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INTRODUCTION

Bon Secours Memorial Regional Medical Center (MRMC) is a 225 bed acute care community hospital that, along with Bon Secours St. Mary's Hospital, Bon Secours St. Francis Medical Center, Bon Secours Richmond Community Hospital and two free standing clinics, one at Bon Secours St. Francis Medical Center and one at Reynold's Crossing, comprise the Bon Secours Cancer Institute.

This annual report will cover the cancer experience, statistics and the cancer program at Bon Secours Memorial Regional Medical Center for 2009 and 2010.

The components of the cancer program include the Cancer Committee, Cancer Program coordinators, Cancer Conferences, Cancer Liaison Physician and the Cancer Registry. Dr. Robert Sprague served as the Cancer Committee chairman during 2009 and 2010. Dr. Michael MacDougall is the program's Cancer Liaison Physician. The Cancer Program coordinators for 2010 were: Quality of Registry Data coordinator(s), Dr. Brian Pacious and Dr. Christopher Johnson; Cancer Conference coordinator, Linda Grizzel; Quality Improvement coordinator, Jeffrey Watts; and Community Outreach coordinator, Lisa Bowles. Through these components and our dedicated medical staff we provide a multidisciplinary approach to patient care.

The goal of our Cancer Program is to coordinate a multidisciplinary approach to the treatment of all cancer patients at Bon Secours MRMC. We strive to provide improving outcome measures related to the diagnostic and therapeutic efforts of the healthcare team. Cancer Program Practice Profile reports (CP3R), provided by the Commission on Cancer (COC) and the National Cancer Database (NCDB), are utilized for breast, colon and rectum cancers to insure that patients being treated at Bon Secours MRMC are receiving treatment by nationally recognized standards of care.

Our cancer conferences are held the first and third Wednesday of the month and are open to all physicians and ancillary medical staff. Physicians present and discuss both prospective and retrospective cases of cancer patients with the goal of improving patient care while providing continuing education of our staff. During 2009 we discussed 61 patients, representing 22 different cancer sites. The natural history of specific diseases, clinical presentation, radiographic and pathologic findings, prognostic indicators, clinical stage, and treatment options using National Comprehensive Cancer Network (NCCN) guidelines and prognosis are discussed during this multidisciplinary conference.

Seven hundred thirty-four (734) analytic (new) patients and 93 non-analytic patients were accessioned into the registry in 2009. This is a substantial increase from the previous year. All analytic patients receive lifetime follow up. All cases, both analytic and non-analytic are reported to the Central Virginia Cancer Registry. Analytic cases are reported to the National Cancer Database. The top five sites seen at Bon Secours MRMC in 2009 were lung, colorectal, breast, prostate and kidney/renal pelvis.

Thank you to all physicians and ancillary staff for your dedication to our patients and for your contribution to our cancer program at Bon Secours Memorial Regional Medical Center.

Robert I. Sprague, MD
Cancer Committee Chairman

Cancer Program

Cancer Committee

This multidisciplinary committee meets quarterly, serving as the policy-making body of the Cancer Program at Bon Secours MRMC. The Cancer Committee provides professional guidance for the Cancer Registry, schedules multidisciplinary educational conferences, and supports educational programs on prevention and early detection for the community and for employees of this facility.

Cancer Conference

In 2009, Bon Secours MRMC held educational Cancer Conferences for the benefit of the Medical Staff and other allied healthcare professionals. The Cancer Conference also functions as multidisciplinary consultative services for patients.

Case management presentations included discussions of the major cancer sites, as well as discussions of less common anatomic sites of all the major physiologic systems.

Cancer Registry

The Cancer Registry maintains a complete database of all cancer cases diagnosed and/or treated at Bon Secours MRMC using METRIQ, a comprehensive electronic cancer registry system. The registry is staffed by Linda Grizzel, a certified cancer registrar, and Katrina Owens.

With a reference date of January 1, 1996, the registry added a total of 827 cases in 2009, bringing the total number of cancer cases in Bon Secours MRMC's database to a total of 7,050 cases.

Cancer Registry abstracting of 2009 cases has been maintained at six months from diagnosis; and, Cancer Committee physician representatives reviewed 10% of all 2009 analytic cases for accuracy and timeliness. All analytic cases abstracted into the registry receive lifetime follow-up. The registry follow-up rate is 94%, which exceeds the requirement for American College of Surgeons Commission on Cancer (ACoS COC) approved programs.

Data from the registry is sent to the Virginia Cancer Registry, the National Cancer Database and the ACoS COC CP3R studies. By analyzing data from these registries/databases, trends relative to patterns of care and survival can be identified for data management and research.

The Cancer Registry is located in the Health Information Management Department, under the administration of Lee Murray, HIM Director.

Physicians wanting to present a case at Cancer Conference or needing to request information from the Cancer Registry database may do so by contacting the Cancer Registry Coordinator, Linda Grizzel, at 764-6332 or Katrina Owens, Cancer Registrar, at 764-6654.

