Cancer Program Annual Report
2016 Data
McGlinn Cancer Institute remains on the forefront of cancer care as it continues to address the needs of patients through prevention, diagnosis and treatment. The year 2016 was an exciting one with expansion of our team approach to cancer treatment, an increase in our navigation services and the addition of several survivorship programs.

Cancer is a group of over 100 diseases affecting our community. Patients are surviving cancer more than ever. However, much work needs to be done to claim victory over cancer. Our first goal is to prevent cancer. Our program this year focused on prevention strategies for liver cancer including raising awareness and vaccinations for hepatitis-B. We also endeavored to promote safe health practices, including sunscreen use and smoking cessation, to reduce the incidence of cancer within our community.

Next to cancer prevention, early detection provides the best opportunity to beat cancer. Cancer screening, leading to early diagnosis, correlates with a much higher success rate in treatment and benefits the health status of our entire community. In 2016, McGlinn Cancer Institute provided screenings for skin cancer, breast cancer, cervical cancer, oral cancer, colon cancer and lung cancer. Free screening was offered to the uninsured and underinsured in multiple clinic settings throughout the year.

Individuals at higher than average risk to develop cancer need personalized screening recommendations. For this reason, our family cancer risk assessment program has grown along with the advancement in the knowledge of cancer genetics. Certain cancers can run in families. Our genetic counselor assists patients with a family history of cancer and recommends genetic testing to determine if someone is at increased risk. In addition, our family risk assessment program participates in national research to discover new genes which may be associated with cancer.

The treatment of cancers has become increasingly complex. The modern approach to any cancer treatment begins by identifying where the cancer originated. The next step entails more in-depth analysis to reveal specific genetic abnormalities that constitute unique characteristics of the tumor. Based on this information, certain medications that target these characteristics can be used to destroy the cancer cells directly. McGlinn Cancer Institute now uses many immunologically targeted drugs to block the growth of cancer and to assist the immune system in resisting tumor progression.

This level of complexity is best handled by a team of multiple experts in different fields. Traditionally, cancer treatment combines the talents of surgical, medical and radiation oncologists. Today, the contribution of experts in pathology, imaging and genetics has become a cornerstone in the treatment planning of cancer patients. Bringing all these specialists together has increased the cure rate for many cancers. McGlinn Cancer Institute provides multi-modality conferences or clinics for patients with lung, thoracic, gynecological, gastrointestinal, breast, urological, skin, blood and brain cancers. This multidisciplinary team approach provides comprehensive treatment recommendations for the patient in a timely manner.

Other team members provide a variety of services towards a holistic approach to a patient’s well-being. Our Therapy Department can assess the patient prior to surgery to help with optimal conditioning. They also provide physical therapy, occupational therapy, lymphedema therapy, wellness programs and long-term support to restore the patient to health, once treatment is complete. Additionally there are nutritionists to counsel the patient regarding the best nutrition before, during and after treatment.

As more team members become involved in patient care throughout the course of treatment, a patient’s path can become confusing. To minimize this confusion, a nurse navigator is available to each patient to assist in the coordination of care through the journey. Other issues can arise along the way regarding finances, transportation, nutrition or psychological health. The nurse navigators and social workers are trained to assist the patient in locating the resources that are needed to alleviate anxiety and move forward.

Recovering from a diagnosis of cancer can be overwhelming. McGlinn Cancer Institute provides educational opportunities and interactive programs like art therapy and yoga to restore a sense of well-being and health to our survivors. Our survivorship offerings continue to grow to assist the increasing number of patients facing the challenges of survivorship.

Lastly, the future of cancer care depends on research. Cancer Research improves all aspects of patient care from prevention through survivorship. McGlinn Cancer Institute partners with many national research groups and surrounding institutions such as Thomas Jefferson University, Johns Hopkins University and City of Hope to bring the latest clinical trials to our patients.

McGlinn Cancer Institute is dedicated to offering the best cancer care close to home. Together we will continue to fight cancer on a daily basis to decrease the burden of cancer for our community.

Respectfully,
Michael T. Brown, MD, MBA, FACS
Medical Director
McGlinn Cancer Institute
Outreach and Community Education 2016

Ongoing Programs

- **General Cancer Support Group**: Held on the second Tuesday of every month in Reading Hospital Conference Rooms and facilitated by Elizabeth Hertzog, LSW.

