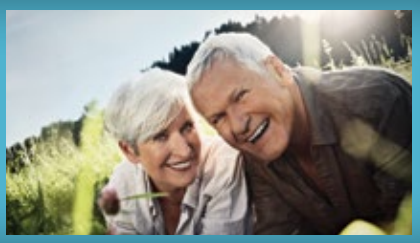


2014 Cancer Program

Annual Report on 2013 Data

Advocate
Christ Medical Center

Inspiring medicine. Changing lives.

Cancer Report 2014

A message from the Chair of the Cancer Committee, Thomas Hoeltgen, MD and the Director of the Cancer Institute, Adam I. Riker, MD, FACS

Introduction by Thomas M. Hoeltgen, MD and Adam I. Riker, MD, FACS

The last year has been one of both significant growth and also many challenges within the Cancer Institute. We saw significant growth in several of our cancer programs.

We continue to offer the highest quality, most comprehensive and compassionate cancer care for all of our patients in the region. As such, we are pleased to present our Annual Report that highlights the 2013 clinical data of our cancer patients. We will further highlight some of the accomplishments of our cancer care teams and their absolute commitment to providing the best possible care for all of our cancer patients.

Highlighted below are a few of the accomplishments of the Cancer Institute at Advocate Christ Medical Center:

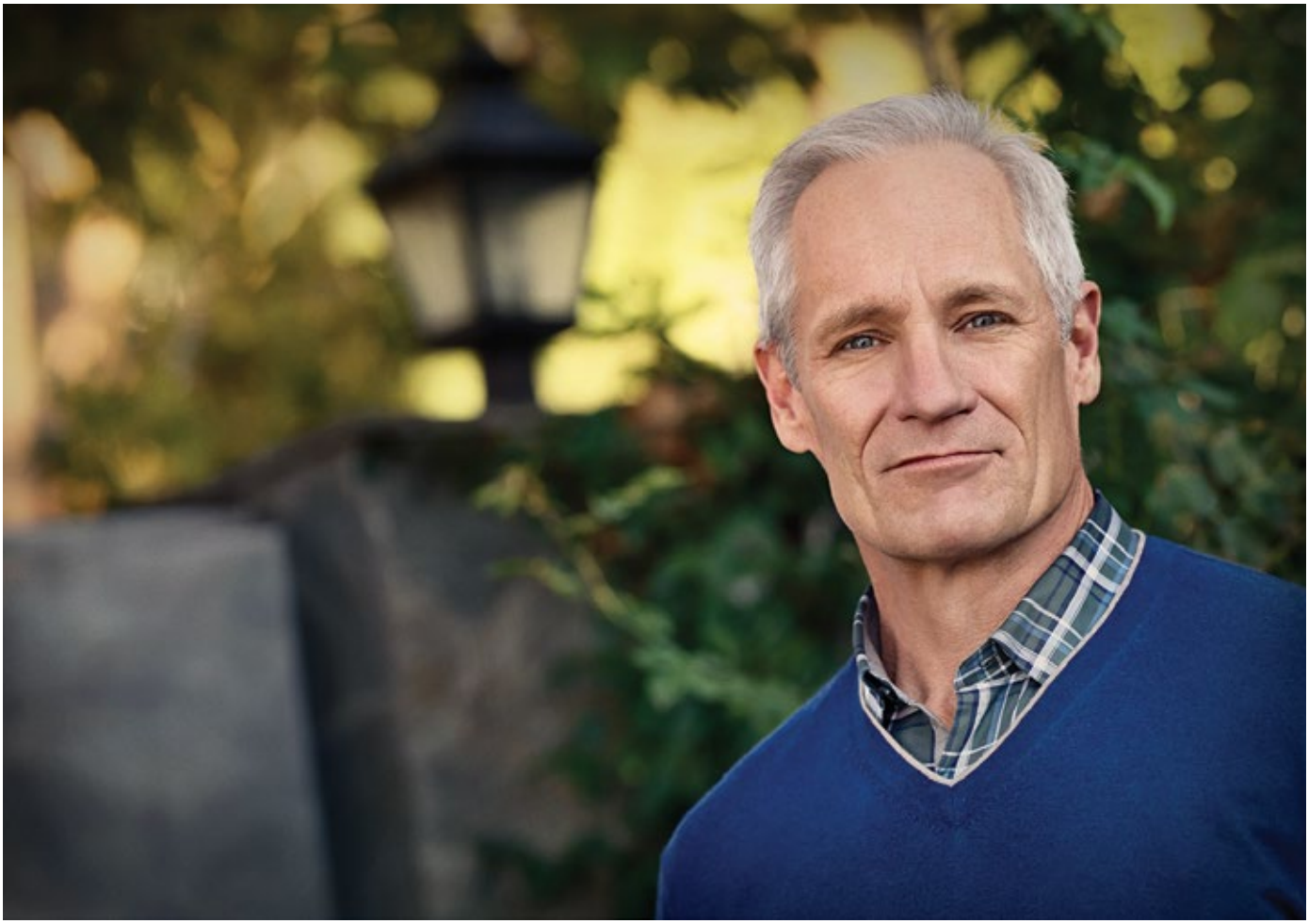
- Completion and grand opening of the Advocate Outpatient Pavilion (OPP), in March of 2014. This represents a huge step forward in a state-of-the-art facility for our cancer patients in the outpatient setting.
- The new home to the Cancer Institute at Advocate Christ Medical Center is on the top floor.
- Recruitment of executive director of Cancer Institute.
- Recruitment of Dr. Marc Mesleh, a fellowship-trained gastrointestinal/hepatobiliary surgical oncologist. He has been building up his rapidly growing practice over the last year and has become one of the busiest pancreatic cancer surgeons in the region.
- The successful opening and recruitment of our investigator-initiated clinical trial examining the use of our Intraoperative Electron Radiation Therapy (IOERT) device, called the Mobetron. We are looking at the utility of a single-dose of radiation therapy (instead of the standard six weeks of radiation therapy) to the breast at the time of the operation to remove the breast cancer with a lumpectomy for those patients undergoing breast conservation therapy.
- Establishment and further development of the three major interdisciplinary cancer programs: breast cancer, lung cancer, gastrointestinal and hepatobiliary cancer (pancreas, liver, bile ducts, esophagus, stomach, colon, rectal).
- Establishment and growth of our comprehensive melanoma/sarcoma program, with the implementation of our multidisciplinary head and neck cancer conference.
- Established nurse patient navigators for our major cancer programs, Breast, GI, and Lung.
- Hosted symposiums on gastrointestinal and hepatobiliary cancer and melanoma and non-melanoma skin cancers.
- Hosted the annual "Paint the Town Pink," a breast health community education program featuring, among others, presentations by breast program director, Dr. Barbara Krueger, and other specialists.
- Hosted the annual Cancer Survivors' Day Luncheon, with more than 300 participants and their families in celebration of the patients beating their cancer and surviving yet another year, cancer-free.