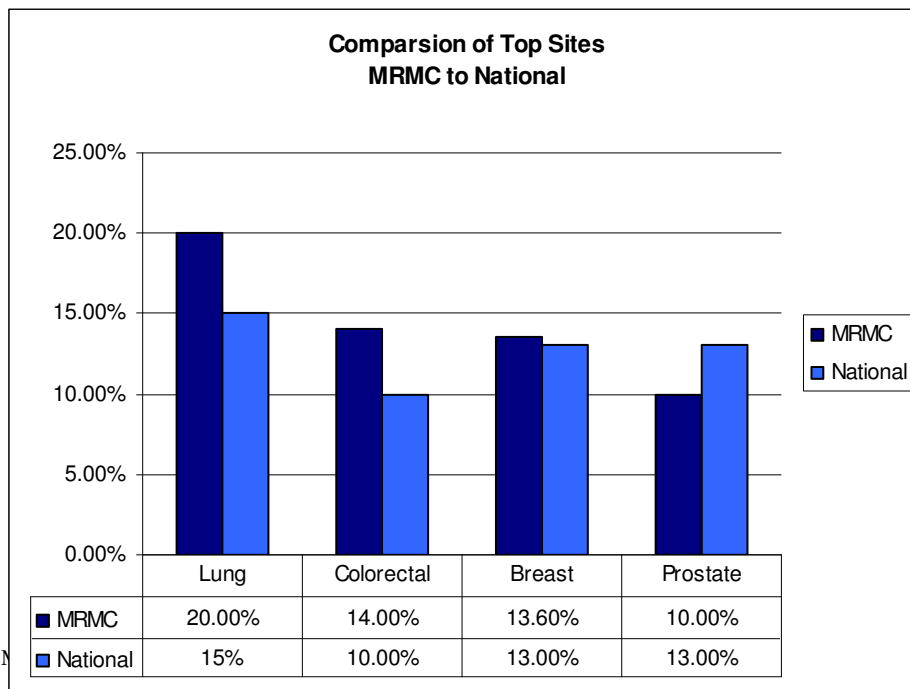
GENERAL STATISTICS 2009

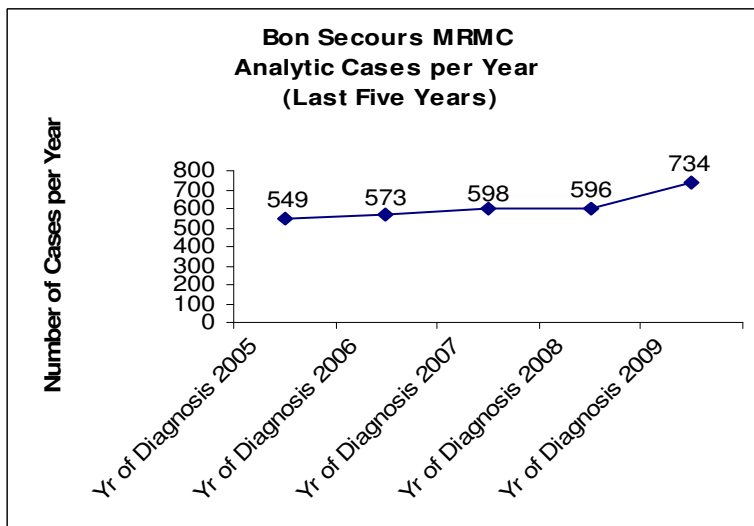
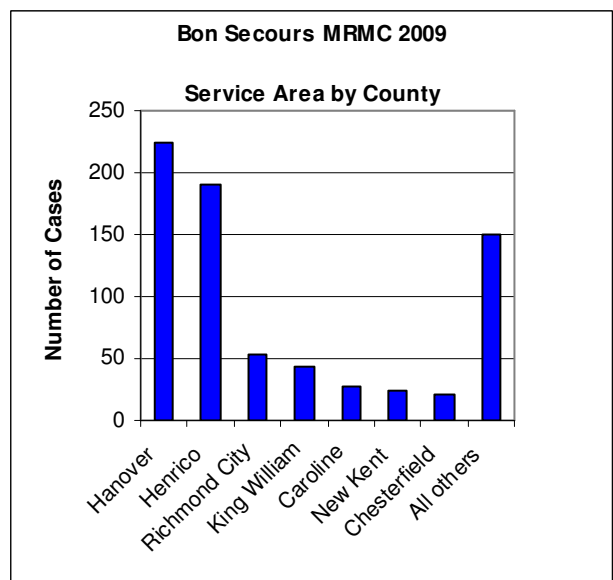
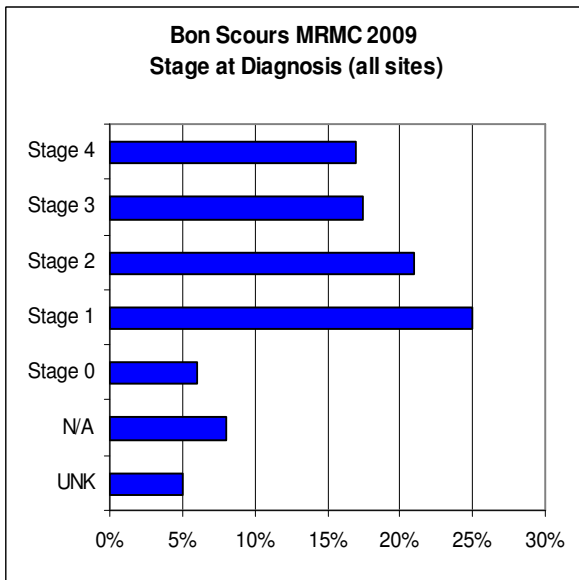
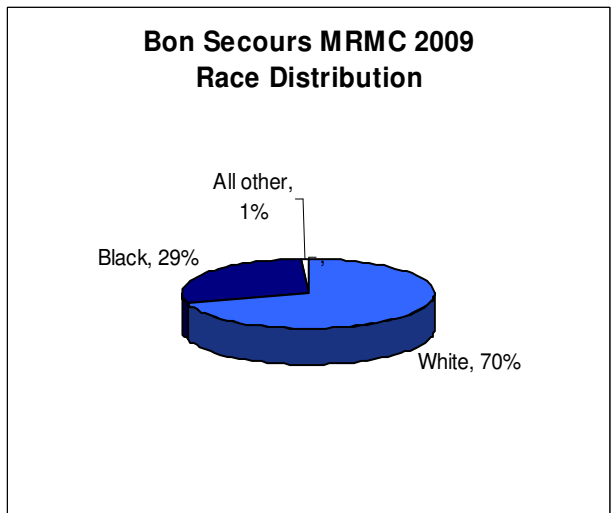
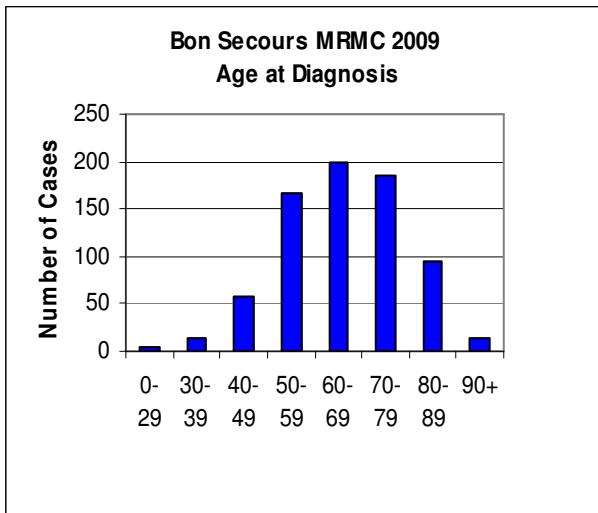
In 2009, 827 cases were abstracted into the registry. Of these cases, 734 were newly diagnosed, analytic cases. The remaining 93 cases were non-analytic cases seen for recurrence or persistent disease. The top five major sites seen at Bon Secours MRMC in 2009 were lung, colorectal, female breast, prostate and kidney/renal pelvis.

Lung cancer and colorectal cancer were the two most common malignancies diagnosed at Bon Secours MRMC in 2009. Lung comprised 20% of the total new cases diagnosed and colorectal comprised 14% of the total caseload. The incidence of female breast cancer comprised 13.6% of all new cancers diagnosed at Bon Secours MRMC. This was comparable to the national average of female breast cancer which made up 13% of all new cancer diagnosed nationwide in 2009. Prostate cancer represented 10% of all news cases seen in 2009. Kidney cancer was the fifth top site seen at Bon Secours MRMC in 2009, but was not listed as a top site nationwide per the American Cancer Society 2009 Cancer Facts & Figures.

Here at Bon Secours MRMC in 2009, there were 377 males (51%) diagnosed with cancer and 357 females (49%). This is very comparable to the national average. Per American Cancer Society (ACS) statistics, males represented 52% of all new cancers diagnosed and females 48%.

The graph below is a comparison of the top sites diagnosed at Bon Secours MRMC in 2009 and the top sites diagnosed nationally per American Cancer Society Facts and Figures 2009.





