsy is the type of biopsy used most often. A small probe is placed in the rectum. The probe gives off sound waves which make a picture of the prostate on a video screen.



**Prostate cancer, age of diagnosis.** In looking upon our data compared to the NCDB it is clear that the age of diagnosis at the regional cancer center parallels that of national averages. The average age of diagnosis is in the men between the ages of 60 and 70 with approximately equal amount of men diagnosed in their seventies and in

their fifties. Prostate cancer among men less than 50 is quite rare and parallels national averages.

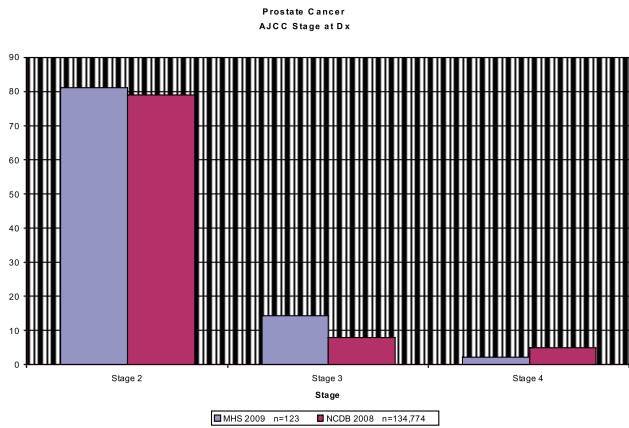


Figure 2 shows the AJCC stage at diagnosis, again paralleling national trends. The overall majority of patients are Stage II at diagnosis which is early stage. This is true as most patients are diagnosed with an elevated PSA and do not have an abnormal rectal examination at the time of diagnosis. Before the widespread use of screening PSA more patients were diagnosed at an advanced stage but with the use of PSA as a screening tool many more patients are diagnosed at an earlier stage. Of particular note the widespread use of screening PSA has come under significant scrutiny in the past several years as it has not been shown to necessarily improve survival among those diagnosed. This continues to be a question and an area of active investigation, not only locally here but among National Cancer Institute subsidiaries as well as researchers in university-type settings.

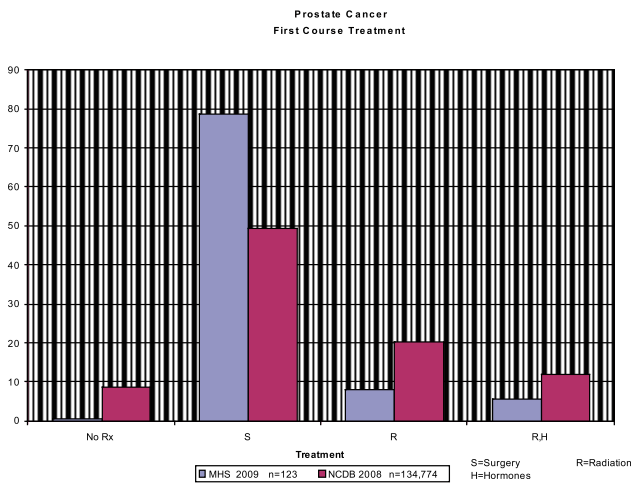
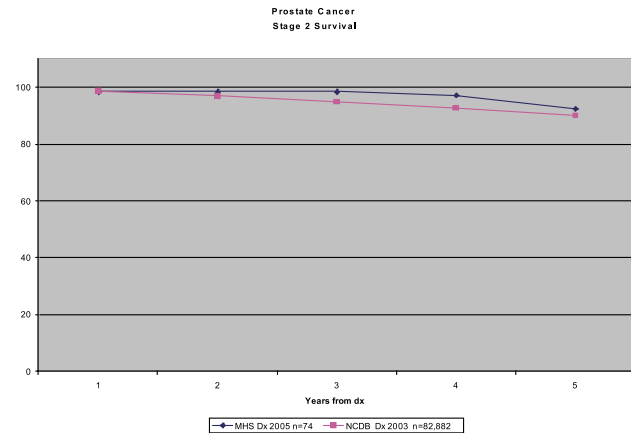


Figure 3 Prostate cancer first course treatment. In looking upon our data at the Regional Cancer Center surgery

is more commonly done in this hospital setting than in national average. There is no statistical analysis whether these differences in the trends are statistically significant. This use of radiotherapy also appears somewhat less here than on national average but again comment on whether these differences are significant are not reported upon in this data.



Upon looking at figure 4 the stage II survival here at Regional Hospital is similar to national averages, which is of no surprise. One can clearly see that the overwhelming majority of men are alive at five years and this again on parallel with national averages.