- Further growth of our clinical trials for cancer patients, with a record number of cancer patients participating in cutting-edge cancer research examining new therapies and treatment options for their cancer.
- Continued our breast oncology fellowship program, with the successful recruitment of our third fellow, scheduled for graduation in June of 2015.
- Participation in the second annual running event: March4Meg 5K Run/Walk, in honor and memory of Meg Moonan who died from metastatic melanoma in 2012.
- Proceeds from the March4Meg 5K run were generously donated to the established Meg Moonan endowment for melanoma research at the Cancer Institute.

These are a few of the highlights for 2013, and we look forward to future success of the Cancer Institute at Advocate Christ Medical Center. Lastly, we wish to acknowledge the endless hard work and commitment of our entire team of cancer providers, because without their dedication and support, none of this would be possible.

Adam I. Riker, MD, FACS
Director, Cancer Institute at
Advocate Christ Medical Center

Thomas M. Hoeltgen, MD
Chair, Cancer Committee



2014 Cancer Committee Members

Co-chairpersons

Thomas Hoeltgen, MD	Chair, Cancer Committee, Internal Medicine/Oncology
Roy L. Adair, MD	Rehab, Vice Chair, Dept Physical Med/Rehab

Elke Aippersbach, MD	Radiation Oncology
Cathy Bucci-Griffin, RN, BSN	Manager, Radiation Oncology/Cancer Registry
Nancy Jo David, RT(R)(M)(QM), CRA	Manager, Advocate Center for Breast Care
Mary D. Davis, MS, PhD(c), RN	Executive Director, Cancer Institute
Hannah Diamond, RD	Registered Dietician, Oncology
Ladawne Dow, CTR	Cancer Registrar, Cancer Registry
Kimi-Sou Dowdell, RN, BSN	Performance Improvement Coordinator, Performance Improvement
Paul Gordon, MD	Medical Director, Thoracic Oncology; Cancer Liaison, American College of Surgeons Commission on Cancer
Siohbon Hardy, MS	Clinical Navigator, American Cancer Society
Elizabeth Holland, MD	Diagnostic Radiology

Tammy Klapp	Manager Pediatric Oncology
Wendy Kupiec, RN, MS, OCN	Manager, Inpatient/Outpatient Oncology
Margaret Kupres, RN, MS	Survivorship and External Relations Coordinator, Cancer Institute
Susan Latocha, RN, MS, CCRN	Community Outreach
Edward Mahoney, PsyD	Psych Liaison, Psych
Janet Makovsky, CTR, RHIT	Cancer Registrar, Cancer Registry
Patty Mullenhoff, RN, MS, APN, ACNS-BC	APN, Lung; Lung Patient Navigator, Cancer Institute
Deborah Oleskowicz, MS, CGC	Genetics Counselor, Cancer Institute
Vanessa Prorwicz, Pharm.D	Pharmacy Coordinator, Oncology, Pharmacy
Adam I. Riker, MD, FACS	Director, Cancer Institute; Surgical Oncology, Program Director, Melanoma Program, Program Director, Breast Oncology Fellowship Program
Linda Rivard, RN, BSN, CPON	POST Clinic Coordinator, POST Clinic
Lynn Sevik, BSN	Care Manager, Palliative Care, Care Management
Gary Steinecker, MD	Internal Medicine/Oncology
Patrice Stephens, APN, AOCN	APN, Breast Nurse Navigator, Cancer Institute
Deborah Stlaske, MSN, APN, AOCNS-BC	APN, Cancer Institute, Quality Coordinator
Jami Walloch, MD	Pathology/Co-Chair, Breast Conference, Pathology
Laura Wrona, RN, BS, CCRC	Manager, Office of Clinical Research and Regulatory Affairs

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Everything I Need... *Close to Home*

Clinical Programs

Breast Cancer Program

The Breast Cancer Program is the largest and most mature program at Advocate Christ Medical Center, treating patients for the past 14 years. Much of this success is due to the tremendous leadership of the medical director for the program, Barbara Krueger, MD. Over the years, she has worked with partners in cancer care to develop a comprehensive approach to the management and treatment of the breast cancer patient, an approach often termed "multidisciplinary" or the team approach to treatment.

The team features cancer specialists across the spectrum of cancer care—from medical oncologists, radiation oncologists and plastic surgeons to breast nurse navigators, advanced practice nurses and genetic counselors. The program has become even stronger over the past two years with the expertise of Dr. Adam Riker, a surgical oncologist specializing in breast surgery, melanoma and sarcoma joining the team.

One of the centerpieces of this program is the multidisciplinary breast oncology clinic, which is held every Friday and where up to six breast cancer patients can each be seen by all of their care providers in a single day. Patients come to be seen for a variety of reasons. Some are newly diagnosed and are here to be treated, while others simply want a second opinion for their breast cancer treatment plan. Regardless of why they come, they are assured that they will leave with a comprehensive treatment plan encompassing all specialties involved. As part of the team approach, the comprehensive plan is discussed with each of the referring physicians, so that everyone involved understands the treatment plan for each patient evaluated.

An exciting clinical trial that is an option for certain breast cancer patients was recently approved. This clinical trial is available for breast cancer patients who are candidates for breast conservation therapy with lumpectomy. The trial examines the use of a single-dose of radiation therapy (instead of the standard six weeks of radiation therapy following surgery), which is delivered in the operating room at the time of removal of their breast cancer with a lumpectomy. This technology is called intra-operative electron radiation therapy (IOERT), capable of delivering a single-dose of highly concentrated beams of radiation directly to a tumor cavity, maximizing the amount of surrounding healthy breast tissue that is spared. If successful, it has the potential of drastically changing the current paradigm of treatment for patients with breast cancer who are undergoing a lumpectomy, potentially providing for surgical removal of the cancer and delivery of their radiation therapy to the breast within the operating room on the same day.

Gastrointestinal (GI) Cancer Program

Advocate Christ Medical Center's gastrointestinal cancer program provides patients with numerous options, depending upon the state of their disease and medical condition. From gastroenterologists and interventional radiologists to surgical and medical oncologists to radiation oncologists, the highly trained

physicians at Advocate Christ Medical Center work together to create for each patient a customized treatment plan using evidence-based therapy and possible participation in clinical trials.