- **Young Survivors Breast Cancer Support Group**: Offered by Breast Cancer Support Services of Berks County, this group specifically for breast cancer survivors in their 40s or younger, is held on the last Tuesday of every other month and is co-facilitated by Elizabeth Hertzog, LSW, one of our oncology social workers at McGlinn Cancer Institute.

January

- **January 19, 2016**: Healthbreak video on the Breast Health Center featuring Rebecca Sivarajah, MD, aired on local and cable television channels.

February

- **February 25, 2016**: Look Good Feel Better Program held at Reading Hospital in partnership with the American Cancer Society; eight people attended.

March

- **March 1, 2016**: Healthbreak video on Colon Cancer Screening featuring Kurt Bamberger, MD, aired on local and cable television channels.

- **March 7, 2016**: Healthbreak video on the STAR Oncology Rehabilitation Program featuring Paul Brockman, MD, aired on local and cable television channels.

- **March 10, 2016**: McGlinn Cancer Institute presented skin cancer screening and prevention education and information at the UGI Employee Health Fair.

- **March 15, 2016**: Healthbreak video on Minimally Invasive Colon Cancer Surgery featuring Kurt Bamberger, MD, aired on local and cable television channels.

- **March 22, 2016**: Reading Hospital and the McGlinn Cancer Institute sponsored a Digestive Health Seminar for the community at the Crowne Plaza. Event topics included Common Gastrointestinal Conditions, Steps You Can Take to Maintain Good Digestive Health and the Importance of Colon Cancer Screenings. 100 people attended.

- **March 28, 2016**: McGlinn Cancer Institute sponsored a talk by Dot Hartman, VP of Community Based Aging Services at Berks Encore, on Learning Medicare Basics. 50 people attended.

April

- **April 4, 2016**: Nick Leasure, MD, and Alicin Roop, PA-C, presented a talk on Survivorship and “Life After Cancer” at the Breast Cancer Support Services of Berks County Office.

- **April 12, 2016**: Healthbreak video on Advanced Care Planning featuring Vinti Shah, DO, aired on local and cable television channels.

- **April 21, 2016**: Look Good Feel Better Program held at Reading Hospital in partnership with the American Cancer Society; seven people attended.

- **April 25, 2016**: Staff from McGlinn Cancer Institute’s Image Recovery Center presented information on their services at the Breast Cancer Support Services office.

May

- **May 20, 2016**: McGlinn Cancer Institute hosted a Community Breast and Cervical Screening for uninsured patients. 23 women attend this event.

- **May 26, 2015**: Director of McGlinn Cancer Institute Michael Brown, MD, and Breast Nurse Navigator Lisa Delpizzo, RN, gave live radio interviews on WEEU Cares about breast screening and breast health.

July

- **July 11, 2016**: Healthbreak on Pap Smear Screenings featuring John Villeneuve, MD, aired on local and cable television channels.

- **July 14, 2016**: Oral Cancer Screening was performed by Dr. Mark Dougherty, DMD, four patients were screened. Smoking Cessation information was provided.

- **July 21, 2016**: Look Good Feel Better Program held at the Reading Hospital in partnership with the American Cancer Society; six people attended.

The hospital’s magazine **Words of Wellness** featured an article entitled “Guiding STAR” in the July/August issue. The article highlighted one patient’s positive experience in the STAR Oncology Rehabilitation Program.
August

- **August 1, 2016**: McGlinn Cancer Institute sponsored a talk by Dot Hartman, VP of Community Based Aging Services at Berks Encore, on Learning Medicare Basics. 33 people attended.
- **August 30, 2016**: Healthbreak video on Cancer Care Navigation featuring Kim Meglathery, BSN, RN, CRRN, aired on local and cable television channels.

September

- **Words of Wellness** featured a cover story entitled “A Lifesaving Screening-Advanced in Early Detection” in the September/October issue. The article talked about Reading Hospital’s current methods of breast imaging and highlighted one patient’s experience with Automated Breast Ultrasound System.
- **September 27, 2016**: Healthbreak video on the benefits of the Multidisciplinary GI Clinic featuring Simi Rai, MD, aired on local and cable television channels.

