a history of...
a history of...

- quality care
- respect & caring
- cutting edge technology
- working collaboratively
- data analysis
- patient education
The Hartford Hospital’s Cancer Program staff and medical staff are privileged to inherit a tradition of excellence in cancer care, dating back to the hospital’s inception. As part of the 150th Year Anniversary celebration of Hartford Hospital, we are proud to highlight many important historic moments in this 2004 Hartford Hospital Cancer Program Annual Report. Many firsts fill these pages including the first medical oncologist in Connecticut, the first surgical oncologist in Connecticut, the first Cobalt machine in Connecticut, the first PET/CT Scanner in New England, the first Prostate Cancer Support Group in the Northeastern United States, and one of the earliest and largest “Celebrate Life” events in Connecticut. This tradition of excellent staff, programs, and technology has helped us to remain the leader in cancer care in our region.

We are fortunate to have a superb multidisciplinary and inter-disciplinary team of multiple medical specialists, nurses, social workers, dietitians, physicists, engineers, and others who devote extensive time and effort collaborating in the development of individually tailored treatment plans for our patients and families. These individuals also serve on numerous committees, tumor boards, and educational conferences all designed to ensure that we can, by working together, provide the best systems of care for our patients.

Our Cancer Registry, established in 1928, is one of the oldest and largest of its kind in the United States and provides the Cancer Program with the important component of data acquisition and analysis, which is heavily utilized by our researchers. We continue to be fully accredited by the American College of Surgeons Commission on Cancer as a Cancer Program in the teaching hospital division, and we are recognized for the excellence of our Cancer Registry and Cancer Program. Research is an important part of our mission, and we are most active in cancer clinical research, cancer communication research, and cancer quality of life research. Our clinical research trials include prevention, early detection, treatment, and palliation trials. Our collaborative relationship with Dana-Farber/Partners CancerCare brings to our patients many cutting-edge cancer clinical research trials otherwise unavailable to Connecticut patients.

We continue to be committed to patient and family education, public education, and healthcare provider education. Many symposia and other educational opportunities are offered annually for these groups to help accomplish this mission. In addition, on an annual basis cancer awareness outreach and free screening is offered to the underserved community in multiple locations as a way to help minimize health disparities.

We are most indebted to our staff and medical staff who continue to work collaboratively to help focus on the needs of our patients and families during their journey with cancer diagnoses and treatment.

Andrew Salner, MD, FACR (left)  Robert E. Rice, MS, DABR, FAAPM (middle)  Elizabeth Lada Morse, RN, MPA, MSN (right)
The Boutique at the Gray Cancer Center

Browsing in the Boutique gives genuine meaning to the term “shopping therapy.” The Boutique is a popular place for patients to purchase specialty products designed to help them during treatment and recovery. Hats, wigs, scarves, breast prostheses and surgical bras account for the majority of purchases by our clients. Suggestions for products are received from Cancer Program staff and from patients themselves. A line of jewelry was added with magnetic closures, which is helpful for women with neuropathy or arthritis.

Patients undergoing treatment don’t always have the energy it takes to track down all the things needed during therapy. The Boutique staff understands what the patients are going through, and guides them to the products they need. The Cancer Program desires to do more than just treat cancer, and the Boutique provides a holistic approach to cancer care, helping people feel whole again. Shopping after treatment is therapy. Our client’s spirits are lifted when they can do something that feels normal.

The six Boutique volunteers like to keep attractive, appealing displays in the store and display cases. They are very dedicated to the Boutique’s success and client satisfaction. The Boutique Coordinator and a volunteer will be taking the Board of Orthotics’s (BOC) certification test in the fall of 2004. This certification will become a requirement for fitting prosthesis in the future, and insures the Boutique status as a full service specialty shop.

The Boutique celebrated its second anniversary the week of September 30th. In Fall 2003, a donor recognition/plaque dedication recognized the Boutique’s benefactors, including the Hartford Hospital Auxiliary. A permanent sign is now in place with new graphics acknowledging the Auxiliary’s generosity.

Participation in community education programs, referrals from physicians, staff and patient recommendations will help us achieve increased community awareness of the Boutique and what it has to offer patients undergoing cancer treatment.