Gastrointestinal cancer refers to malignancies of the gastrointestinal tract, including the esophagus, stomach, duodenum, pancreas, liver, gall bladder, biliary tract, small bowel, colon, rectum and anus. As is the case with colorectal cancer, the most prevalent gastrointestinal cancer and the third most commonly diagnosed cancer in the United States, early detection of gastrointestinal cancers can lead to better patient outcomes. Using cutting-edge technology, such as endoscopic ultrasound, gastroenterologists can detect and stage esophageal, pancreatic, stomach and hepatobiliary tumors that are less than a centimeter in size and that would otherwise be invisible on a Computed Tomography (CT) scan or Magnetic Resonance Imaging (MRI) image.

Thoracic Oncology Program

The thoracic oncology program at Advocate Christ Medical Center is among the largest and most comprehensive thoracic oncology program in the state of Illinois. The thoracic cancer program combines use of minimally-invasive techniques and leading-edge technology with extensive knowledge of cancer treatment options. We are a national leader in CyberKnife Radiosurgery for lung cancers and have provided a national research presentation at the Society of Thoracic Surgery.

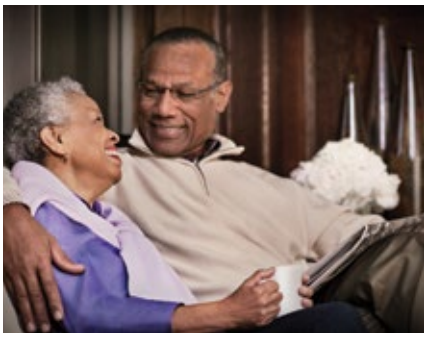
The weekly interdisciplinary lung conference enables a team of specialists, including board-certified pulmonologists, medical oncologists, radiation oncologists, thoracic surgeons, pathologist, research nurse and an advanced practice nurse, to review each case and outline a course of treatment. Using evidence-based recommendations and approved national guidelines, the team creates a customized plan for each patient. Dr. Paul Gordon, a board-certified thoracic surgeon, leads our thoracic oncology program, which includes the experienced esophageal surgery team. Utilizing minimally invasive techniques for both lung and esophageal surgery, Advocate Christ Medical Center has some of the best survival rates for esophageal surgery in the state. In addition, we are a leader in thorascopic lobectomy procedures providing less invasive surgery and quicker recovery for the patient.

In the United States, lung cancer is a leading cause of cancer-related deaths, but early diagnosis offers hope. The Cancer Institute uses an Electromagnetic Navigation Bronchoscopy (ENB) system that enables physicians to diagnose, stage and prepare to treat distal lung lesions that might not be accessible using conventional methods. This can be done in a single procedure. The technology is comparable to GPS devices found in automobiles and helps the physician navigate the patient's airways. The Christ Medical Center Cancer Institute combines Electromagnetic Navigation Bronchoscopy and CyberKnife® radiosurgery in the treatment of lung cancer patients.

Gynecologic Oncology Program

The gynecologic oncology interdisciplinary team treats cancers of the uterus (endometrium), ovary, cervix, vulva, vagina, peritoneum, and fallopian tube. The team, guided by Yvonne Collins, MD; Patrick Lowe, MD (noted robotics gynecologic-oncology surgeon); and Richard Belch, MD, provides comprehensive, multidisciplinary care for women with known or suspected gynecologic cancer. Treatment plans offer placement of brachytherapy devices and other innovative modalities, as well as surgical procedures like radical pelvic exenteration and gastrointestinal, urological, and reconstructive surgery.

The Cancer Institute participates in the Gynecologic Oncology Group (GOG), a national research organization funded by the National Institutes of Health to provide patients access to cutting-edge therapies.



Our physicians, who represent a variety of specialties—bring a team-approach philosophy to the treatment of skin cancer patients.

Genitourinary (GU) Cancer Program

At Advocate Christ Medical Center's Cancer Institute, patients have access to the full spectrum of treatment for genitourinary cancers, including prostate, kidney, testicular, penile and bladder cancers. When a patient is diagnosed with a genitourinary cancer, experience matters. Fellowship-trained urologists at the Cancer Institute see more newly diagnosed cases and perform more procedures than most medical centers in this area—more daVinci robotic prostatectomies, more laparoscopic nephrectomies and more cystectomies. High volumes translate into better patient outcomes. Among a wide range of minimally invasive procedures performed in the genitourinary cancer program are da Vinci robotic prostatectomy, robotic partial nephrectomy using Firefly™ technology to precisely define the margin of the tumor, and robotic cystectomy to treat urologic cancers with minimal incisions and faster recovery. We also offer incisionless advanced technologies, such as Image Guided Radiation Therapy and cryoablation for prostate and kidney tumors to provide treatment options without major surgery.

Neurologic Oncology Program

In collaboration with Advocate Christ Medical Center's highly advanced Neurosciences Institute, the Cancer Institute's neurologic oncology program offers a unique combination of advanced diagnostics, evidence-based care, clinical trials and cutting-edge treatment technology. The program's exceptional interdisciplinary team of neurologists, neurosurgeons, medical oncologists, radiation oncologists, advanced practice nurses in oncology, and a neuropathologist treat a wide range of neurologic cancers in both adult and pediatric patients—from primary and metastatic brain tumors to spinal cord and nervous system cancers, as well as the neurologic complications of cancer. Neurologic-oncology case conferences are held regularly in order for the clinical caregivers to share findings, discuss collectively different approaches to care and coordinate a plan for the best treatment options for patients. In 2012, a system-wide group was formed to plan for additional highly specialized services and to assess the possibility of recruiting a neuro-oncologist.

Melanoma Program

The melanoma program specializes in the comprehensive management of patients with cancers of the skin, including melanoma, basal and squamous cell carcinomas and rarer types, such as Merkel cell carcinoma and dermatofibrosarcoma protuberans of the skin. Our physicians, who represent a variety of specialties— surgical oncology, medical oncology, radiation oncology, interventional radiology, dermatology, dematopathology and plastic surgery, bring a team-approach philosophy to the treatment of skin cancer patients.

Under the leadership of Adam I. Riker, MD, FACS, a Fellow of the American College of Surgeons and founding member of the Society for Melanoma Research, the melanoma program combines its extensive team experience in skin cancer treatment, including sentinel lymph-node mapping procedures, complex surgical approaches and plastic surgical reconstruction, with early diagnosis and prevention of melanoma and other skin cancers. The program also offers a growing portfolio of melanoma-specific clinical trials for patients in stages III and IV of disease.

Cutting-Edge Technology

Technology

As part of its comprehensive care programs for cancer patients, the Cancer Institute uses the latest technologies designed to enhance diagnosis, make treatments more effective, reduce pain and speed recovery.

IOERT

IOERT is an advanced system for delivering radiation therapy in the operating room. Called intra-operative electron radiation therapy (IOERT), the technology is one of only a few like it in the country.

