2009 Annual Report Alvin & Lois Lapidus Cancer Institute LifeBridge Health

Dear Collegues,

The Alvin and Lois Lapidus Cancer Center is proud of its reputation as a Cancer Center that has gained community, national and international recognition. During the past year, the Alvin and Lois Lapidus Cancer Center continued to provide expert care for the treatment of more common cancers, as well as serve as a tertiary referral center for uncommon and difficult to treat cancers. The unique qualities of the Alvin and Lois Lapidus Cancer Center allow us to combine the most sophisticated and advanced treatments, that are typically offered only at major academic university teaching centers, with the advantages of a community based hospital setting. By being a community based hospital patients are able to easily navigate thru the complex web of health care and receive individual attention. At the same time, academic and scholarly activities thrive with many physicians being recognized as regional, national and international leaders in their field.

Under the direction of Dr. Mukund Didolkar, the section of Surgical Oncology has brought the most sophisticated and cutting edge treatments to patients with a variety of cancers. A recognized leader in the treatment of GI cancers and melanoma, Dr. Didolkar has been at the forefront in treating patients with locally advanced and unresectable pancreatic cancers. Drawing from a referral base across the entire United States an ongoing institutional review board approved (IRB) study is underway to assess patients' response to treatment with sterotactic radiosurgery. The Alvin and Lois Lapidus Cancer center is the most experienced center in The United States in this patient population.

Under the direction of Dr. Alan Levine the Orthopaedic Oncology section continues to enjoy regional, national and international recognition for its academic and scholarly contributions in the field of limb sparing surgery for sarcomas, treatment of primary and metastatic disease to the skeleton, treatment of spine tumors and the evaluation and treatment of bone and soft tissue tumors in adults and children. The Division of Orthopedic Oncology at LifeBridge Health has special expertise in providing evaluation and treatment for all types of tumors affecting bones and soft tissues in children and adults. Although the majority of tumors and growths in children--such as bone cysts--are benign, we are the only community-based hospital in Maryland with an interdisciplinary team composed of an orthopedic oncologist, pediatric oncologist, pediatric surgeon and radiation oncologist supported by pediatric ICU to deal with malignant tumors in children. The multidisciplinary team for adults includes two fellowship trained orthopaedic

oncologist, a medical oncologist and a radiation oncologist. Each patient in the multidisciplinary clinic is seen by each of these doctors at the same time. This ensures timely, appropriate and complete evaluation and treatment for each patient. This approach, of seeing the entire team of physicians at the same time is not only convenient for the patient but optimizes outcomes. This approach reflects the sensitivity of the team to patients' needs as well as a commitment to optimizing patient outcomes. Additionally, educational conferences are held weekly with a team of radiologists and pathologists to review each case where a biopsy has been performed.

The Alvin and Lois Lapidus Cancer Center remains an academic leader. Drs. Levine and Aboulafia have published over 200 peer reviewed articles, numerous chapters in textbooks, have given several hundred lectures on the topic of orthopaedic tumors throughout the world, served as instructors at various courses, and serve in leadership roles in The Musculoskeltal Tumor Society and The American Academy of Orthopaedic Surgeons. Eligible patients are enrolled in clinical trials many of which are ongoing at Sinai Hospital.

Mukund S. Didolkar, M.D. Director, Surgical Oncology Sinai Hospital Associate Professor of Surgery Johns Hopkins School of Medicine

LifeBridgeHealth Pancreatic Cancer Report 2009

Pancreatic cancer is the fourth leading cause of cancer deaths and in 2009 it is estimated by the American Cancer Society Surveillance and Research data that 35,240 deaths will be recorded from pancreatic cancer. However, the total number of cases diagnosed is estimated to be 42,470 forming only 3% of the total new cases of cancers diagnosed in 2009.

Male to female ratio is equal. The incidence rates of pancreatic cancer have remained stable over the last five years. A very slight increase in incidence is noted in females.

Unfortunately, 93% of the pancreatic cancers are detected in advanced stage of disease. Risk factors for pancreatic cancer are tobacco smoking, obesity, chronic pancreatitis, diabetes, cirrhosis and family history of pancreatic cancer.