Lorraine Casanelli, RN
Boutique Coordinator

Susan Wright, MBA
Cancer Program

Cancer Clinical Research Office

The Cancer Clinical Research Office (CCRO) is an active participant in a variety of national cooperative group research studies and several industry-supported trials. The office affiliation with Dana-Farber/Partners CancerCare provides the CCRO with the opportunity to open additional cancer clinical trials. The CCRO supports multiple protocols sponsored by the Cancer and Leukemia Group B (CALGB), the Gynecologic Oncology Group (GOG), and the National Surgical Adjuvant Breast and Bowel Project (NSABP). The NSABP STAR trial, which compares tamoxifen versus raloxifene as breast cancer chemoprotectants in high-risk postmenopausal women, completed enrollment of participants this year. Presently, a new NSABP prevention trial, P-3, or the Polyp Prevention Project, opened to determine whether Celebrex can reduce the number of polyps in the colon of patients who recently had surgery for early stage colon cancer. Dr. Patricia DeFusco, principal investigator, and Dr. Timothy Hong, co-investigator, and Barbara Deckers, RN, head this research effort. Hartford Hospital serves as the coordinating institution for a network of seven hospitals in Connecticut involved in this study. P-3 will randomize patients between Celebrex vs. placebo and 1,200 patients will participate in this study nationwide.

The SCOPE grant has been renewed and supports the salary for an outreach educator who is responsible for recruitment of minority men and women for the P-3 trial.

The GOG trials continue to recruit gynecology patients under the guidance of the principal investigator, Dr. Stacy Nerenstone and RN Coordinator, Camille Servodidio. Dr. Joel Sorosky, who arrived this year as the GYN oncologist for Hartford Hospital, initiated the application process for full GOG membership. The GOG opened GOG # 199, a prevention trial for women who are at increased genetic risk of ovarian cancer because either they or a close relative has a genetic mutation (BRCA1 or BRCA2 gene) for ovarian cancer or they have a strong family history of breast and/or ovarian cancer. Women will choose between surgery to remove their ovaries or to be followed with blood testing (CA-125) and annual transvaginal ultrasound. Hartford Hospital is one of the top recruiting affiliate sites for this trial.

This past year Dana-Farber/Partners CancerCare successfully recruited patients for a trial comparing Celebrex (a
Following Wilhelm Roentgen’s discovery of the X-ray in 1895, and Marie Curie’s discovery of radium in 1898, incredible advances in the use of ionizing radiation occurred over the following century. Within two or three decades of their brilliant work, early forms of both external radiation and implanted isotopes were used to treat a variety of human malignancies. Hartford Hospital was a pioneer in using these new technologies. External radiation devices developed early in the twentieth century were in the orthovoltage range, generally 150 – 250 kvp. Although these delivered radiation somewhat more deeply than the earliest superficial type X-ray machines, they still deposited the largest dose at the skin surface, limiting the total dose to be delivered, and suffered from the inability for radiation to penetrate very deeply inside the body.
Cancer Nursing

As one of the earliest schools of nursing in the country, nursing at Hartford Hospital continues a long history of excellence. In January 2004 Hartford Hospital was granted the highly coveted “Magnet Recognition for Excellence in Nursing Services” by the American Nurses Credentialing Center, part of the American Nurses Association. At the time fewer than 100 hospitals in the country had received the Magnet award. Magnet designation has proven to be a major factor in recruiting and retaining nurses. It has also been shown to be a factor in attracting physicians of the highest caliber who want to work with a highly skilled and autonomous nursing staff. Under the leadership of Laura Caramanica, RN, PhD, Vice President for Nursing, the rigorous application process and on site verification visit was a tremendous and successful team effort.

Nursing’s shared governance structure at Hartford Hospital empowers staff to uphold the responsibility, authority and accountability of nursing practice and service outcomes. Cancer nursing staff is involved with decision-making at the point of service. Expert nurses at the bedside are identified as Clinical Leaders and co-chair each of the four nursing councils (Practice & Research, Education, Operations, and Performance Improvement). Staff is involved with all aspects of nursing council work including interviewing and hiring staff, peer review, developing and reviewing evidence-based practice standards, staff orientation and education, self scheduling and daily operation guidelines and compliance to regulatory and mandatory standards. Practice and Education Council members update policies and practice standards as well as define competencies for nursing staff.