It is capable of delivering a concentrated beam of radiation directly to a tumor site during cancer surgery, while sparing healthy tissue. Until now, patients needing radiation therapy would first undergo surgery then come back once healed to start a course of radiation treatment. This technology will allow a surgeon and a radiation oncologist to deliver a full dose of radiation into the tumor bed in the operating room immediately after the tumor has been removed.

Use of IOERT not only is timesaving, but lifesaving in its effectiveness in treating cancer patients. Physicians can move normal tissue out of the field during surgery, allowing the radiation oncology team to give intense radiation to the tumor bed without damaging the surrounding normal tissue. In selected cases, neither radiation nor chemotherapy would be required following the surgery.

Initially, IOERT technology is being used to treat early breast cancer; eventually it will be used for other cancers, including cancers of the stomach and pancreas.

CyberKnife®

Like IOERT, CyberKnife® is capable of delivering highly precise doses of radiation. However, the technology is utilized by physicians on an outpatient basis to treat patients who have hard-to-reach tumors, complex vascular malformations and other disorders that are difficult to treat using more standard therapies. The technology consists of a lightweight linear accelerator and image-guided system that delivers multiple, high-energy beams from various points outside the body. These beams become powerfully effective when they converge with pinpoint accuracy at the site of the tumor. Because of the technology's effectiveness, the number of required radiation treatments often can be dramatically reduced. Patients undergoing CyberKnife® therapy normally do not require anesthesia and can return to work or other everyday activities almost immediately.

The technology is proving particularly invaluable for elderly patients who, because of age or other medical conditions, will not tolerate standard surgery. It also is giving options—and hope—to patients whose conditions have been untreatable in the past.

Although the technology may eventually prove effective in delivering radiation to abnormalities found almost anywhere in the body, including the stomach, pancreas, head and neck, physicians at the Cancer Institute currently are using the system primarily to treat lung cancers. In fact, results of the Institute's work indicate that CyberKnife® is 85 percent to 90 percent effective in controlling local lung tumors.

Interventional Radiology (IR)

Interventional radiology is a medical specialty that integrates clinical and imaging-based diagnosis with minimally invasive therapy. The specially trained teams of board-certified physician subspecialists, nurses and technologists in interventional radiology perform minimally invasive diagnostic tests and targeted therapies, using X-ray, computed tomography (CT), ultrasound, and magnetic resonance imaging (MRI). Many of the procedures done in IR today required traditional surgeries only a few years ago.

Applying state-of-the-art techniques, interventional radiologists guide needles, small tubes (catheters), laser devices or other tiny instruments to deliver treatments to specific areas throughout the body. These treatments are generally easier for patients to tolerate because the procedures require no large incisions, pose reduced risk, cause less pain and generally result in reduced recovery time. Many of these treatments can be done on an outpatient basis.

In cancer treatment, interventional radiology is proving useful in cryoablation therapy (freezing tumor cells) in kidney and lung cancers; radiofrequency ablation (delivering cell-killing heat) in treatment of lung, liver and kidney cancers; chemo-embolization (delivering high-intensity chemotherapy treatment to a tumor); yttrium transarterial radiation therapy (using minimally invasive techniques to deliver radioactive microspheres to liver tumors); and port placement. Most IR therapies are performed either for patients who are not good candidates for surgery or in conjunction with operative procedures.

Robotic Surgery

Robotic-assisted surgery has had a significant impact on the minimally invasive surgical approach to patients with gynecologic malignancies in the United States. The ***da Vinci Si® Surgical System*** was cleared for use by the U.S. Food and Drug Administration in 2005 for gynecologic surgery. Robotic technology incorporates three-dimensional stereoscopic vision and wristed instrumentation that allows for better dexterity and precision than can be achieved with traditional laparoscopy. Robotic surgery has applications in the treatment and management of uterine, cervical, and some ovarian cancers. Peer-reviewed medical journals have reported improved surgical outcomes when a robotic surgical approach is used to treat uterine, cervical and some ovarian cancers as compared to the traditional open surgical approach. A robotic surgical approach is associated with a shorter hospital stay, less blood loss, fewer surgical complications and a quicker recovery.

The Cancer Institute at Advocate Christ Medical Center has two state-of-the-art ***da Vinci Si® Surgical systems*** with a dual console system. The hospital is one of only a few across the country to have a ***da Vinci® Surgical Simulator***. This system allows surgeons to incorporate advanced surgical simulation training to enhance patient safety and outcomes. More than 520 robotic surgical procedures have been performed using this technology in the specialties of gynecology, urology and thoracic surgery.

Genetics Cancer High Risk Assessment Program

Genetics has a powerful role to play in the prevention and treatment of cancer. The causes and origins of cancer are multifactorial, involving the interaction of lifestyle, medical, environmental and genetic factors. The base of knowledge being gained in cancer genetics helps improve our understanding of cancer biology, assists us in identifying individuals at risk for cancer, and aids in increasing our ability to characterize different cancers and establish treatment tailored to those findings. In summary, cancer genetics has an impact on all aspects of managing cancer—prevention, detection and treatment.

With this in mind, the Cancer Institute established a genetics division and a Genetics High Risk Assessment Program to support our cancer patients and their family members. For people who have a personal or family history of cancer, understanding and managing their risk for cancer are extremely important. Our program offers hereditary cancer risk assessments, genetic counseling and genetic testing, performed by our board-certified and licensed genetic counselors. We provide information needed to make medical decisions about how to manage the risk for cancer.

In 2012, the genetic counselors saw more than 300 new patients and provided consultation to

The Cancer Institute has four patient navigators, who act as liaisons between patients and the patient care team in order to help coordinate care and ensure all health care needs are met.

those patients and their physicians. They attended the breast, gynecologic oncology and gastrointestinal case conferences and offered expert opinions during case reviews. In addition, they provide numerous educational offerings throughout the year to a variety of audiences, including medical students, residents, physicians, support groups, nurses and the community at large.

The genetic counselors have expanded their services to include seeing patients from Advocate South Suburban Hospital and Advocate Trinity Hospital. They attend case conferences and are part of these hospitals' cancer committees.

Oncology Nurse Navigation

A diagnosis of cancer brings many challenges for patients and their loved ones. It is common to feel overwhelmed by the amount of new information and decisions to be made. Understanding of the "What comes next?" is where the disease-specific patient navigators at Advocate Christ Medical Center come into play. These highly qualified, knowledgeable patient navigators and oncology certified nurses provide disease-specific focus to their patients, and are available to assist and navigate the patient with one-on-one support through the cancer experience.

