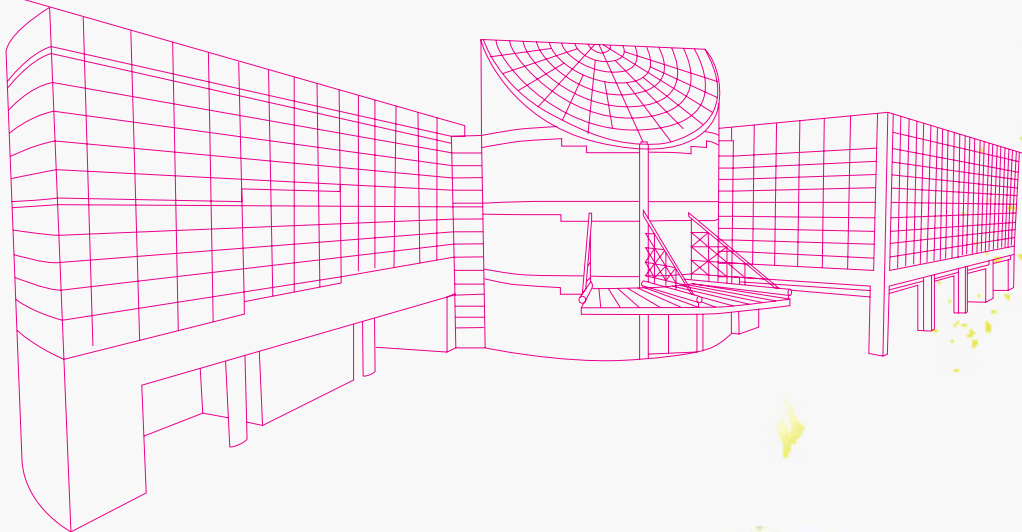


Mount Sinai  
MEDICAL CENTER  
Comprehensive Cancer Center

06

ANNUAL REPORT  
COMPREHENSIVE CANCER PROGRAM  
REFLECTING 2005 DATA





# 1

## The Cancer Committee Report

The Cancer Committee at Mount Sinai Medical Center is responsible for directing and monitoring the medical center's teaching hospital cancer program. The Committee is a multidisciplinary administrative group, which includes physicians representing a full range of medical, surgical and radio-therapeutic specialties involved in cancer care. Other members included in the Committee are allied health professionals involved in the diagnosis, treatment, recovery and follow-up care of the cancer patient. The Cancer Committee monitors all activities related to patient treatment, as well as education and research that supports a quality cancer program for our community.

The Mount Sinai Cancer Program continues to fulfill the requirements for accreditation by the American College of Surgeons (AcoS) / Commission on Cancer. During the winter of 2005 survey, Mount Sinai was granted a full three-year re-accreditation with commendation. MSMC was also granted the Outstanding Achievement Award, one of only two hospitals in Florida to have received this award. The complete 2005 statistics demonstrate a very active cancer program with 2,204 cancer cases treated of which 1,513 were initially diagnosed and received all or part of their first course of therapy at this institution. This data reflects combined cases from Miami Heart Institute. The total number of cases in the patient database is: 47,752.

Mount Sinai continues to have an active clinical cancer research program, accredited by the National Cancer Institute. The CCOP, community clinical oncology program, has been in operation since 1986 and for calendar year 2006 has entered 157 patients into treatment and prevention protocols.



The Cancer Committee in conjunction with the Tumor Registry oversees several multi-disciplinary oncology conferences at Mount Sinai. The three weekly conferences at MSMC are The Breast Conference, Head and Neck Conference and Tumor Board. The Melanoma and Thoracic Conferences are conducted on a bi-weekly basis.

During 2006, the Cancer Committee was involved in several activities, which included but were not limited to the following:

- The Annual Ellie & Jack Taylor Oncology Lecture, as well as a visiting professor lecture series.
- Caregivers' Symposium: April – May 2006
- Skin Health Awareness & Screening Day: June 1, 2006
- National Cancer Survivors Day: June 22, 2006
- Prostate Cancer Screening Event: September 29, 2006
- Lung Cancer Survivors Celebration Dinner: November 9, 2006

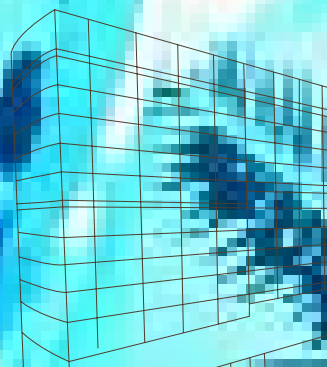
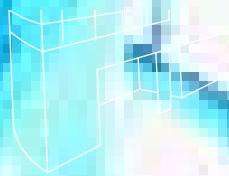
The Cancer Committee, its physicians, allied health professionals, Tumor Registry staff, MSMC and the Cancer Center is pleased to present the 2006 Annual Report with 2005 statistics.