Cancer nursing continues to offer the Oncology Nursing Society (ONS) approved Chemotherapy and Biotherapy course twice a year. Clinical Leaders who are certified ONS trainers teach this course. The course is offered to community nurses from all of Connecticut, and averages about 25 attendees per each session. Hartford Hospital was one of the first Cancer Programs in the country to offer a newly developed one day ONS Radiation Oncology Nursing Course. Kathy D. Burns, RN, MSN, OCN and Mary Kate Eanniello, RN, OCN are both ONS certified instructors for the course. Additionally, our nurses provide leadership to the professional oncology nursing organization. Kathy D. Burns, RN, MSN, OCN is President of the Central Connecticut Chapter of Oncology Nursing Society. Camille Servodidio, RN, OCN was selected to join the ONS News Editorial Board.

Each year Cancer Nursing supports sending nursing staff to the Annual ONS Congress, which offers extensive educational and networking opportunities. Diane Ward, RN, OCN presented a poster at the ONS 29th Annual Meeting in Anaheim, CA titled, “Breast Cancer Patients Use and Satisfaction with Internet-based Information and Support Program, CHESS©,” Beth Lada Morse, RN was part of a Palliative Care panel at ONS and presented “Moments of Meditation,” a description on caring for oncology staff at Hartford Hospital. Kathy D. Burns, RN, OCN addressed a national audience at the annual meeting of ASTRO, the professional society of radiation oncology, with her talk “Nursing Care of the Anemic Radiation Patient with or without Chemotherapy.” Darcie Shewokis, RN and Angie Falcon, LPN were interviewed for an article in Advance for LPN’s about caring for oncology patients with fatigue.

Recognition and development of clinical expertise for nurses at the bedside ensures quality patient care and fosters staff retention. Nursing Clinical Leadership at the bedside is evidenced through the continuing development of the Clinical Leader role at Hartford Hospital. Cancer nursing Clinical Leaders include Bobbie Lane, RN, OCN, Anne Hart, RN, OCN, Nancy Discenza, RN, OCN, Maryann Steed, RN, OCN, Darcie Shewokis, RN, and Tammy Ratcliffe, RN, OCN. Sally Lundberg, RN, OCN, Donna Gomme, RN and Michelle Nai, RN attended The Geriatric Resource Nurse Training Program and are recognized as geriatric specialists at the bedside. As the Oncology Unit’s skin care resource Kathleen Hunter, RN,
participated in the Annual Prevalence and Incident Survey, which is reported in the National Database of Nursing Quality Indicators.

Our staff receives numerous accolades from patients and peers. During Oncology Nurse Week the following staff was selected by their peers for recognition awards: Anne Hart, RN, OCN, Clinical Leader, Tammy Ratcliffe, RN, OCN, Clinical Leader, Patricia Rathmann, RN, OCN, Donna Trott, RN, Mary Ann Sokolis, RN, Andrea Hotsko, RN, Diane Jones, PCA, Maria Boccaccio, PSA, and Robert Juall, PAA. Tammy Ratcliffe, RN, OCN was also chosen as one of 15 nurses from Hartford Hospital to receive a prestigious Nightingale Award for Excellence in Nursing. Barbara Deckers, RN was awarded the Excellence in Research Utilization Nursing Practice Award for 2004 at the 8th Annual Research/Research Utilization Conference.

Hartford Hospital’s 26-bed inpatient medical oncology unit on Conklin Building (CB5) and the Palliative Care unit on CB4 provide dedicated state-of-the-art cancer care. Our team of physicians, nurses, social workers, care coordinators, dietitians, chaplains, pain control and rehabilitation services provides comfort and caring treatment, for both the patients and families. Many of our highly skilled nursing staff has received specialization certification through the Oncology Nursing Society (ONS). All nurses administering chemotherapy attend a comprehensive ONS program and competency validation process. Patient education is also an important component of cancer care. Patients, families and caregivers have access to extensive information provided in the two education resource rooms - one on CB5 and the other located in the Cancer Center. Both provide access to literature and books covering a wide variety of cancer topics, as well as computers for Internet research.