Bon Secours MRMC New Cancer Cases by Site, Sex and Stage 2009

PRIMARY SITE	Analytic	Sex		AJCC STAGE						
		Male	Female	0	I	II	III	IV	Unknown or NA	
ORAL CAVITY & PHARYNX										
Lip	1	1	0	0	0	0	0	0	0	1
Tongue	7	5	2	0	3	1	1	1	1	1
Salivary Glands	1	1	0	0	0	1	0	0	0	0
Floor of Mouth	2	2	0	0	2	0	0	0	0	0
Gum & Other Mouth	1	1	0	0	1	0	0	0	0	0
Nasopharynx	1	1	0	0	0	1	0	0	0	0
Tonsil	4	2	2	0	0	0	1	2	1	1
Hypopharynx	1	1	0	0	0	0	1	0	0	0
Other Oral Cavity & Pharynx	1	1	0	0	0	0	0	0	0	1
DIGESTIVE										
Esophagus	5	4	1	0	1	0	2	1	1	1
Stomach	12	6	6	1	2	0	0	6	3	3
Small Intestine	3	0	3	0	0	0	2	0	1	1
Colorectal	103	58	45	9	27	20	30	13	3	3
Anus, Anal Canal, Anorectum	6	2	4	0	0	2	1	0	3	3
Liver & Intrahepatic Bile Duct	5	5	0	0	2	0	1	0	3	3
Gallbladder	4	1	3	0	1	2	0	1	0	0
Other Biliary	2	1	1	0	0	2	0	0	0	0
Pancreas	17	9	8	0	0	4	5	7	1	1
Peritoneum, Omen & Mesent	1	0	1	0	0	0	0	0	1	1
RESPIRATORY										
Larynx	7	6	1	0	2	0	1	2	2	2
Lung & Bronchus	147	72	75	1	39	11	37	53	6	6
SKIN (MELANOMA)										
	8	4	4	1	4	1	0	0	2	2
BREAST										
	100	0	100	23	34	27	10	5	1	1
FEMALE GENITAL										
Cervix Uteri	1	0	1	0	0	0	1	0	0	0
Corpus Uteri	15	0	15	0	8	1	0	2	4	4
Ovary	8	0	8	0	2	0	3	2	1	1
Vagina	1	0	1	0	0	0	1	0	0	0
Other Female Genital Organs	1	0	1	0	1	0	0	0	0	0
MALE GENITAL										
Prostate	75	75	0	0	0	61	11	2	1	1
Testis	1	1	0	0	0	0	1	0	0	0
Penis	1	1	0	0	1	0	0	0	0	0
URINARY SYSTEM										
Urinary Bladder	33	25	8	9	8	8	4	3	1	1
Kidney & Renal Pelvis	51	33	18	1	26	3	8	12	1	1
Ureter	5	3	2	2	0	1	1	1	0	0
BRAIN										
	1	0	1	0	0	0	0	0	1	1
ENDOCRINE										
Thyroid	18	5	13	0	13	3	0	1	1	1
Other Endocrine (includ thymus)	1	0	1	0	0	0	0	0	1	1
LEUKEMIA										
Acute Leukemia	5	2	3	0	0	0	0	0	5	5
Chronic & Other Leukemias	12	10	2	0	0	0	0	0	12	12
LYMPHOMA										
Hodgkin's Lymphoma	2	2	0	0	1	0	0	1	0	0
Non-Hodgkin's Lymphoma	30	16	14	0	5	5	7	11	2	2
MULTIPLE MYELOMA										
	13	6	7	0	0	0	0	0	13	13
MESOTHELIOMA										
	3	3	0	0	0	1	0	1	1	1
UNK & ILL DEFINED SITES										
	18	12	6	0	0	0	0	0	18	18
TOTAL	734	377	357	47	183	155	129	127	93	93

Support Services

Nutrition Services

With the constant challenge of meeting the nutritional needs of each cancer patient, the services of the Registered Dietitian are vital to the Oncology Team. Each stage of disease and treatment represents many unique problems that require specialized care in feeding.

Comprehensive inpatient nutrition services at Bon Secours MRMC include: thorough nutritional assessments, recommendations for supplements and feeding routes, meal visits, attention to patient-specific food preferences and tolerances, nutrient-intake evaluations, and education for both patients and families.

Care Management

Care Management Services are provided through a hospital-wide care management program. An open referral policy allows physicians, hospital staff, patients, family members, and community agencies to request services for patients.

The needs of oncology patients are unique and often complex. The MSW or RN care manager works closely with each patient, family members, other hospital staff, and numerous community agencies to meet the needs of cancer patients.

Assessments, counseling, and discharge planning coordination are provided. There is no consulting charge for care management services.

Pastoral Service

Bon Secours Memorial Regional Medical Center has a full time chaplain. The chaplain's office is located on the third floor of the hospital, in room 3002.

The chaplaincy program addresses the spiritual dimensions of life for patients, families, and employees. In connection with life's many issues, it offers pastoral counseling and supportive care. In addition, the Pastoral Care Department commits to:

- Assisting with Advanced Medical Directives
- Supporting opportunities for spiritual reflection
- Connecting patients with their own clergy or faith community as desired
- Providing confidential counsel to patients, families and staff
- Providing support through the initial stages of anxiety and/or grief

Our chaplains have extensive training in theology, psychology, and healthcare ministry. In addition to having graduate level degrees in theology, they have completed an additional year of graduate study in Clinical Pastoral Education. Each chaplain is

Board Certified or is eligible for Board Certification. Our chaplains are available to assist twenty-four hours a day, seven days a week. They are in-house during business hours and are available for emergencies during evenings and weekends.