Some of their clinical responsibilities to patients include, but are not limited to:

- Streamlining the patient's care
- Assessing clinical, emotional, spiritual, psychosocial, and financial needs
- Guiding through the complex treatment "maze" and lessening any confusion about the processes involved
- Eliminating barriers to care
- Ensuring patients receive a treatment plan that is understandable, feasible and within national guidelines
- Providing patient education and directing patients and families to available and reliable resources
- Facilitating access to clinical trials and second opinions upon request
- Providing information, history, screening and diagnostic testing, films/discs, and pertinent reports for multidisciplinary conferences
- Helping to provide hands-on care and referrals for support services

The Cancer Institute has four patient navigators, who act as liaisons between patients and the patient care team in order to help coordinate care and ensure all health care needs are met. These nurses include a breast health specialist, gastrointestinal health specialist, and a lung health specialist.

Tracy McCarthy, RN, BSN, OCN
Breast Cancer

Patrice Stephens, APN
Breast Cancer

Patricia Mullenhoff, APN
Lung Cancer

Kelly Post, RN, MSN, OCN
Gastrointestinal Cancer

ACS Patient Navigator

Since positioning a patient navigator in an office on Advocate Christ Medical Center's Oak Lawn campus in October of 2011, the American Cancer Society (ACS) has added a personal touch to the services that it provides patients through its partnership with the Cancer Institute.

The ACS navigator, who is available full time Monday through Friday and has a background in social work, meets personally with cancer patients and their families, including all of the chemotherapy and radiation patients receiving treatment on an outpatient basis, as well as many of the patients who are hospitalized in the medical center's cancer unit. As the liaison between the ACS and the patient, the navigator provides patients with educational and resource materials about available ACS services, and, upon request, a list of Christ Medical Center cancer support groups.

The ACS' creation of an on-campus navigator position has strengthened its partnership with the Cancer Institute. In the past, patients interested in ACS services would complete a registration form and then mail it to the ACS Illinois Patient Service Center. Center staff would then follow up with the patient by phone. Now, the ACS navigator staffs a desk in the medical center's Cancer Registry Office, which is onsite and able to meet face-to-face with patients and families.

Clinical Research/Trials

The Cancer Institute at Advocate Christ Medical Center's involvement in clinical trials provides access to a wide range of new, experimental drugs or treatments without having to leave the community for cancer care. Christ Medical Center manages a robust portfolio of clinical trials covering a vast number of disease sites and cancers. Most patients are referred to these clinical trials through their physician or disease-specific conferences, which are held on a regular basis. These meetings provide a forum where cancer care team members discuss patients and identify those who might potentially benefit from a clinical trial. Once the potential clinical trial is discussed with the patient, the patient makes the final decision about whether or not to participate.

The Cancer Institute at Advocate Christ Medical Center participates in studies sponsored by the National Cancer Institute through groups such as the Eastern Cooperative Oncology Group, the Radiation Therapy Oncology Group, the Gynecological Oncology Group, the National Surgical Adjuvant Breast and Bowel Project, and the American College of Surgeons Oncology Group.

The Cancer Institute strives to use research as a tool to increase its patients' options through clinical trials and increase the level of care through process improvement studies and evidence-based practice. By participating intensively in clinical trials, the Cancer Institute is advancing the body of knowledge in cancer medicine and making a difference in the lives of cancer patients.

Colon Cancer Study

A National Cancer Institute (NCI)-sponsored study that evaluates the cholesterol drug, Rosuvastatin (Crestor), as a treatment to reduce the risk of colon cancer, is being conducted by a network of cancer research professionals, the National Surgical Adjuvant Breast and Bowel Project (NSABP), at 200 medical centers throughout North America, including the Cancer Institute at Advocate Christ Medical Center.

Rosuvastatin is a statin, a class of drugs that lower cholesterol.

The study is entitled "P-5: Statin Polyp Prevention Trial in Patients with Resected Colon Cancer."

The study was developed because laboratory research and studies conducted in large populations of patients taking a statin to reduce cholesterol suggest that taking the drug also may decrease the number of colon polyps. Colon polyps can lead to colon cancer if left untreated.

The study involves 1,740 patients who have recently been diagnosed with early stage colon cancer and who were not already taking statins for high cholesterol. Patients are being randomly assigned to one of two groups. Each group takes one pill a day for five years. One group receives Rosuvastatin, while the other group receives a placebo.

"There will be an estimated 102,900 new cases of colon cancer in the United States in 2012. In fact, colorectal cancer is the third most common cancer found in men and women in this country. We hope this trial will be an important step in reducing these numbers," said Norman Wolmark MD, NSABP's chairman.

"This is a very important study for patients who have had a relatively early colon or rectal cancer. Since they are at risk to develop a second colorectal cancer, it would benefit them greatly if this medication could help lower that risk," said Adam Riker, MD, FACS, director of the Cancer Institute at Advocate Christ Medical Center.

Since its beginning more than 50 years ago, the NSABP has enrolled more than 140,000 women and men in clinical trials in breast and colorectal cancer. The NSABP has research sites at major medical centers, university hospitals, large oncology practice groups, and health maintenance organizations in the U.S., Canada, Puerto Rico, Australia and Ireland. At those sites and their satellites, more than 5,000 physicians, nurses and other medical professionals conduct NSABP treatment and prevention studies

Gilda's Club – Chicago Partnership

During their first year of operation in Oak Lawn, Gilda's Club Chicago at Advocate Christ Medical Center has become an integral part of the cancer center by serving over 500 patient and family member visits. GCC at ACMC provides "free support for the whole family, the whole time" throughout their cancer experience. Located on the ground floor of the new Outpatient Pavilion, GCC's signature Red Door gives easy access to those receiving care at ACMC, as well as resources to the entire Southland community. Ninety percent of people with cancer experience some distress. GCC addresses this right on campus by offering patients a community of support. From networking groups to mind-body activities and family movie nights, the Clubhouse staff and volunteers are dedicated to providing a warm and welcoming place for all participants. GCC at ACMC is a special place that includes a demonstration kitchen, group rooms, conference room and a unique space for kids called "Noogieland".

Advocate Christ Medical Center generously provided the Clubhouse space as part of an overall commitment to quality cancer care, including holistic treatment for patients and their families. As part of the partnership, educational lectures led by doctors and other clinical staff have been hosted at the Clubhouse. Staff also routinely refer patients and families to the program.

GCC hosted over 2800 visits to activities at the Clubhouse in 2014, and they will continue to expand their program in 2015. Plans include the addition of more activities focused on families and children including "Kid Support", a support group for any child who has been touched by cancer, including siblings, kids, and grandkids. All programs are funded through donations from individuals, sponsorships and corporate gifts.