October

- **October 2, 2016**: Reading Health System partnered with Breast Cancer Support Services to host Pink Power Brunch for over 500 community members. Featured topics were Genetics, Cancer: Facts vs. Myths, and Breast Imaging.
- **October 4, 2016**: Healthbreak video on 3D Mammography featuring Michael Feightner, MD, aired on local and cable television channels.
- **October 10, 2016**: Erik Rupard, MD, gave a lecture on “How to Survive Your Cancer” as part of the Active Aging series presented at the Highlands at Wyomissing.
- **October 11, 2016**: Healthbreak video on Advances in Radiation Treatment featuring Michael Haas, MD, aired on local and cable television channels.
- **October 13, 2016**: McGlinn Cancer Institute presented information and education on Skin Cancer and Cancer Screenings at the Employee Health Fair at Caron Treatment Centers.
- **October 25, 2016**: Healthbreak video on Deep Inspiration Breath Hold featuring Michael Haas, MD, aired on local and cable television channels.
- **October 25, 2016**: McGlinn Cancer Institute staff participated in the Senior Expo to discuss colon cancer awareness and screenings. Staff offered FIT test kits to community members who were not able to get a colonoscopy. Image Recovery Staff also presented information on their services and products.

November

- **November 10, 2016**: A Skin Screening was offered to 65 participants along with a one-on-one physician educational session and literature on prevention.
- **November 10, 2016**: The Image Recovery Center held a Special Fit Event.
- **November 11, 2016**: A Breast and Cervical Screening was held for the uninsured. 13 patients were screened.

December

- **December 2, 2015**: Look Good Feel Better Program at the Reading Hospital in partnership with the American Cancer Society, eight people attended.
2016 Incidence of Cancer at Reading Hospital

Breast (18%)
Colorectal (8%)
Lung (12%)
Prostate (9%)
Melanoma (3%)
Bladder (4%)
Kidney/Renal Pelvis (4%)
Corpus Uteri (4%)
Lymphoma (5%)
Pancreas (2%)
Leukemia (3%)
All Others (28%)

2016 Data Comparison: Reading Hospital, State and National

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Reading Hospital</th>
<th>PA</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>18.00%</td>
<td>12.00%</td>
<td>15.00%</td>
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<tr>
<td>Lung</td>
<td>12.00%</td>
<td>14.00%</td>
<td>13.00%</td>
</tr>
<tr>
<td>Prostate</td>
<td>9.00%</td>
<td>10.00%</td>
<td>11.00%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>8.00%</td>
<td>8.00%</td>
<td>8.00%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>5.00%</td>
<td>5.00%</td>
<td>5.00%</td>
</tr>
</tbody>
</table>

2016 Data Percentages
The McGlinn Cancer Institute values quality treatment for all our patients. One of the ways we assess the quality of our care is to compare our performance rates to other hospitals in PA and ALL CoC approved programs in the nation. The American College of Surgeons provides ACoS accredited hospitals the availability of this data. The graphs below show our 2014 quality performance rates as compared to Pennsylvania and the National Cancer Data Base.

**BCSRT**
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

![COC benchmark = 90%](chart1)

**MASRT**
Radiation therapy is considered or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women ≥ 4 positive regional lymph nodes.

![COC benchmark = 90%](chart2)

**HT**
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer.

![COC benchmark = 90%](chart3)

**nBx**
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer.

![COC benchmark = 80%](chart4)
12RLN
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

G15RLN
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement).

LCT
Systemic chemotherapy is administered within four months to day preoperatively or day of surgery to six months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement).

LNoSurg
Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement).

RECRTCT
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement).
The Cancer Registry is staffed by three certified cancer registrars and a follow-up clerk. The registry collects and abstracts pertinent data regarding patient history, diagnosis and treatment diagnosed and/or treated in Reading Health System. This data is vital in evaluating compliance with diagnostic evaluations and treatment guidelines, patient outcomes, incidence and survival statistics. Statistics are reported bimonthly and yearly to the Pennsylvania Cancer Registry and the National Cancer Database, respectively. We also collect lifetime follow-up on our analytic cases which is currently 12,349 cases.