Overall, the five year survival rates are 5% and for localized pancreatic caner they are only 20%. The analysis of LifeBridge Health Oncology Registry data of the last sever years for a total of 369 cases of pancreatic cancer reveals the age, gender and race distribution to be similar to the national data.

The stage of the disease at the diagnosis is similar to that reported in the national data. Each year for the last eight years we have seen approximately 50 new cases of pancreatic cancer. Most of the cancers were diagnosed at the regional and distant disease stage rather than at the localized stage of disease. As compared to national (SEER) data, more cases were noted in local and in situ disease category at LifeBridge Health than the national data records.

Treatment categories included surgery, chemotherapy, radiation therapy or a combination of all modalities. Our five year survival data in the local disease category was lower (8% vs. 17%) as compared to the national data but it was much higher in the regional disease category (23% vs. 7%). We think the relatively small number of cases analyzed as opposed to the large number of cases in national data make this difference not significant.

We have new technology called Cyberknife for treatment of locally advanced pancreatic cancer. This technology involves "submilimeter" accuracy of delivering stereotactic radiation therapy to the tumor without damaging surrounding vital

organs. We have treated a total of 85 patients with pancreatic cancer. This is the highest number of patients treated than any center in the United States.

Our initial analysis showed almost 90% control of the local tumor and trend in improved survival. The pain control was noted in almost 80% of the patients.

The grade III and IV toxicity rates to gastrointestinal tract were 10 - 15%. Since the treatment is local stereotactic radiosurgery it has no control over distant metastases and almost 67% of the patients developed distant spread of tumor despite chemotherapy.

We are seeing a trend towards improved survival after CyberKnife Treatment and chemotherapy for locally unresectable pancreatic cancer as compared to the survival rates reported by other reported data bases.

The final statistical analysis for publication is due in the next 4 weeks.

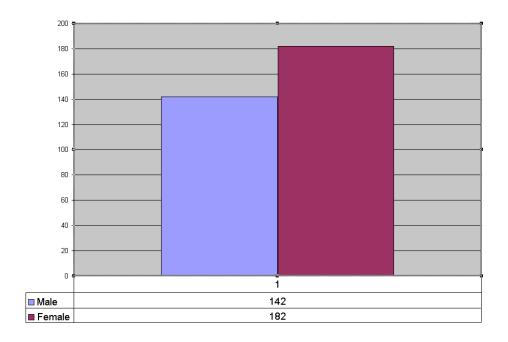
Lifebridge Health Pancreatic Ca 2002-2008

324 analytic cases (diagnosed and / or first courts treatment at LBH) 369 total cases

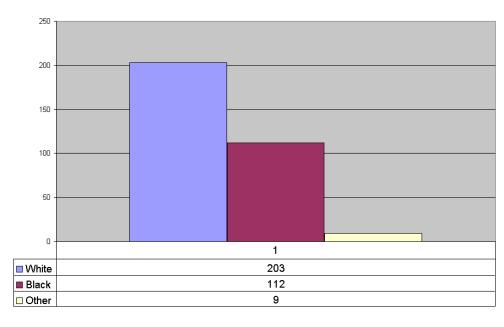
Table 1 Age Distribution:

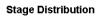
		%
30 - 39	1	0.3
40 - 49	19	5.9
50 - 59	53	16.4
60 - 69	84	25.9
70 - 79	90	27.8
80 - 89	71	21.9
90+	6	1.9
		324

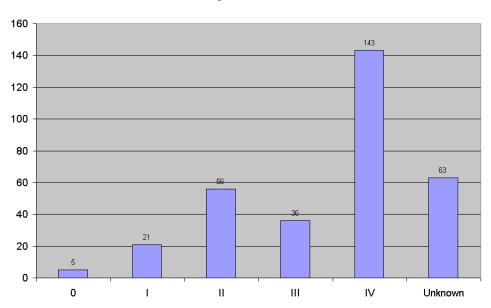
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Ethnic Distribution