Outpatient Pavilion

Work continued in 2013 on construction of an ultra-modern Outpatient Pavilion with high-tech treatment and imaging areas and soothing, patient- and family-friendly open spaces. Patient-centered care will be at the core of the new, nine-story facility, which will be connected to Advocate Christ Medical Center's main hospital and is expected to open during the first quarter of 2014. In addition to multidisciplinary outpatient clinics and programs, the building will contain 12 operating rooms for outpatient procedures, imaging suites that focus on patient comfort, endoscopy laboratories and administrative office space.

The Outpatient Pavilion will provide important treatment and support areas for the Cancer Institute, which will be based on the eighth floor of the new building. Specifically, outpatient Cancer Institute services will include:

- Multidisciplinary programs for breast, thoracic, GI and gynecologic cancers
- Genetic counseling
- Survivorship program
- Hematology laboratory
- Infusion Center
- Satellite pharmacy
- Office space for physician assistants and for registered nurses who serve as navigators for patients with cancer
- Gilda's Club Chicago (to be located on the ground floor)

Advocate Christ Medical Center-employed physicians and staff, Advocate Medical Group (AMG) physicians and private-practice physicians will see and treat patients in the new facility's cancer clinics.

As part of the project, a 640-space parking structure was completed and opened in 2012 immediately across the street from the Outpatient Pavilion to help make outpatient visits and parking more convenient for patients and their families. The new pavilion will help the medical center meet the community's growing needs for outpatient care, including the treatment of cancer.

The new pavilion will help the medical center meet the community's growing needs for outpatient care, including the treatment of cancer.

Imaging

When it opens in 2014, the new Advocate Christ Medical Center Outpatient Pavilion will provide advanced, world-class imaging services for cancer patients, including:

- State-of-the-art MRI systems designed with large bore openings and ultra-short gantries to minimize patient claustrophobia. All of the systems use the Caring Suite room concept, which offers pleasing aesthetics (such as lighting, visual art, movies and music) to reduce anxiety for patients undergoing MRI diagnostic procedures. Christ Medical Center is expected to be one of the first institutions in the country to bring the Caring Suite experience to the outpatient setting.
- CT (computed tomography) systems that deliver 30 percent to 40 percent less radiation than conventional CT imaging systems.
- A PET/CT system that will be combined with advanced tumor-tracking software to assist physicians in gauging the effectiveness of cancer therapy by automatically measuring and assessing the size of the tumor during treatment.

Accepting the Challenge

The Cancer Institute at Advocate Christ Medical Center accepted the challenge and, as a result, earned national recognition and second place in the 2012 Prevent Cancer Foundation's ***Colorectal Cancer Screening Saves Lives National Challenge***.

The Christ Medical Center cancer team's proposed distribution of 200 free colorectal cancer screening kits to area residents; its proposed Grandparents Day card program, in which schoolchildren take home cards that remind their grandparents to get screened for colorectal cancer; and promotion of the Colon Cancer Alliance™ Dress in Blue Day to raise awareness during National Colon Cancer Awareness Month in March all received consumers' and judges' plaudits in the competition.

Winners were selected by a combination of votes from visitors who picked their favorite projects among 19 competition applicants on the Prevent Cancer Foundation web site and the decisions of an external Foundation review committee, which only considered the top third of the entrants following public voting. Projects ranged from public awareness and educational initiatives to screening and patient navigation programs, with a focus on families.

As a result of its second-place finish, the Christ Medical Center Cancer Institute was expected to receive one-on-one technical assistance for social media outreach and media relations in support of its community projects, as well as recognition in the Prevent Cancer blog, the ***Screening Saves*** web site and the Prevent Cancer Foundation's online and print newsletters.

More than 143,000 individuals in the United States were expected to be diagnosed with colorectal cancer in 2012. But, colon cancer can be prevented. By following the American Cancer Society recommendations, cancer rates in our society can be reduced," said Charles Berkelhammer, MD, section chief of gastroenterology. Those recommendations call for screening of average-risk individuals, beginning at 50 years of age. Screening is done by colonoscopy, a procedure in which a physician uses a long, flexible, lighted tube to examine the inside of a patient's colon.

Symptoms of colon cancer include a change in bowel patterns, rectal bleeding, anemia and abdominal pain, Dr. Berkelhammer said.

In its 25-plus years of existence, the Prevent Cancer Foundation has provided more than $125 million in support of cancer research, education and community outreach nationwide.