We invite you to visit our Chapel, which is located on the first floor. It is open to all as a place of quiet solitude and meditation.

Hospice

Bon Secours Hospice is a holistic healthcare program that offers compassionate care to patients and families facing a terminal illness. Hospice provides medical, emotional and spiritual care, as well as help with daily living needs to ensure the comfort and dignity of patients.

Although it is typically home centered, Hospice can be provided in a variety of settings.

Palliative Care

Palliative care is a medical specialty that supports the primary care physician's treatment of patients with chronic, progressive, and/or life-threatening illnesses. It is the comprehensive management of physical, social, spiritual and psycho-emotional needs of patients.

Total palliative care is a collaborative effort between the attending physician and an interdisciplinary team that provides coordinated medical care, nursing, social work, spiritual care, physical rehabilitation, pharmacy, and nutrition services. The goal is the achievement of the best quality of life for patients and their families through the relief of suffering, control of symptoms, and restoration of functional capacity. The needs of each patient are continually assessed and all treatment options are explored and evaluated within the context of the patient's values and symptoms.

Patients may be referred to Palliative Care for any of the following reasons:

- Patients and families need for help with complex decision-making and determination of goals of care
- Unacceptable level of pain or other symptom(s) of distress > 24 hours
- Excessive psychosocial or spiritual distress
- Frequent visits to the emergency department
- More than one hospital admission for the same diagnosis within the last 30 days
- Prolonged length of stay (>5 days) without evidence of progress
- ICU to ICU setting without evidence of progress
- In an ICU setting with documented poor prognosis.

Many patients need palliative care. People are living longer with many advanced, chronic illnesses and need relief of their pain and other symptoms so they can enjoy a good quality of life for as long as possible.

Rehabilitation

The Rehabilitation Department encompasses physical, speech, and occupational therapy services. Each discipline specializes in one area of rehabilitation and aims to optimize the functional abilities of each patient. Occupational Therapists provide training in basic activities of daily living, such as dressing and bathing. Physical Therapists provide training and expertise in basic mobility skills such as walking. Speech and Language Pathologists provide expertise in swallowing, speaking, and communication. All three disciplines work cohesively with the nursing staff and other members of the Oncology Team to provide a comprehensive therapeutic experience for both inpatients and outpatients at Bon Secours MRMC.

Community Education

The Cancer Committee continues to support multifaceted educational opportunities for the community. The programs are designed to increase awareness, promote early detection and prevention, and provide support for cancer patients and their families.

Parish Nursing

In the past year, the Parish Nurse Network of Bon Secours Richmond has promoted cancer awareness and prevention. Faith Community Nurses, in their respective congregations, have sponsored breast cancer awareness events such as Pink Teas, and have given out Mother's Day cards that encouraged women to have mammograms. Faith Community Nurses have also held events for men with emphasis on prostate cancer. The Parish Nurse Coordinators and the Parish Nurse Administrator have provided lists of cancer organizations and resources for the Faith Community Nurses to invite to their individual health fairs. Information from the Virginia Breast Cancer Coalition, attended by a Parish Nurse Coordinator, is shared with the oncology nurses at Bon Secours MRMC and the Faith Community Nurses.

NURSING SERVICES

Oncology Unit

Our designated Oncology Unit is located on the second floor, rooms 2132 through 2153. The Oncology Team is dedicated to the care of the oncology patient independent of the treatment modality. The patient populations admitted to the oncology unit are both inpatient and outpatient, and are in various stages of treatment, which may include chemotherapy administration, radiation therapy, pain management interventions, and/or treatment of complications. Music therapy and pet therapy are complementary therapies available to patients. Using an interdisciplinary team approach, nursing care is based on a holistic framework to address the physical, psychosocial, and spiritual needs of the patient and his or her family. It is recognized that cancer is a disease that affects the entire family. The Oncology Resource Center provides educational and resource materials, as well as internet access, to patients and their families. The Oncology Resource Center is located within the Oncology Unit.

Purpose of the Unit

To provide a place where patients and their families will feel comfortable and at ease when coming to the hospital.

To provide an interdisciplinary approach to comprehensive care for the oncology patient.

To provide staff specifically trained to care for the oncology patient.

To provide an atmosphere of hope and comfort for those who are facing a malignant disease.

Philosophy of Care

Nursing care is administered in accordance with the Oncology Nursing Society Standards of Practice.

A multidisciplinary team approach is used in the management of each patient.

The "unit" of care is considered to be the patient *and* his or her family or "significant other."