Beth Lada Morse, RN, MPA, MSN
Nurse Director, Cancer Program

CHESS: Innovative On-Line Support and Information for Cancer Patients

Hartford Hospital is on the cutting edge of patient education and support through its use of the Comprehensive Health Enhancement Support System, CHESS®. The future of low cost, easy to distribute health care information is through the Internet and we are paving the way by offering CHESS to our patients and by conducting research that adds to the understanding of e-health programs.

Hartford Hospital is a member of the CHESS Health Education Consortium (CHEC). The Consortium seeks to advance the impact of computer based technology on health education, decision making, behavior change and patient support. Its purpose is to research the impact of CHESS, and to guide development of enhancements to the system and new CHESS topics, while delivering CHESS to people who need it. The CHESS Research Consortium brings together university health service researchers and sponsors known for excellence and innovation in health promotion and health care delivery.

CHESS has provided on-line information and support to our breast cancer and prostate cancer patients for more than eight years. In this past year, 120 women have been enrolled in “Living After Breast Cancer” module with 54 men in the “Living with Prostate Cancer” module. CHESS users are able to share support with others, gather easy to understand information, and utilize tools to help with decision making. CHESS links users to other reliable cancer information web sites, provides journaling tools and displays the latest in cancer news.

CHESS was introduced at Hartford Hospital in 1996. Since then we have reached over 880 women with breast cancer and 304 men with prostate cancer. Thanks to our generous donors, we own 56 laptop computers which are loaned to patients who do not own computers. We also provide these patients with free Internet access and training.

As a member of CHEC, the Cancer Program participates in a variety of projects. Some are based here, while others are in partnership with the University of Wisconsin and the National Cancer Institute. Listed below are completed projects, current projects and projects planned for the future.

The Development of a Comprehensive Health Enhancement Support System (CHESS) to study outcomes and outcomes research methodologies as applied to patients with breast carcinoma. In this study, we worked closely with the
University of Wisconsin to develop and refine the CHESS Breast Cancer Module.

Descriptive study of breast cancer patients’ patterns of use and satisfaction with the Internet-based information and support program CHESS. This completed study enrolled 129 breast cancer patients. Results were presented in a poster session at the Oncology Nursing Society’s annual meeting in April 2004. Greater patient satisfaction was correlated with higher CHESS usage.

Effect of Computer-Based Support on Prostate Cancer Treatment Decisions. This completed study enrolled 116 prostate cancer patients from Hartford Hospital. Study results were published in the journal “Patient Education and Counseling” in 2003.

The Effects of Training and Follow-up Patient Contact on Utilization of the Internet-Based Information and Support Program CHESS. This is an on-going randomized study whose goal is to recruit 250 patients from both the breast cancer and prostate cancer population. The study will measure whether a hands-on training session plus follow-up phone calls will make any difference in usage of the CHESS program. The relationship between usage and satisfaction will also be explored.

Centers of Excellence in Cancer Communication: 1) Mentor Integration Project, 2) Component and Couple Analysis of Cancer Communication. Awarded in June of 2003, this is an on-going National Cancer Institute grant, in partnership with the University of Wisconsin. We will study the effects of interactive cancer communication systems, 700 patients will be recruited for this study, with over 300 from Hartford Hospital. Andrew L. Salner M.D., Director of the Cancer Program, has been asked to chair the national advisory panel for these grants.

CHESS continues to be supported by grants here at Hartford Hospital. As we move forward with our research, we are proud to be the only health care facility in Connecticut to offer CHESS. A demonstration of a CHESS module can be viewed by visiting the CHESS web site at: http://chess.chsra.wisc.edu

Diane Ward RN, BSN, OCN
CHESS Program Coordinator
Hartford Hospital Cancer Program

Hematology

The Hematology section of the department of medicine continues to provide diagnostic services and care for a wide variety of malignant and benign disorders of the hematopoietic and lymphatic systems. We receive 200 to 300 referrals per year of patients with leukemia, lymphoproliferative disorders, plasma cell dyscrasias, and Hodgkin’s disease, along with a large sampling of cytopenias, clotting problems, and immunologic ailments. With an increasingly aging population, there are large numbers of patients with chronic lymphocytic leukemia, myelodysplastic syndromes, and multiple myeloma. On the other hand, there appear to be fewer AIDS-related lymphomas in the era of HAART therapy, and fewer post-solid organ transplantation lymphomas because of newer, more selective immunosuppressive agents.