In summary it appears that our patient population is similar to national averages based upon age at diagnosis, stage at diagnosis, and survival. It is difficult to come up with a clear analysis of the treatment disparities that we see at regional versus national averages. Several factors account for potential differences including patient preference, referral patterns, urologist recommendations to patients regarding treatment options vs. active surveillance when given the news about a diagnosis, as well as whether the patient speaks to other providers of prostate cancer treatments. Because physician input is so influential and the treatment that ultimately the patient receives, it is important that the patients be seen by both urologists as well as radiation oncologists prior to the decision of which type of treatment they will undergo for the management of clinically localized prostate cancer: radiation therapy, surgery or active surveillance. (Jang et al Archives Internal Medicine 2010 Volume 170 #5, Pages 440 to 450).

	In situ	1	2	3	4	Unknown	M	F
<b>Buccal cavity and pharynx</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>11</b>	<b>8</b>	<b>17</b>	<b>11</b>
Tongue	0	0	0	3	2	2	3	4
Major salivary gland	0	1	0	0	2	0	1	2
Floor of mouth	0	1	1	0	2	0	4	0
Gum and other mouth	1	1	0	0	0	3	3	2
Nasopharynx	0	0	0	0	1	0	1	0
Tonsil	0	0	0	0	4	3	5	2
Hypopharynx	0	0	0	1	0	0	0	1
<b>Digestive system</b>	<b>8</b>	<b>18</b>	<b>41</b>	<b>41</b>	<b>30</b>	<b>25</b>	<b>82</b>	<b>81</b>
Esophagus	0	1	1	1	2	2	5	2
Stomach	0	1	0	2	4	1	5	3
Small intestine	0	0	0	0	1	2	1	2
Rectum and rectosigmoid	4	2	15	14	5	2	26	16
Anus anal canal anorec	0	3	2	1	0	1	4	3
Liver	0	1	0	1	2	5	7	2
Pancreas	0	0	1	0	1	5	2	5
Peritoneum	0	0	0	0	0	1	0	1
Other digestive organs	0	0	0	0	0	1	0	1
<b>Respiratory system</b>	<b>1</b>	<b>13</b>	<b>7</b>	<b>24</b>	<b>52</b>	<b>18</b>	<b>66</b>	<b>49</b>
Nasal cavity sinuses and	0	0	0	0	0	3	3	0
Larynx	1	0	2	3	1	5	7	5
Lung and bronchus	0	13	5	21	51	9	56	43
Trachea pleura and oth	0	0	0	0	0	1	0	1
<b>Bones and joints</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>2</b>
<b>Soft tissue (inc heart)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>1</b>
<b>Melanomas of the skin</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>5</b>	<b>12</b>	<b>4</b>
<b>Breast</b>	<b>12</b>	<b>46</b>	<b>39</b>	<b>7</b>	<b>5</b>	<b>7</b>	<b>0</b>	<b>116</b>
<b>Female genital system</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>8</b>	<b>7</b>	<b>20</b>	<b>0</b>	<b>43</b>
Cervix uteri	0	2	2	2	2	3	0	11
Corpus uteri	0	2	2	5	1	11	0	21
Ovary	0	0	0	1	4	4	0	9
Vagina	0	0	0	0	0	1	0	1
Vulva	0	0	0	0	0	1	0	1
<b>Male genital system</b>	<b>0</b>	<b>4</b>	<b>109</b>	<b>19</b>	<b>3</b>	<b>4</b>	<b>139</b>	<b>0</b>
Prostate gland	0	0	108	18	3	3	132	0
Testis	0	4	1	1	0	1	7	0
<b>Urinary system</b>	<b>43</b>	<b>29</b>	<b>11</b>	<b>11</b>	<b>14</b>	<b>10</b>	<b>88</b>	<b>30</b>
Urinary bladder	39	10	10	3	5	8	57	18
Kidney and renal pelvis	3	18	0	7	8	2	26	12
Ureter	1	1	0	1	1	0	4	0
<b>Brain</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Thyroid gland</b>	<b>0</b>	<b>35</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>19</b>	<b>45</b>
<b>Hodgkin's disease</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>2</b>
<b>Non-Hodgkin's lymphomas</b>	<b>0</b>	<b>9</b>	<b>7</b>	<b>6</b>	<b>10</b>	<b>2</b>	<b>18</b>	<b>16</b>
<b>Multiple myeloma</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>5</b>	<b>7</b>
<b>Leukemias</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>12</b>	<b>9</b>
<b>Other ill-defined &amp; unknown</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>37</b>	<b>22</b>	<b>15</b>

## Cancer Committee Mercy Hospital, Scranton

2009

Harmar D. Brereton, M.D., Co-Chairman  
Christian S. Adonizio, M.D., Co-Chairman

Charles J. Bannon, M.D.

Joseph P. Bannon, M.D.

Carl Barsigian, M.D.

Charles Deck, M.D.

Husam Hamati, M.D.

Martin Hyzinski, M.D.

Jamie Stallman, M.D.

Leah Nawrocki, RN, MSN

Regina Allen

Cherrie Bentler, CRNP

Joellen Gittens, CRNP

LeeAnn Haefele, RN

Dianne Krajewski, MS

Vee Pauli, RD

Tracy Sokolowski

Ethel Tellez

Marilyn White, CTR

Lisa Wilkins, CTR