2016 CANCER CONFERENCE SUMMARY
As part of our multidisciplinary approach to quality patient care, we offer nine site specific multidisciplinary cancer conferences and one general tumor board. Radiology, Pathology, Surgery, Medical Oncology, Radiation Oncology, Clinical Trials, Genetics, Nurse Navigation and Support Services collaborate to provide the best individual treatment plan for each patient. Number of analytical cases presented at each conference:

**General Tumor Board:** 49 cases

**Thoracic:** 159 cases

**Multidisciplinary Breast Clinic:** 284 cases

**Central Nervous System:** 36 cases

**Head and Neck:** 21 cases

**Hematopathology:** 78 cases

**Gastrointestinal:** 106 cases

**Gynecologic:** 139 cases

**Cutaneous Malignancy:** 28 cases

**Genitourinary:** 34 cases
### 2016 Site Distribution—Analytic Cases

<table>
<thead>
<tr>
<th>Anatomic Site</th>
<th>Reading Hospital # CASES</th>
<th>Reading Hospital %</th>
<th>National %</th>
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<tbody>
<tr>
<td><strong>ORAL CAVITY</strong></td>
<td></td>
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<tr>
<td>Tongue</td>
<td>11</td>
<td>0.6</td>
<td>1.0</td>
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<tr>
<td>Mouth</td>
<td>4</td>
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<td>0.8</td>
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<tr>
<td>Pharynx</td>
<td>7</td>
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<tr>
<td>Other Oral Cavity</td>
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<td>0.2</td>
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<tr>
<td><strong>DIGESTIVE SYSTEM</strong></td>
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<td></td>
</tr>
<tr>
<td>Esophagus</td>
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<td>1.0</td>
<td>1.0</td>
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<tr>
<td>Stomach</td>
<td>25</td>
<td>1.5</td>
<td>1.6</td>
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<tr>
<td>Small Intestine</td>
<td>18</td>
<td>1.1</td>
<td>0.6</td>
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<tr>
<td>Colon</td>
<td>77</td>
<td>4.6</td>
<td>5.7</td>
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<tr>
<td>Rectum</td>
<td>48</td>
<td>2.9</td>
<td>2.3</td>
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<tr>
<td>Anus, Anal Canal, Anorectum</td>
<td>10</td>
<td>0.6</td>
<td>0.5</td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Ducts</td>
<td>23</td>
<td>1.4</td>
<td>2.3</td>
</tr>
<tr>
<td>Gallbladder &amp; Other Biliary</td>
<td>8</td>
<td>0.4</td>
<td>0.7</td>
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<tr>
<td>Pancreas</td>
<td>37</td>
<td>2.2</td>
<td>3.1</td>
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<tr>
<td>Other Digestive System</td>
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<td>0.3</td>
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<tr>
<td><strong>RESPIRATORY</strong></td>
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<tr>
<td>Larynx</td>
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<td>0.8</td>
</tr>
<tr>
<td>Lung/Bronchus</td>
<td>194</td>
<td>11.6</td>
<td>13.3</td>
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<tr>
<td><strong>BONES &amp; JOINTS</strong></td>
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<td>0.1</td>
<td>0.2</td>
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<tr>
<td><strong>BREAST</strong></td>
<td>298</td>
<td>17.8</td>
<td>14.8</td>
</tr>
<tr>
<td><strong>FEMALE GENITAL ORGANS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulva</td>
<td>8</td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td>Vagina &amp; Other Organs</td>
<td>6</td>
<td>0.4</td>
<td>0.3</td>
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<tr>
<td>Cervix Uteri</td>
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<td>0.8</td>
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<tr>
<td>Corpus Uteri</td>
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<tr>
<td>Ovary</td>
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<td>1.3</td>
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<tr>
<td>Prostate</td>
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<tr>
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<td>Penis</td>
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<td>0.5</td>
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<tr>
<td><strong>URINARY SYSTEM</strong></td>
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<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>73</td>
<td>4.4</td>
<td>3.7</td>
</tr>
<tr>
<td>Ureter &amp; Other Organs</td>
<td>6</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Bladder</td>
<td>71</td>
<td>4.2</td>
<td>4.6</td>
</tr>
</tbody>
</table>
### Analytic cases

Any case involving patients who are first diagnosed and/or received all or part of their first course of treatment at Reading Health System.

*RH brain & other nervous system totals include reportable benign brain cases.