The section runs an active hospital service on Conklin Building 5 for the treatment of newly diagnosed and relapsed acute leukemias and aggressive lymphomas, and their complications, plus a large consultation service. We continue to provide “boutique” services in the management of unusual bleeding and clotting problems to the surgical, medical, and intensive care floors. These include heparin-induced thrombocytopenias, anti-phospholipid antibody syndrome, pregnancy-associated coagulopathies, and inherited hemophilias and thrombophilias. Recent therapeutic advances include rituximab for lymphomas, and various immunologic ailments, including TTP, ITP, acquired factor 8 inhibitors, cold and warm autoantibodies; radiolabeled monoclonal antibodies vs. lymphomas; unlabeled antibody reagents used for AML, CLL, and soon, nocturnal hemoglobinuria; thalidomide and velcade for myeloma; and Gleevec in CML treatment.

The section provides a two to three month rotation for post-graduate hematology-oncology fellows from the University of Connecticut, who are integrated into the inpatient and office practices, seeing new patients as they arrive. A residency elective is shared with the Oncology section. Members plan and attend weekly conferences, and grand rounds. Outside academic speakers this year have presented sessions of CML, AML and transplantation, myeloma, and lymphoma.

Stephen Firshein, MD
Section Chief, Hematology
Medical Oncology

The Division of Medical Oncology plays a pivotal role in coordinating patient care, clinical research, and medical education at Hartford Hospital. As the general United States population continues to age, the number of new cancer cases is projected to increase by 50% over the next 20 years. Hartford Hospital is committed to providing state of the art treatments through participation in multi-institutional clinical trials through the Gynecologic-Oncology Group (GOG), in the National Surgical Adjuvant Breast and Bowel Project (NSABP), and the Cancer and Leukemia Group B (CALGB).

The Division of Medical Oncology has expanded each year for the past six years. There are now 11 Board Certified Medical Oncologists, one Advanced Practice Oncology Nurse Practitioner, and a support staff of more than 35 secretaries and laboratory technicians.

The Medical Oncology Unit is located in Conklin Building 5 (CB5) in close proximity to the Hartford Hospital Palliative Care Unit located on the fourth floor of the Conklin Building (CB4).

The results of clinical research studies continue to improve the outcome for many cancer patients. Dr. Robert Siegel is the Chairman of Hartford Hospital’s Institutional Review Committee and is the Medical Director of the Cancer Clinical Research Office.

The Palliative Care Unit on CB4 at Hartford Hospital has been recognized as providing outstanding Hospice level supportive care throughout the community. Dr. Mark

The Cancer Registry

The Connecticut Tumor Registry, located in the Department of Public Health, carries the distinction of being the oldest state registry in the nation, collecting data without interruption since 1935. All CT hospitals and private pathology labs are required by State law to report cancer cases to the State Registry. The data housed at the CT Tumor Registry is highly respected and considered to be the most widely used by researchers in the U.S.

In 1973, The National Cancer Institute established the SEER (Surveillance, Epidemiology and End Results) program. CT became one of five SEER designated states providing a representative sample of the U.S. population. The Cancer Registry at Hartford Hospital submits approximately 15% of the total number of cancer cases submitted to the central registry each year. The Registry at Hartford Hospital contains more than 80,000 cancer records from 1928 to the present. Certified Cancer Registrar’s participate in activities offered by two professional organizations, The National Cancer Registrars Association (NCRA) and Tumor Registrars of Connecticut (TRAC).
Dailey is the physician consultant to the VNA Healthcare, Inc. - HOPE Program. The Division is committed to providing medical education to medical students, interns, resident physicians, and medical oncology fellows. Multidisciplinary educational patient care conferences are held in conjunction with the Departments of Surgery, Urology, Neurology, Thoracic Surgery, Gynecology, Pathology, and Radiation Oncology. In addition to Hartford Hospital’s weekly Oncology Tumor Board, a weekly Breast Cancer Planning Conference continues under the direction of Dr. Elizabeth Brady from the Department of Surgery.