A *preventive approach* is given to symptom management.

The family or "significant other" is encouraged to *participate actively* in patient care.

Time is afforded to listen and offer support to the patient and his or her “significant other”/family.

Each member of the multidisciplinary team acts as an *advocate* for the patient.

Objectives and Goals of the Nursing Oncology Unit

To administer healthcare to the patient and family within the holistic framework, including physical, social, spiritual and emotional realms

To involve the patient and family in the decision-making process

To promote and/or maintain optimal quality of life

To assist the patient and family to live each day to the fullest

To provide dignity and privacy in all aspects of patient care

To maintain and promote family equilibrium so that the patient and family are able to function as a cohesive supportive unit

To provide appropriate and continuing education for the patient and family

To assist and treat each patient and family member as a distinctive individual

To encourage independence and self-care activities

To provide a supportive atmosphere for the team member

To provide continuing education for staff to enhance progressive care

Staff

The Nurse Manager provides leadership. The team consists of licensed staff members, RNs and LPNs, all of whom are certified to administer chemotherapy. Also included on the interdisciplinary team are Physicians, Technical Associates, Administrative Associates, Care Managers, Dietitians, Pharmacists, Chaplains, Rehabilitation Therapists, Hospice staff and Palliative Care staff.

Education

Education is an ongoing process and each licensed staff member is required to complete the unit-based orientation and chemotherapy certification. Staff members also attend in-services and conferences to stay up to date with the newest treatments that are available.

CASE STUDY - KIDNEY CANCER

In the United States, 2 percent of all cancers arise from the kidney. Each year, kidney cancer is diagnosed in approximately 52,000 Americans and is the cause of death in nearly 12,000 Americans. Kidney cancer is slightly more common in males and is usually diagnosed between the ages of 50 and 70 years. In adults, the most common type of kidney cancer is renal cell carcinoma. Other less common types of kidney cancer can occur. These include granular cell, mixed clear and granular cell, and sarcomatoid or spindle cell type.

The incidence of kidney cancer seems to be increasing, though it isn't clear why. Many kidney cancers are detected during imaging for other conditions.

Factors that increase the risk of kidney cancer include:

- smoking
- obesity
- hypertension
- family history of kidney cancer
- chronic kidney failure and/or dialysis
- diet with high caloric intake or fried/sautéed meat
- von Hippel-Lindau disease

Kidney cancer rarely causes signs or symptoms in its early stages. In later stages kidney cancer signs and symptoms may include:

- Blood in the urine, which may appear pink, red or cola colored.
- Back pain just below the ribs that doesn't go away.
- Abdominal mass or lump
- Rapid, unexplained weight loss.
- Persistent fatigue.
- Intermittent fever.
- Swelling in the feet and legs

How is kidney cancer diagnosed?

Unfortunately there are no blood or urine tests that directly detect the presence of kidney tumors. When a kidney tumor is suspected, a kidney imaging study is obtained. The initial study is usually an ultrasound or CT scan. In some cases, a combination of imaging studies may be required to completely evaluate the tumor.

To plan the best treatment for the disease the doctor needs to know the stage (extent) of disease. The stage assigned is dependant on the size of the tumor, the extent of tumor spread and whether it has metastasized (spread) to other parts of the body.

Stage I is an early stage of kidney cancer. The tumor measures up to or less than 7 cm and is confined to the kidney.

Stage II is also an early stage of kidney cancer, with the tumor still confined to the kidney, and measuring greater than 7 cm, but less than 10 cm.

Stage III kidney cancer is defined by tumor extension beyond the kidney into surrounding tissue or major veins and one nearby lymph node.

Stage IV kidney cancer is defined by spread outside the kidney, in multiple nearby lymph nodes, contiguous extension into the ipsilateral adrenal gland and to distant parts of the body such as the lungs, liver, bones or brain.

Surgery is the initial treatment for the majority of kidney cancers. Surgical procedures used to treat kidney cancer include:

- Partial nephrectomy – kidney sparing surgery that preserves some level of kidney function. The tumor is removed along with a small margin of healthy tissue that surrounds it.
- Radical nephrectomy – Advanced kidney cancer cases may require the complete removal of the diseased kidney along with the adjacent lymph nodes and the adrenal gland.

Ablation – Kidney tumors can also be removed (ablated) with intense heat or cold.

- Cryoablation – Cryoprobes freeze the tumor with intense cold.
- Radiofrequency ablation - Electrodes deliver radiofrequency energy to the tumor, and the intense heat destroys the tumor.

Chemotherapy has shown limited effectiveness against kidney cancer. There are some new drugs and new combinations that may prove more helpful. Oraqfenib tosylate and sunitinib are new drugs that work by interfering with reproduction of cancer cells as they attempt to grow and divide uncontrollably. These drugs also have the advantage of being administered orally.