Program Statistics

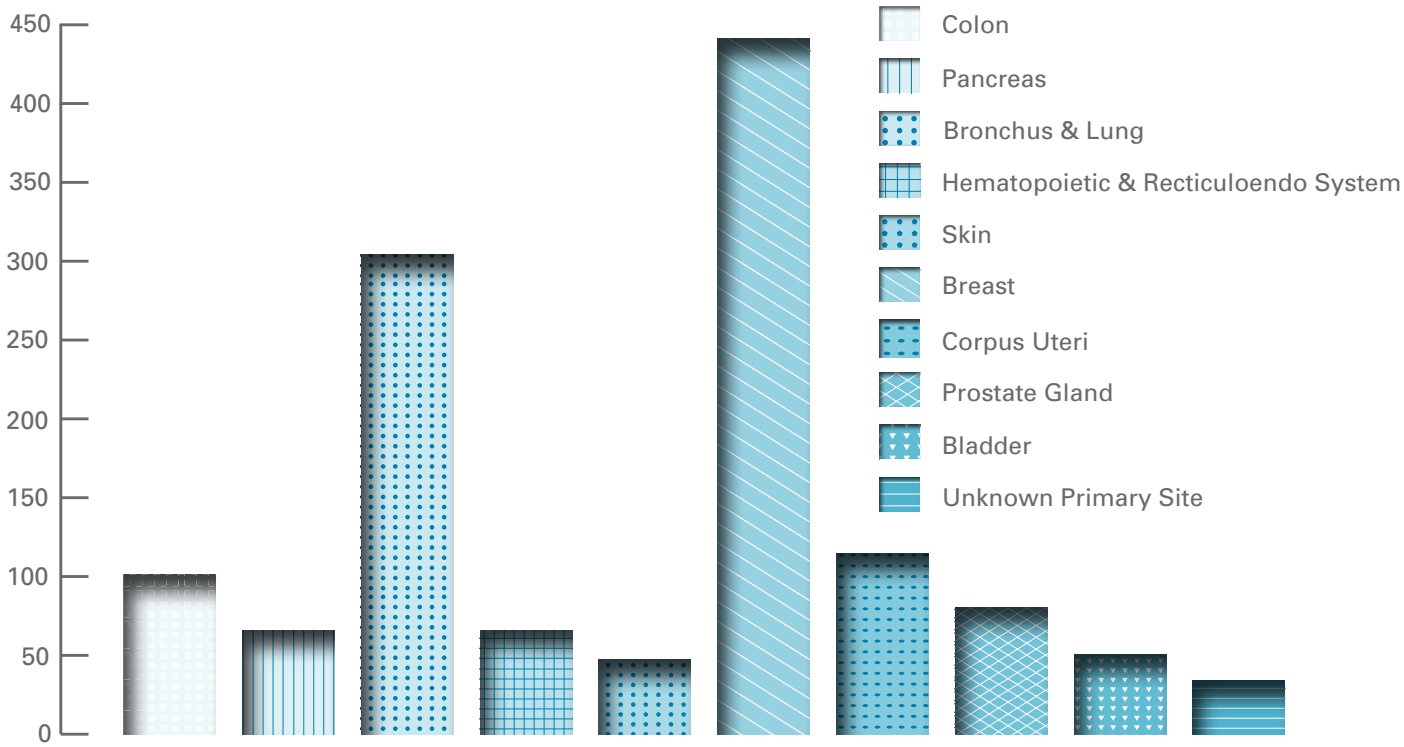
Cancer Registry Data 2010 – 2013

Primary Site	2010	2011	2012	2013
Breast	377	398	441	473
Lung	356	344	365	339
Colorectal	169	171	167	164
Prostate	80	100	99	101
Brain	78	85	95	61
Hematopoietic	83	45	99	48
Other	713	770	735	700
Total	**1,856**	**1,913**	**2,001**	**1,984**

Cancer Incidence by Site: Comparison 2013

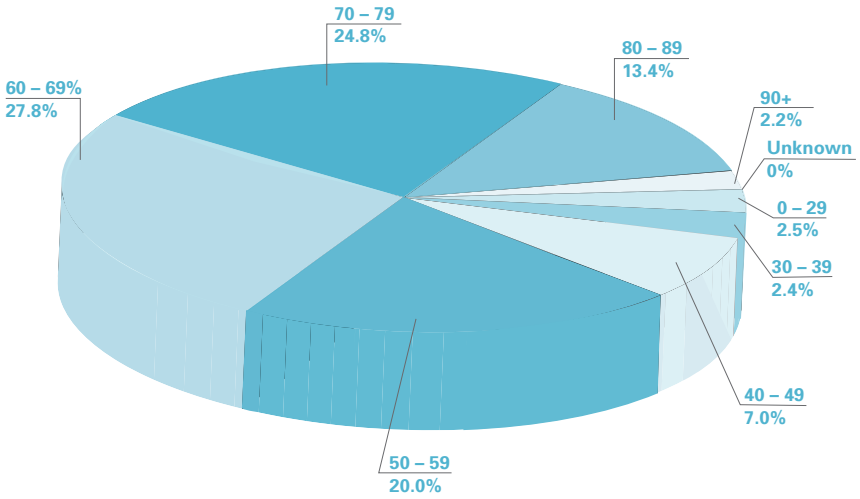
Female	Advocate Christ Medical Center	National
Breast	36%	29%
Lung/Bronchus	14%	14%
Colon/Rectum	7%	9%
Uterine Corpus	10%	6%
Non-Hodgkin's Lymphoma	2%	4%
Melanoma Skin	1%	4%
Thyroid	2%	6%
Ovary	3%	3%
Kidney/Renal Pelvis	2%	3%
Leukemia	2%	3%
All Other Sites	20%	19%
Male	**Advocate Christ Medical Center**	**National**
Prostate	14%	28%
Lung/Bronchus	23%	14%
Colon/Rectum	10%	9%
Urinary Bladder	6%	6%
Non-Hodgkin's Lymphoma	4%	4%
Melanoma Skin	5%	5%
Kidney/Renal Pelvis	4%	5%
Leukemia	4%	3%
Oral Cavity	3%	3%
Pancreas	4%	3%
All Other Sites	23%	20%

Top 10 Primary Sites – 2013



Age at Diagnosis (in years)

Age at Diagnosis (in years)	Count (N)	Percent (%)
0 – 29	50	2.52%
30 – 39	47	2.37%
40 – 49	139	7.01%
50 – 59	397	20.01%
60 – 69	551	27.77%
70 – 79	492	24.80%
80 – 89	265	13.36%
90+	43	2.17%
Unknown	0	0.00%
Total	**1,984**	**100.00%**
Range: 0 to 106	0	100



Summary by Body System and Sex Report

Males	Females
Oral Cavity & Pharynx – 19 (3%)	Thyroid – 23 (2%)
Lung & Bronchus – 164 (23%)	Lung & Bronchus – 175 (14%)
	Breast – 466 (36%)
Pancreas 31 – (4%)	Kidney & Renal Pelvis – 27 (2%)
Kidney & Renal Pelvis – 25 (4%)	Ovary – 44 (3%)
Urinary Bladder – 44 (6%)	Uterine Corpus – 134 (10%)
Colon & Rectum – 69 (10%)	Colon & Rectum – 92 (7%)
Prostate – 101 (14%)	Non-Hodgkin Lymphoma – 29 (2%)
Non-Hodgkin Lymphoma – 26 (4%)	Melanoma of the Skin – 14 (1%)
Melanoma of the Skin – 34 (5%)	Leukemia – 22 (2%)
Leukemia – 26 (4%)	
All Other Sites – 164 (23%)	All Other Sites – 255 (20%)

Cancer Center Report for Esophageal Surgery Outcome

In 2012, the strategy to achieve world-class outcomes for esophageal surgery was implemented at Advocate Christ Medical Center. This design involved highly trained nursing staff in our Surgical Vascular and Thoracic Unit, as well as our newly formed 5 West Surgical Stepdown Unit. State-of-the-art technology such as the da Vinci robot system and other minimally invasive techniques were utilized to achieve better outcomes and quicker recovery from esophagectomy. A plan of aggressive physical therapy with progressive ambulation was implemented. Specialized nursing care with specific training in the care of the post esophageal surgical patient was initiated. All patients were evaluated preoperatively by a multispecialty cancer service. This included Oncology, Radiation Oncology, Gastroenterology, and Thoracic Surgery. Patients underwent endoscopic ultrasound for accurate staging. Endoscopic ultrasound was performed by fellowship-trained gastroenterologists using state-of-the-art endoscopic ultrasound equipment. Routine endoscopic ultrasound led to an increased utilization of neoadjuvant chemotherapy and radiation.