We held two very successful educational symposia, the annual Mary Mulready Sullivan Symposium in the spring, and the third annual Thoracic-Oncology Symposium in November. At the Annual American Society of Clinical Oncology National meeting, several landmark studies were presented clearly demonstrating a benefit from adjuvant chemotherapy following surgical resection of non-small cell lung cancers. Two new agents, Tarceva and Iressa, were approved for patients with refractory non-small cell lung cancer.

As our patient population continues to increase each year, we plan to expand our division in order to provide cancer care in Hartford and the surrounding communities. Outpatient treatments are currently provided at the Helen & Harry Gray Cancer Center as well as at satellite facilities in Avon, Windham, and Wethersfield. We anticipate that within the next six months additional sites will open in the surrounding communities.

This is an exciting time in the evolution of medical oncology as a specialty. Many less toxic, more targeted therapies are now available for patients with lymphoma, breast cancer, and lung cancer. Clinical studies are currently in progress looking at similar treatments for a wide range of other solid tumors. We are optimistic that over the next several years, the results of basic research will give far more options for our patients.

Peter K. Schauer, MD, FACP
Division Chief, Medical Oncology

Dr. William Wawro

Dr. William Wawro was a highly renowned surgeon, particularly in the area of head and neck cancer and received referrals from all over the state. His futuristic thinking brought one of the most valuable features to the surgical teaching program at Hartford Hospital – the quarterly visiting professor program. He traveled with Project Hope to West Africa, Columbia, and Tunisia and visited with Albert Schweitzer at Lambarene. He was president of the CT division, American Cancer Society (ACS), from 1961-63. He received ACS Bronze Medal for distinguished service in 1968. He was president of the New England Cancer Society from 1967-1968 and Vice President of the New England Surgical Society from 1968-1969.
**Nutrition Services**

The Hartford Hospital Cancer Program is a leader in recognizing the importance of collaborative care for the cancer patient. The close interaction of the dietitian with patients, families, nursing and medical staff, and social workers provides a clear message as an important care component for all who require nutritional services. Cancer patients at the Helen & Harry Gray Cancer Center, or in the Hospital have access to nutritional counseling from highly skilled oncology dietitians. Dietitians participate weekly in head and neck rounds, breast cancer rounds and the tumor board providing them with a better understanding of the latest procedures and possible nutritional interventions necessary. Presenting information at our support programs (breast, ovarian, and prostate) provides an additional venue for reaching our patients with nutritional information. As one of a panel of five healthcare providers, our dietitian spoke at our two very successful community programs for Breast Cancer Awareness Month. She was also a speaker at a program for participants enrolled in our research trials.

New Beginnings, our collaborative program for women after breast cancer treatment, had an excellent year with full enrollment for all six sessions. This program effectively provided its participants with a certified instructor in nutrition, exercise, yoga, and tai chi.

Education for professionals was achieved by mentoring four University of Connecticut Dietetic Interns during their cancer clinical rotation. Guest lecturing at the School of Allied Health at the University of Connecticut helped stimulate potential interest in the area of cancer and the role of nutrition. The Helen & Harry Gray Cancer Center dietitian taught the nutrition section for the Hartford Hospital School of Allied Health Radiation Therapy Technology Program and was an instructor for the Registry Review for new graduates of Radiation Therapy programs across the country.

The annual programs of Celebrate Life and Remembrance Service were again very successful this year and the dietitian had an active role in both these events.

**Oncology Social Work Services**

The overall goal of the oncology social work team is to minimize the negative impact of cancer by providing supportive services of the highest quality as outlined in the Cancer Program’s mission statement. During the 2003-2004 fiscal year, our oncology social workers continued to provide psychosocial interventions with cancer patients and their families including emotional support, advocacy, resource referrals, education, and guidance.