Rogério Lilenbaum, M.D.  
Chairman, Cancer Committee



# 2

The Mount Sinai Medical Center  
Comprehensive Cancer Center



## FOCUS ON SUPPORT SERVICES:

### Social Work Services

A diagnosis of cancer can result in a period of increased distress for patients and their families. Social Workers are licensed professional counselors who are available to assist patients and family members during the entire course of care at Mount Sinai Comprehensive Cancer Center (MSCCC). Patients are encouraged to contact our highly skilled workers who are available to provide short-term counseling.

#### How can our social workers assist you?

Advance directives	Counseling
Emotional distress	Financial issues
Home care needs	Housing/Lodging
Transportation	Support Groups
Community Resources	Disability

### Nutritional Counseling

Our registered dietitians are dedicated to providing the highest standards of medical nutritional therapy. Our dietitians are available to assist patients with:

- Understanding nutrition and developing awareness of the role diet plays in your treatment
- Managing side effects of treatment which may change your appetite or ability to eat
- Making practical changes in your diet as required by your treatment
- Preventing undesired or unplanned weight loss or gain
- Comprehensive nutrition assessments
- Tube feeding recommendations
- Educational programs

### Pain Management

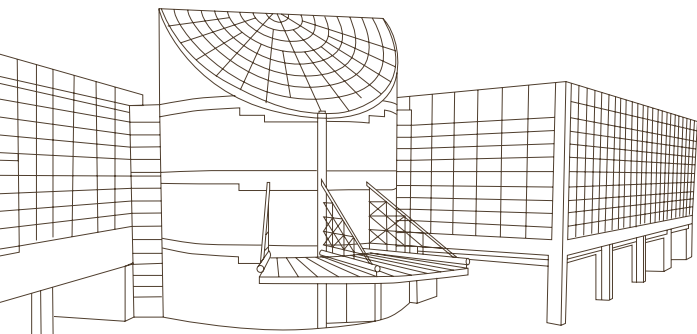
Uncontrolled pain is often a concern for people diagnosed with cancer. MSCCC has a dedicated board-certified pain management physician to treat cancer related pain. In coordination with the referring physician, our team develops an individualized pain and symptom management plan to meet the specific needs of each patient.

In addition to the use of pharmacology to manage pain, the team combines behavioral and supportive techniques, when appropriate, to form a comprehensive approach that encourages patient collaboration through patient and family education.

The foremost goal of the Cancer Pain Management Service is to alleviate patient's pain and suffering and thereby enhance the quality of life for both the patient and his or her family.

### Psychosocial Services

Mount Sinai Comprehensive Cancer Center is committed to treating the whole person, not just the illness. Your multi-disciplinary team includes oncology trained clinical psychologists who provide emotional support for patients and family during all phases of treatment. Services are provided at the bedside for our patients who are in the hospital, or on an outpatient basis.



For more information about our services, or for a physician referral, please call: 305.674.CARE [2273]

# 3

## Bahamian Cervix Study

### OBJECTIVE:

Carcinoma of the cervix is a radio curable malignancy that is seen more commonly in developing countries. The objectives of this study were to determine the overall and disease-free survival for Bahamian women receiving radiation therapy for cervical cancer and the associated frequency of complications. We also sought to analyze the efficacy of a treatment model whereby a host facility would treat and follow up with patients from a developing country where sophisticated radiation therapy equipment was not available.

### MATERIALS AND METHODS:

We retrospectively identified 134 Afro-Caribbean women from the Commonwealth of the Bahamas treated with radiation therapy at Mount Sinai Medical Center for cervical cancer between April 15th 1979 and July 1st 2004. Women were initially diagnosed with cervical cancer at the Princess Margaret Hospital, a Bahamian Government facility in Nassau. Patients were referred to a monthly radiation oncology clinic staffed by a visiting first radiation oncologist from Mount Sinai Medical Center (LMT). Women meeting criteria for radiation therapy were subsequently treated at the Mount Sinai Medical Center, Miami Beach, FL. These patients were out patients who were housed in the Miami area, coordinated by the departmental social services personnel and supported by the Bahamian government. All patients were treated with radiation therapy alone with the exception of seven who were treated after 1999 and with concurrent chemotherapy. Our database excluded patients treated post hysterectomy. Patients were treated with external beam radiation only (14.9%), brachytherapy only (3.7%), or a combination of the both therapies (81.4%). Patients were identified by the Mount Sinai Medical Center Tumor and Registry. Outcomes of complications were assessed by review of the radiation oncology charts using RTOG toxicity scales and analyzed with SPSS statistical software.