Radiation therapy is not used to cure kidney cancer, but rather for alleviation of symptomatic metastasis. For example, the pain from bone metastases can be relieved by radiation to bone lesions.

Biological or immunotherapy is treatment using compounds produced by the body's immune system or laboratory-produced copies of them to treat the disease. Interferon and interleukin-2 are two examples of biological response modifiers being used for treatment of advanced kidney cancer.

After treatment for kidney cancer, routine life-long surveillance is necessary. Surveillance typically consists of periodic assessment by a physician, blood tests and X-rays.

*Sources of this information include:

http://www.medicinenet.com/kidney_cancer

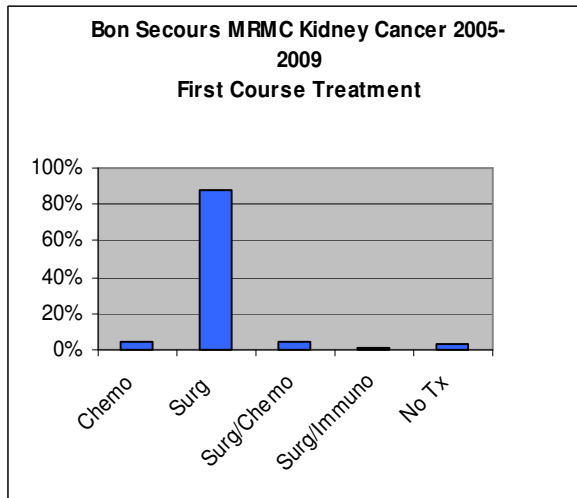
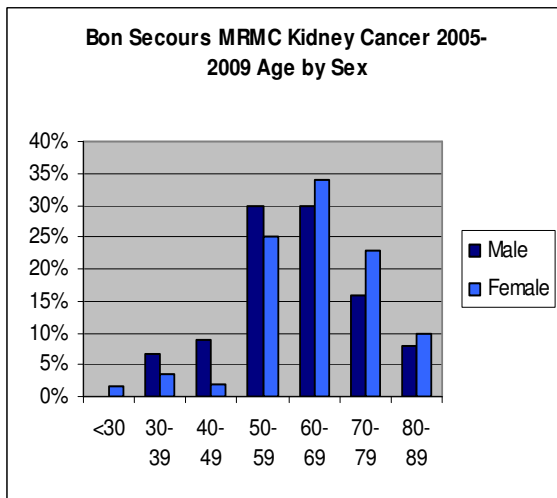
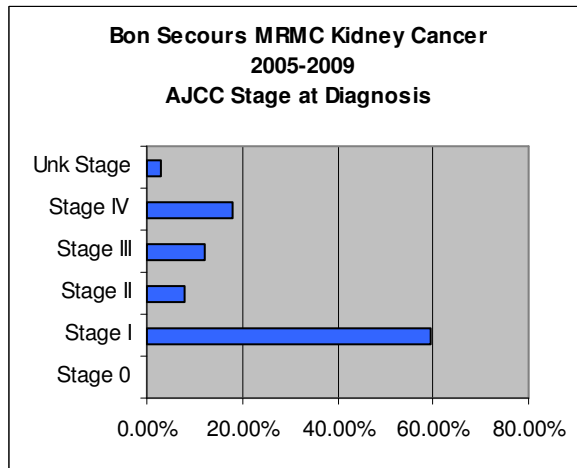
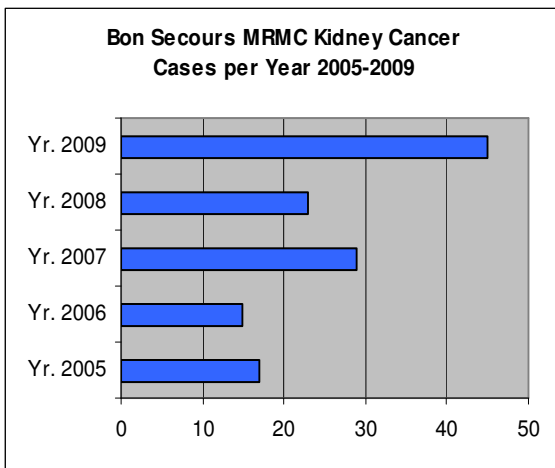
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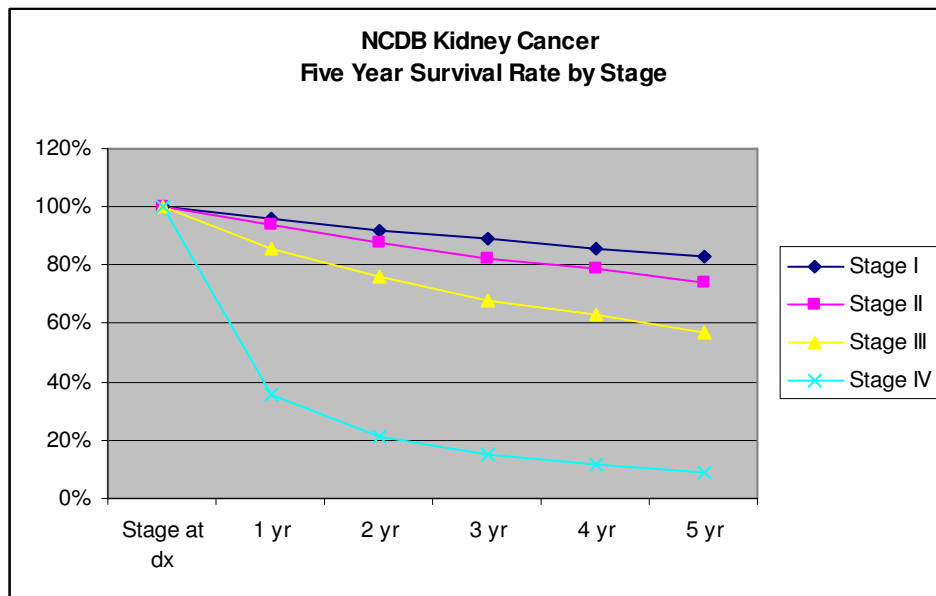
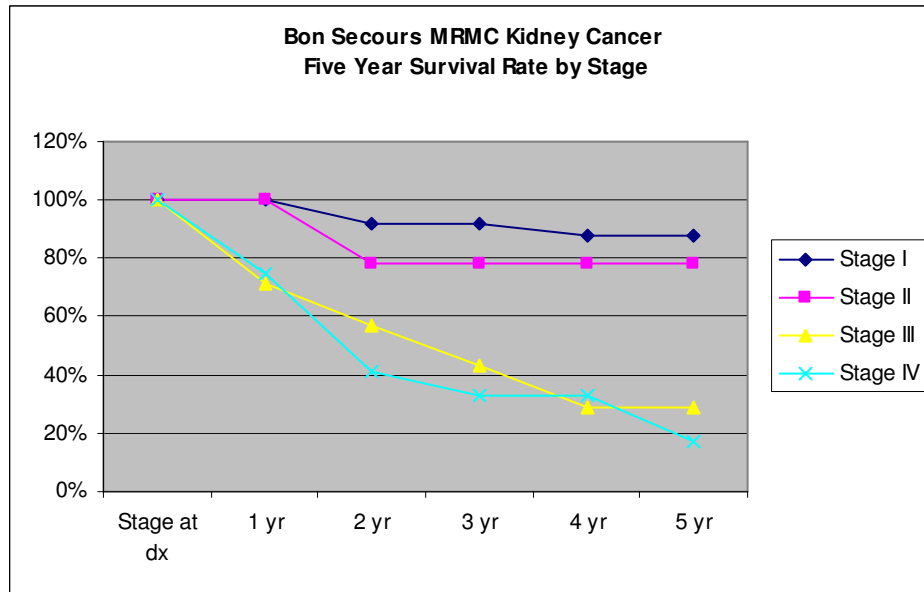
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Kidney Cancer Incidence at Bon Secours MRMC 2005 - 2009