In addition to the Cancer Program inpatient and outpatient direct service caseload, the oncology social work team strives to meet the needs of patients through public outreach. In partnership with the American Cancer Society, the oncology social work team facilitates monthly Look Good, Feel Better workshops for our patients. New this year, the social work team created a pilot educational series in response to requests from our patients for topics tailored to the “cancer experience” such as financial guidance, information for caregivers, estate planning, and insurance. Two of the four presentations were offered in collaboration with the Leukemia and Lymphoma Society. Additionally, the oncology social workers facilitate the CB5 Cancer Learning Library Committee and Hartford Hospital’s Brain Tumor Support Group. The social work team was also involved in Celebrate Life, the Annual Remembrance Service, and the Cancer Program’s Bereavement Committee.

In an effort to support the psychosocial needs of our patients and their families, our oncology social workers participate in the Cancer Program Psychosocial Task Force, inpatient and outpatient rounds, The Cancer Committee, The Cancer Program Advisory Committee, and CORE. Throughout the year, our oncology social workers attend various seminars, conferences and learning opportunities valuable to the population served by the Cancer Program. Finally, our oncology social workers also collaborate with other mental health practitioners in the community as well as state and private agencies for the purpose of coordinating resources and strengthening the Cancer Program.

Charmain Ali, LCSW and Hillary Keller, LCSW
Oncology Clinical Social Work Team
The Palliative Care Program

A Palliative Care initiative throughout the hospital has focused on the education of staff and physicians. Dr. Evan Fox, Medical Director for Palliative Care along with nurses and case coordinators from the Palliative Care Unit – (CB4) developed and presented a program about services provided on CB4 to several medical and cardiac units in the hospital. Members of the Palliative Care team – nurses, physicians, social workers, pastoral care and others - are actively involved with designing a Hospital-wide Palliative Care Program. This team includes members from all disciplines and clinical areas of service, including the community.

Standards of nursing care practice have been examined through the Education and Practice Council as part of the Nursing Shared Governance structure at the hospital. Staffs developed competencies for end of life care and palliative care. Palliative care is incorporated into the general orientation for all nursing staff throughout the hospital.

Providing acute palliative care and hospice level services along the continuum of care was a focus of this year’s efforts. Patients requiring management of acute medical symptoms with lesser focus on curative treatment are admitted to CB4. CB4 provides the patient and family a homelike caring environment where staff and physicians focus on comfort and caring treatment for the patient and family. Approximately one-half of palliative care patients have a non-cancer diagnosis. In addition to specialty trained staff and physicians, palliative care volunteers are integral members of the patient care team. In partnership with the Hartford Hospital Volunteer Department, and VNA Healthcare, Inc., the Palliative Care Program has continued to offer specialized volunteer training. The Palliative Care Volunteer education program is based on the National Hospice and Palliative Care Organization’s volunteer training standards. Palliative care volunteers have also begun to provide service to the acute inpatient Oncology Unit (CB5) and the outpatient areas in the Helen & Harry Gray Cancer Center.

The Cancer Program Bereavement Committee sponsored the Eighth Annual Remembrance Service. Family and friends of those who died the previous year are invited to a service and reception. This year over 900 former patients were remembered and over 300 family and friends attended the service.

Beth Lada Morse, RN, MPA, MSN
Nurse Director, Cancer Program
Evan Fox, MD
Medical Director, Palliative Care Program
Psycho-Oncologist, Division of Consultative Psychiatry
Department of Psychiatry

Partnership for Breast Care

The Partnership for Breast Care, our comprehensive breast center at Hartford Hospital, is in its third year of providing quality and coordinated service to patients with breast problems and breast cancer. The Partnership provided one-on-one support and guidance to over 850 people in the 2004 fiscal year. Community Education sessions were offered for women at high risk for breast cancer and for those with ductal carcinoma in situ by Dr. Patricia DeFusco and Dr. Robert Siegel. More than 170 people attended these talks offered at the Hartford Hospital satellite offices in Wethersfield, Windsor, and Glastonbury.