### Top Five Sites at Reading Hospital—A Five-Year Comparison

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<tbody>
<tr>
<td><strong># CASES</strong></td>
<td>1,677 cases</td>
<td>1,669 cases</td>
<td>1,543 cases</td>
<td>1,623 cases</td>
<td>1,555 cases</td>
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<tr>
<td><strong>%</strong></td>
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<td></td>
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</tr>
<tr>
<td>Breast</td>
<td>17.8</td>
<td>Breast</td>
<td>17.6</td>
<td>Breast</td>
<td>18.3</td>
</tr>
<tr>
<td>Lung</td>
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<td>11.3</td>
<td>Lung</td>
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<tr>
<td>Prostate</td>
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<td>Colorectal</td>
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<td>Colorectal</td>
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<td>Colorectal</td>
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<td>Prostate</td>
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</tr>
<tr>
<td>Lymphoma</td>
<td>4.9</td>
<td>Melanoma</td>
<td>5.2</td>
<td>Corpus uteri</td>
<td>5.1</td>
</tr>
<tr>
<td></td>
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</table>
2016 Cancer Committee Members

Michael T. Brown, MD, FACS, MBA – Director, McGlinn Cancer Institute, Cancer Liaison Physician, Chief, Section of General Surgery, Physician Reviewer
Michael Haas, MD – Chief, Section of Radiation Oncology
Brian Le, MD – Pathology; Cancer Conference Coordinator
Nick Leasure, MD – Hematology and Oncology
Joshua Tice, MD – Radiology
Sharon Craig, R.T.® (T), BS, MBA – Administrative Director; Quality Improvement Coordinator
Margaret Cosbey, RN – Palliative Care
Bridget Staron, MSN, RN, OCN – Director of Reading Hospital Infusion Center Nursing
Lisa Capparella, MSS, LCSW, OSW-C – Oncology Social Work; Psychosocial Services Coordinator
Elizabeth Hertzog, LSW – Community Outreach Coordinator
Carl Seidl – Vice President, Administration
Patricia Weiser, RN, CCRP – Supervisor, Protocol Office; Clinical Research Coordinator
Anita Wilhelm, RN, BSN – Risk Assessment Program
Denise Williams, CTR, – Registry Supervisor; Cancer Registry Coordinator

ALTERNATES
Richard Gregor, MD – Radiology
Kurt Bamberger, MD – General Surgery
Sharon Swierczynski, MD, PhD – Pathology
Erik Rupard, MD – Chief, Section of Hematology and Oncology
Adam Smith, MD, PhD – Radiation Oncology
Vinti Shah, DO – Chief, Section of Palliative Medicine
Marge Bligh – Vice President
Sarah Ailes, RN – Cancer Infusion Center
Janet Knoblauch, RN – Risk Assessment Program/Protocol
Renee Maggiaro, BSW – Inpatient Social Services
Nancy Miller, CTR – Cancer Registry
Lisa Delpizzo, RN, BSN, CCM – Community Outreach
Aracelis Alvarez, BSN, RN, OCN – Oncology Research Nurse, Protocol Office
Karen Bielecki, RN – Quality Department
Ad Hoc Committee

Consultants

D. Michael Baxter, MD – Chair, Department of Family and Community Medicine
Amir Behnam, MD – Plastic & Reconstructive Surgery
Bernice Robinson-Bennett, MD – Chief, Section of Gynecologic Oncology, Physician Reviewer
Paul Brockman, MD – Physical Medicine and Cancer Rehabilitation
Terrence Cescon, MD – Hematology Oncology
Christine Cho, DO – Plastic & Reconstructive Surgery
Uday Dasika, MD – Cardiothoracic Surgery, Physician Reviewer
Mark Dougherty, DMD – Chair, Department of Dentistry
Constantine Harris, MD – Urology
Craig Kimmel, MD – Chief, Section of Otolaryngology
Louis LaLuna, MD – Gastroenterology
Cecelia Smith, DO – Chair, Department of Medicine
Raymond Truex, MD – Neurologic Surgery
John Villeneuve, MD – Gynecologic Oncology
Jaime Angelicchio – Marketing
Rev. Tim Sadler – Chaplaincy
Kelly Edwards – American Cancer Society
Karen Fattore, MSW, ACSW – Inpatient Social Service Coordinator
Cindy M. Henry, RHIA – Director, HIM
Tim Marks, RN – Nursing Administration
John Mercer R. Ph. – Pharmacy
Jessica Pham MA, RD, CSO, LDN – Nutrition
Megan Fidler MS, RD, LDN, CNSC – Nutrition
Laura Stack, RN, BSN, MBA – Inpatient Oncology Nursing
Hepatocellular Carcinoma