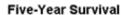


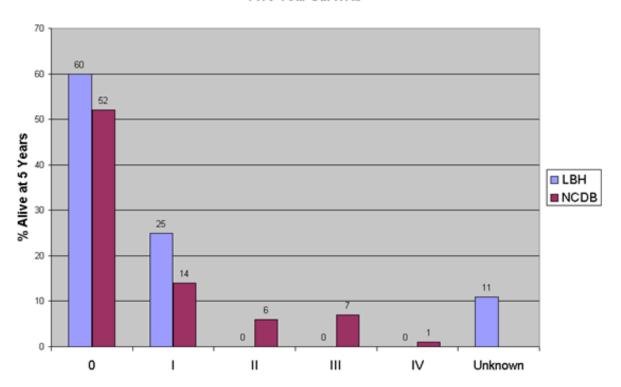
Summary Stage at Diagnosis

		LBH	SEER
Insitu	5	1.5	
Local	74	22.8	8.0
Regional	79	24.4	27.0
Distant	148	45.7	53.0
Unk	18	5.6	13.0

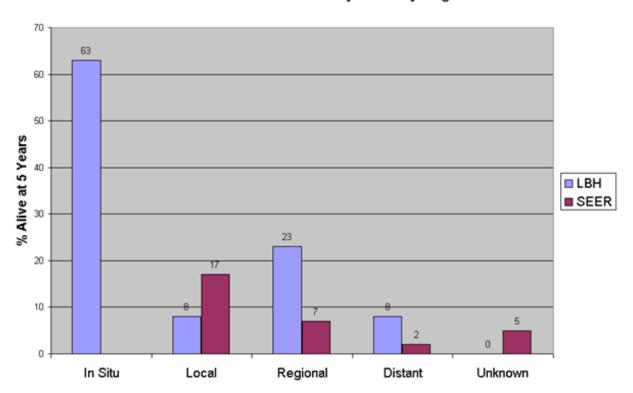
Treatment

		%
No Tx	87	26.9
Surgery	54	16.7
Chemo	51	15.7
S/C	24	7.4
R/C	22	6.8
S/C/R	17	5.2
Radiation	16	4.9



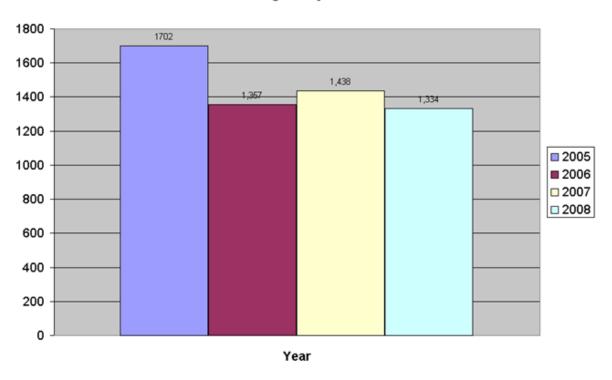


Five-Year Relative Survival by Summary Stage

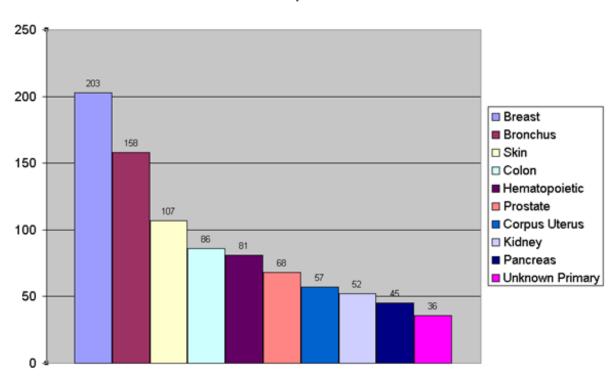


Oncology Registry Activities 2009 Annual Report

LifeBridge Analytic Cases



2009 Top Ten Sites



Annual lifetime follow-up of patients with cancer is an important part of the Oncology Registry. Lifetime follow-up directly benefits patients by reminding them, through letter or phone call, that routine medical examinations are encouraged. This process potentially brings lost patients back under medical supervision, providing continued surveillance to ensure early detection of a possible recurrence or a new primary malignancy. Every patient with a diagnosis of cancer is followed on an annual basis. The Oncology Registry at LifeBridge Health consistently maintains contact with over 90 percent of all eligible patients in the database and over 94 percent of patients diagnosed within the last five years.