American Cancer Society statistics show there is a nationwide increase in the incidence of kidney cancer. The statistics from the Bon Secours Memorial Regional Medical Center cancer registry also indicate a rise in kidney cancer seen at Bon Secours MRMC. Starting in 2007, kidney cancer has been included in the top five sites at Bon Secours MRMC. The median age at diagnosis during the study time period is 62, with males having a higher incidence of kidney cancer than females. The majority of kidney cancer diagnosed has been in the early stage of disease. Patients at Bon Secours MRMC were treated appropriately with surgery.

Compared to NCDB survival data, MRMC appears to be fairly close in the survival rate of patients with stages I and II disease. However, the NCDB data indicates that national survival rates for patients diagnosed with stage III disease are better than the survival rates being seen at Bon Secours MRMC for this population. The reason for this is unknown, but we do know that the majority of the patients seen at Bon Secours MRMC with stage III disease at diagnosis were at an advanced age. The majority of the stage III patients were in their mid to late 80's and had comorbid conditions that include diabetes mellitus, hypertension and congestive heart failure. At stage IV, the NCDB data shows a steady decrease in the rate of survival, as does the survival rate at Bon Secours MRMC, with a sharp drop after 4 years seen at Bon Secours MRMC.





Mission Statement

Our mission is to provide compassionate, quality healthcare services to those in need, including the poor and dying, for the purpose of alleviating human suffering and bringing people to wholeness in the midst of pain and loss.

Recognizing the dignity of all persons, we provide compassionate healthcare services contributing to the physical, social, emotional and spiritual well-being of those we serve.

2008 - 2009 Cancer Committee

Directory of Services

Physicians:

Robert Sprague, M.D., Chairman.....Pathology

Cancer Registry..... 804-764-6332

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The Cancer Committee

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