### RESULTS:

Five year survival for the entire cohort was 65.5%. While five year disease free survival for the entire 65.1%, five year disease free survival by stage was 80.5% for stage I, 75.3% for stage II, 41.1% for stage III and 16.7% for stage IV ( $p < .001$ ). Most stage IV patients were treated with palliative intent. Five year survival for patients with squamous cell carcinoma was 68.7% compared to 30% for patients with glandular subtypes ( $p = .036$ ). No treatment related side effects were reported by 20.8% of patients, however grade 1 symptoms occurred in 68.7%, grade 2 symptoms occurred in 18.7%, grade 3 symptoms occurred in 7.5% and grade 4 symptoms occurred in 0.7% of patients.

### CONCLUSIONS:

As in most large reviews of cervical cancer, clinical stage and histology were identified as the most important predictors of survival and disease free survival. Radiation therapy was tolerated well, with few grade 3 or 4 complications. Our survival figures are consistent with reported results from major treatment centers in the United States, treating primarily local populations. These data suggest that the governments of developing countries can and should provide radiation oncology services for patients with radio curable malignancies even prior to acquiring local radiation therapy facilities.

### COMPARISON TO THE REPORTS:

We excluded the overall survival by stage because we have a higher stage 4 survival than Stage 3. As it was we didn't have that many stage 4 patients, only 9. Of those patients, 2 ended up surviving more than 5 years, one of which had EOD. There of the patients were alive after 18 months but were then lost to follow up.

Atahan II, Yildiz F, Ozyar E, Phlivan B, Genc M, Kose MF, Tulunay G, Ayhan A, Yuce K, Guler N, Kucukali T. Radiotherapy in the adjuvant setting of cervical carcinoma: treatment, results, and prognostic Factors. *Int J Gynecol Cancer* 2007;17:813-820.

5 yr overall survival – 70%, disease free survival 68%

Grigsby PW, Hall-Daniels L, Baker S, Perez C. Comparison of Clinical Outcome in Black and White Women Treated with Radiotherapy for Cervical Carcinoma. *Gynecologic Oncology* 79:357-361.

5 year disease free survival for stage II – 66% for white, 61% for black (not sig)

5 year overall survival for stage II – 60% white, 51% black (sig)

5 year disease free survival for stage III – 38% white, 47% black (not sig)

5 year overall survival for stage III – 32% white, 40% black, (not sig)

# 2006 Mount Sinai Medical Center Medical Center & Miami Heart Institute

## Total Caseload for 2005

MSMC/MHI total caseload for 2005 include 2,204 cases; of these, 1,513 were considered analytic (A) - cases first diagnosed at MSMC or diagnosed elsewhere and received first course of therapy at MSMC/CCC. Non-analytical (NA) are either cases being treated for recurrences and/or progression of disease or were part of the patient's oncologic history.