This current report documents the outcomes of patients undergoing esophagectomy at Advocate Christ Medical Center during the period of 2012 to 2014. During this period, a total of 91 patients were diagnosed with esophageal or gastroesophageal junction carcinoma. A total of 33 patients underwent esophagectomy at Advocate Christ Medical Center from 2012 to 2014. Of these 33 patients, 28 of the patients undergoing esophagectomy were for esophageal or gastroesophageal junction malignancy. The 30-day operative mortality for these patients was 0%. All patients were discharged alive from Advocate Christ Medical Center. Preoperative induction chemotherapy and radiation therapy were performed in 13 of 28 patients (46%). An additional patient underwent induction chemotherapy alone.

The short-term survival results were excellent. The 6-month survival of this group was 89% (24 of 27 patients). The 1-year survival was 83% (15 of 18 patients). The operative mortality of 0% compares favorably with national database benchmarks of 3% to 12%[1-3] 30-day mortality.

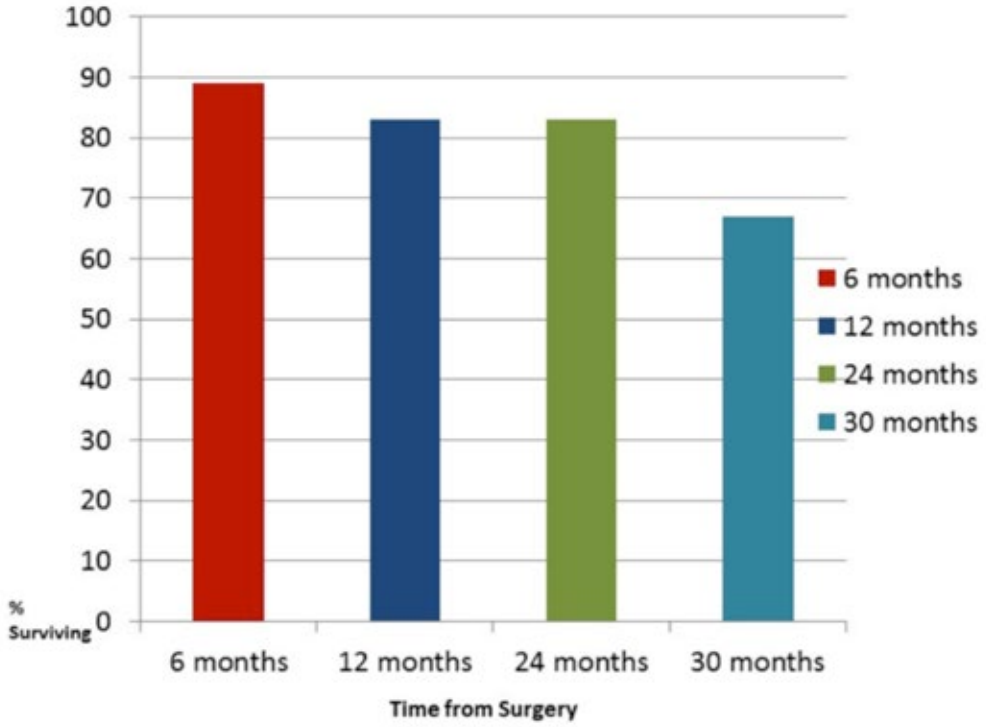
Advocate Christ Medical Center is a high volume center for esophageal surgery and performing more than 10 esophagectomies per year on average. The excellent outcomes and survival start with a multidisciplinary approach to esophageal cancer. This strategy enables us to provide our patients with the optimal treatment plan for their malignancy. With 100% of the patients surviving to discharge, the low operative mortality translates to better long-term survival as seen in our patient cohort. The progressive multifaceted approach employed at Advocate Christ Medical Center for resulted in a high-volume center with world-class outcomes.

Paul J. Gordon, MD

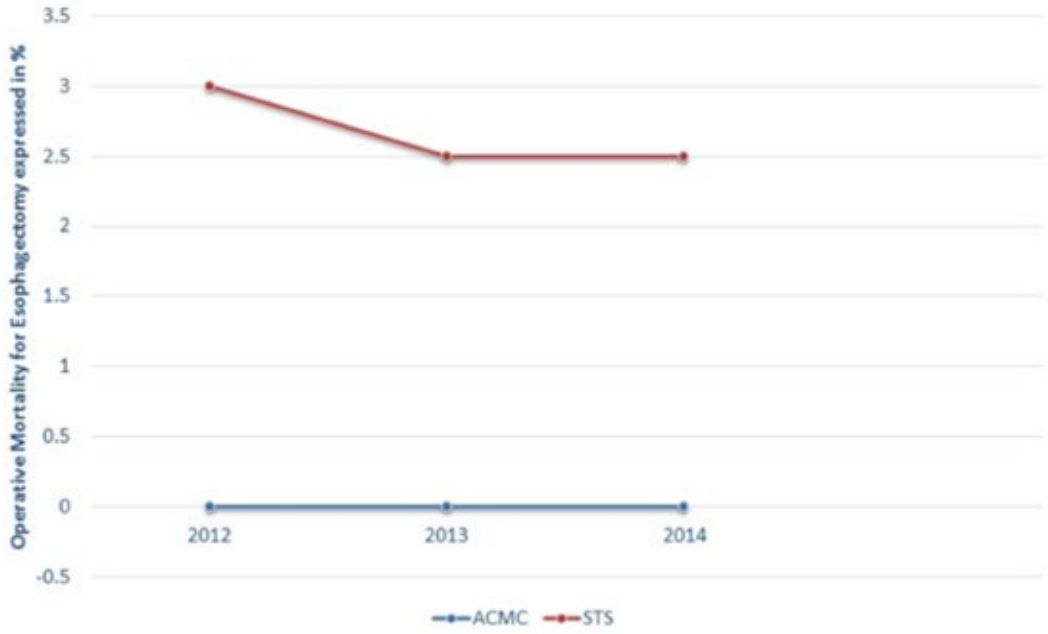
1. Marker SR, Karthikesalingham A, Thrumurthy S, Low DE. Volume-outcome relationship in surgery for esophageal malignancy: systematic review and meta-analysis 2000-2011. *J Gastrointest Surg* 2012; 16:1055.

2. Orringer MB, Marshall B, Chang AC, et al. Two thousand transhiatal esophagectomies: changing trends, lessons learned. *Ann Surg*, Sept 2007; 246:363.

3. Rodgers M, Jobe BA, O'Rourke RW, et al. Case volume as a predictor of inpatient mortality after esophagectomy. *Arch Surg*, 2007; 142:829.



Esophageal cancer survivor results for patients undergoing esophagectomy at ACMC from years 2012-2014



Operative mortality of esophagectomy surgical patients at Advocate Christ Medical Center(ACMC) from years 2012 to 2014 remains at 0% as compared to National Surgical Database from The Society of Thoracic Surgeons (STS)

Advocate Christ Medical Center

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