McGlinn Cancer Institute

Hepatocellular carcinoma (HCC) is an aggressive primary liver cancer estimated to affect one in forty Baby Boomers. In the U.S, HCC is the fifth most common type of cancer in men, and the eighth most common in women, with men three times more likely to be diagnosed. In 2017, it is estimated that there will be 40,710 new cases of HCC, reflecting a threefold increase in incidence rate from 1980. The number of deaths from HCC is increasing as well, with 28,920 deaths estimated for 2017. This increase in rates across the U.S. has been reflected in a higher number of HCC cases diagnosed at McGlinn.

The major risk factor for hepatocellular carcinoma is a history of chronic liver disease, most commonly due to infection with viral hepatitis B (HBV) or hepatitis C (HCV) and alcoholic cirrhosis of the liver. Other causes include non-alcoholic fatty liver disease. With the widespread administration of the hepatitis B vaccine, the number of cases due to chronic HBV has drastically decreased. Unfortunately, an HCV vaccine is not available yet and chronic HCV infection remains responsible for the majority of cirrhosis and HCC cases.

Infection with HCV occurs through contact with contaminated blood, most often associated with blood transfusions or use of contaminated needles by drug abusers. In the U.S., donated blood is rigorously tested for multiple infectious diseases, including HCV. However, a screening test for HCV was not available until 1992. Studies have shown that Baby Boomers, individuals born between 1945 and 1965, have a 1 in 30 chance of having been infected with HCV, putting this population at five times higher risk of developing HCC. For this reason and because most people with chronic HCV do not experience any symptoms, the Centers for Disease Control (CDC) recommends a one-time HCV screen for all Boomers. Individuals found to have viral hepatitis can receive treatment.

In the U.S., the best strategy for prevention of HCC is to reduce the rate of cirrhosis of the liver due to alcohol abuse, illicit drug use, and viral hepatitis. Alcohol is processed by the liver, therefore alcohol abuse is highly toxic to liver cells and should be avoided to prevent liver injury. Sharing and reusing needles should also be avoided to reduce the risk of contact with contaminated body fluids. To prevent HBV, the CDC recommends vaccination of infants, children and adolescents through the age of eighteen years. The CDC also recommends the hepatitis B vaccine for all adults who come into contact with possibly contaminated blood or other body fluids.

Raising awareness about liver disease and liver cancer is a priority for the staff at McGlinn Cancer Institute. In 2016, we organized a lecture for physicians, nurses and other healthcare providers entitled, “Hepatocellular Carcinoma: Diagnosis, Treatment and Prevention”, to advance their knowledge on this topic. Community education in the form of health fairs, public speaking and printed materials was offered by our staff throughout the year. We also implemented an electronic medical record tool that alerts the primary care physicians to discuss the various screening and vaccination schedules related to viral hepatitis, when appropriate.

Diagnosing hepatocellular carcinoma at an early stage significantly improves patient outcomes. Only about 43% of new HCC cases are considered early stage, with a 31% five-year survival rate. Intermediate disease, in which cancer cells have spread to regional lymph nodes or surrounding tissue, has an 11% five-year survival rate. Once HCC spreads to distant tissues, the five-year survival rate falls to 3%. The treatment of hepatocellular carcinoma is determined by the stage at diagnosis and whether there is pre-existing liver disease. Of the 139 new cases diagnosed at McGlinn over the past ten years, 62% were found to be advanced stages (stages II-IV).
McGlinn Cancer Institute offers multiple treatment modalities currently considered state-of-the-art based on national guidelines. Options include liver surgery, radiofrequency ablation (using heat to destroy the cancer cells) and stereotactic body radiation therapy (delivery of localized high radiation to the tumor). More advanced stages may benefit from transarterial chemo-embolization (TACE), transarterial radio-embolization (TARE) or disease-targeted medications. These treatments are aimed at slowing cancer progression, decreasing cancer-related symptoms and improving patient quality of life and survival. Our treatment team includes experts in various fields, providing a multidisciplinary approach to treatment management. We also have relationships with other institutions for timely assessment of eligibility for liver transplant.

References