PRIMARY SITE	TOTAL	CLASS		SEX		SEX		AJCC STAGE							
		A	N/A	M	F	M	F	O	I	II	III	IV	UNK	N/A	
				ALL CASES		A - ANALYTICAL CASES ONLY									
ALL SITES	2204	1513	691	1028	1176	652	861	89	399	292	170	212	71	280	
ORAL CAVITY	47	38	9	31	16	24	14	1	9	2	3	17	3	3	
TONGUE	17	15	2	9	8	8	7	1	5	0	1	7	1	0	
OROPHARYNX	2	0	2	2	0	0	0	0	0	0	0	0	0	0	
OTHER	28	23	5	20	8	16	7	0	4	2	2	10	2	3	
DIGESTIVE SYSTEM	365	277	88	199	166	145	132	12	59	63	42	62	22	17	
ESOPHAGUS	17	10	7	15	2	8	2	0	2	1	2	2	3	0	
STOMACH	38	29	9	27	11	19	10	0	7	6	5	6	2	3	
COLON	143	106	37	61	82	43	63	4	28	31	15	20	8	0	
RECTUM	48	38	10	24	24	21	17	3	9	8	7	6	4	1	
ANUS/ANAL CANAL	11	11	0	9	2	9	2	5	2	2	1	1	0	0	
LIVER	32	20	12	23	9	14	6	0	3	4	6	3	3	1	
PANCREAS	48	41	7	26	22	20	21	0	3	6	5	22	1	4	
OTHER	28	22	6	14	14	11	11	0	5	5	1	2	1	8	
RESPIRATORY SYSTEM	243	177	66	123	120	86	91	0	47	8	40	63	18	1	
NASAL/SINUS	4	2	2	3	1	2	0	0	1	0	0	1	0	0	
LARYNX	26	13	13	21	5	9	4	0	6	1	4	1	1	0	
LUNG/BRONCHUS	206	158	48	93	113	71	87	0	40	6	35	60	16	1	
OTHER	7	4	3	6	1	4	0	0	0	1	1	1	1	0	
BLOOD & BONE MARROW	163	108	55	88	75	59	49	0	0	0	0	0	0	108	
LEUKEMIA	65	32	33	32	33	17	15	0	0	0	0	0	0	32	
MULTIPLE MYELOMA	26	15	11	16	10	10	5	0	0	0	0	0	0	15	
OTHER	72	61	11	40	32	32	29	0	0	0	0	0	0	61	
BONE	4	2	2	3	1	2	0	0	1	0	0	0	1	0	
CONNECT/SOFT TISSUE	8	4	4	6	2	4	0	0	4	0	0	0	0	0	
SKIN	168	76	92	105	63	45	31	13	33	11	7	4	1	7	
MELANOMA	150	68	82	89	61	38	30	13	33	11	7	4	0	0	
OTHER	18	8	10	16	2	7	1	0	0	0	0	0	1	7	
BREAST	390	301	89	5	385	4	297	51	124	73	27	12	13	1	
FEMALE GENITAL	116	77	39	0	116	0	77	0	35	8	21	8	3	2	
CERVIX UTERI	25	15	10	0	25	0	15	0	6	4	4	1	0	0	
CORPUS UTERI	53	35	18	0	53	0	35	0	23	0	5	3	2	2	
OVARY	32	24	8	0	32	0	24	0	4	3	12	4	1	0	
VULVA	4	3	1	0	4	0	3	0	2	1	0	0	0	0	
OTHER	2	0	2	0	2	0	0	0	0	0	0	0	0	0	
MALE GENITAL	224	127	97	224	0	127	0	0	6	99	13	3	3	3	
PROSTATE	214	118	96	214	0	118	0	0	0	97	13	3	3	2	
TESTIS	6	5	1	6	0	5	0	0	4	1	0	0	0	0	
OTHER	4	4	0	4	0	4	0	0	2	1	0	0	0	1	
URINARY SYSTEM	125	67	58	92	33	49	18	12	29	10	6	7	2	1	
BLADDER	74	39	35	60	14	30	9	12	17	6	2	2	0	0	
KIDNEY/RENAL	49	27	22	31	18	18	9	0	12	3	4	5	2	1	
OTHER	2	1	1	1	1	1	0	0	0	1	0	0	0	0	
BRAIN & CNS	100	74	26	45	55	29	45	0	0	0	0	0	0	74	
BRAIN (BENIGN)	1	0	1	1	0	0	0	0	0	0	0	0	0	0	
BRAIN (MALIGNANT)	29	23	6	18	11	14	9	0	0	0	0	0	0	23	
OTHER	70	51	19	26	44	15	36	0	0	0	0	0	0	51	
ENDOCRINE	88	70	18	26	62	20	50	0	24	5	1	5	2	33	
THYROID	51	38	13	11	40	8	30	0	24	5	1	5	2	1	
OTHER	37	32	5	15	22	12	20	0	0	0	0	0	0	32	
LYMPHATIC SYSTEM	117	83	34	63	54	46	37	0	27	13	10	30	3	0	
HODGKIN'S DISEASE	17	11	6	11	6	9	2	0	1	3	3	4	0	0	
NON-HODGKIN'S	100	72	28	52	48	37	35	0	26	10	7	26	3	0	
UNKNOWN PRIMARY	32	26	6	11	21	9	17	0	0	0	0	0	0	26	
OTHER/ILL-DEFINED	14	6	8	7	7	3	3	0	1	0	0	1	0	4	

\* N/A = Non-analytical cases

+DNA = TNM staging does not apply to these cases

Mount Sinai Medical Center & Miami Heart Institute  
Cancer Committee Members  
2005 - 2006



ROGERIO LILENBAUM, MD / Chair / Director Thoracic Oncology Program

GUERNA BLOT, RN / Nurse Manager, IP Oncology Unit: 5-Main

GAIL BROWN, LCSW / Psychosocial Services

FLORENCE BUENCONSEJO, RN / Clinical Operations / Cancer Center

CRAIG COVINGTON / Executive Director / Cancer Center

LISA ESSERMAN, MD / Medical Director / Breast Center

MARSHA HOOD, RHIA / Director HIM, Compliance

PAUL KATZ, MD / Vice President Patient Services / MSMC

THOMAS MESKO, MD / Section Chief – Surgical Oncology

FRANCINE MINEAU, RN / Administrator / CCOP: Clinical Trials

DANIEL NIXON, MD / Emeritus

JUAN PARAMO, MD / Cancer Liaison Physician

ROBERT POPPITI, MD / Chairman – Pathology & Lab Medicine

PATRICK REYNOLDS, MD / Palliative Care Services

BERTA RIOS, PhD / American Cancer Society

ANA L RUIZ, CTR / Manager – Cancer Registry

BARRY SHIPMAN, DMD / Dentistry & Prostadontics

SANDY SOTNICK, MSRD / Nutritional Services

LEONARD TOONKEL, MD / Section Chief – Radiation Oncology

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