In addition to the services provided directly to patients, the Partnership for Breast Care works behind the scenes with various departments at Hartford Hospital including the Cancer Center, Radiology, Pathology, Surgery, Research and Fund Development Departments. The number of noninvasive breast biopsies performed at the Breast Diagnostic Center at Hartford Hospital continues to grow in part due to coordinated services offered by the Partnership. We continue to offer our weekly Pretreatment Breast Cancer Conference, which attracts over 30 participants each week. This conference allows multi-disciplines to develop consensus recommendations concerning challenging, complex cases.

There were some new developments in breast cancer screening during the 2004 fiscal year. The addition of Computer Aided Detection (CAD) allows for all mammograms to be checked with a computer for abnormalities...
in addition to radiologist review. Advances have been made with breast MRI; bilateral breast MRIs became available, allowing simultaneous MRI imaging of both breasts. Breast biopsies can now be performed using MRI guidance.

The upcoming year holds promise for positive change and advances in the care of patients with breast problems and breast cancer. Effective November 1, 2004 the Partnership is proud to have Edward Cronin, MD as our new medical director. In 2005 the Partnership will work with the Radiology Department and the Cancer Program at Hartford Hospital along with the community to bring mobile mammography services to the Greater Hartford Area; fulfill the goal of providing education to providers and residents on breast disease by offering a monthly educational didactic session; and expand involvement of primary care providers with the Partnership for Breast Care.

Roxanne P. Rotondaro, MPH
Coordinator
Edward Cronin, MD
Medical Director

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**Theratron Machine**

The Theratron machine was purchased by Hartford Hospital for cancer treatment with a $125,000 gift from United Aircraft Corporation in October 1953. It was put into operation on December 6, 1954. Dr. Douglas Roberts and Doctor Ralph Ogden, co-chiefs, chose the Theratron machine because the unit enabled patients to lie on the table while the radioactive head that delivered cobalt 60 revolved around him. Other treatment machines had fixed treatment heads and the patient sat in a moving chair.

The Theratron was one of only 17 in existence in the world, and was built in Canada under the auspices of the Canadian Atomic Energy Control Board, which had the first nuclear reactor available for charging cobalt. The big machine derives its source from a small mass of cobalt 60 about a cubic inch in size. The source was made radioactive for a period of one year in an atomic furnace at Oak Ridge, Tennessee. The cobalt had a half-life of 5.3 years, meaning treatment would be twice as long for the same results in five years, or the cobalt would need to be recharged in an atomic furnace. In a year’s time, 107 cancer patients received 2,103 treatments. They treated 15 patients each day. Hartford Hospital’s Theratron was available to patients in the greater Hartford area as well as Connecticut and throughout New England. In 1955, the Theratron ranked among the best equipment money could buy.
Pastoral Services

Care for the spiritual and religious needs of oncology patients and their families is the focus of the chaplains who have responsibilities in these areas. This past year, Chaplain Rose Tressel and Fr. James Ibeke of the Pastoral Services Department provided most of those services. Currently, Fr. James concentrates on CB5 and CB4. Chaplain Rob Hamm attends to the Gray Cancer Center and CB5, while Chaplain Gwen Buehrens works with patients, families and staff on CB4.

A group of volunteers from the Canton Center Congregational Church have been creating “prayer shawls” for patients. The chaplains give these to people who need a tangible reminder that others care and are praying for them. The shawls symbolize hope and comfort during particularly difficult times.

Chaplains listen with sensitivity and compassion. They create a space in which the spirit can be nurtured and is allowed to grow, a place where healing of the person happens. They are there to help guide families through this journey with the patient.

Prayers, poems, laughter, tears, guided imagery, music, spiritual care and counseling, provision for specific religious needs, and information and assistance with advance directives are all part of a chaplain’s day. A chaplain is always available at the hospital on a 24-hour basis.

It is important for patients to utilize all their resources for moving through the treatment process toward recovery. Chaplains are available to help patients and families tap into their own spiritual strengths and to encourage them along the way.

Rev. Kathleen Ogden Davis
Director, Pastoral Services

Psycho-Oncology

Through a collaborative interdisciplinary effort, the Psycho-oncology support service at the Helen & Harry Gray Cancer Center continues to grow and respond to an increasing awareness of how the support services can play an integral role in patient care. Together, we have developed an integrative approach that emphasizes improving quality of life, appreciating the intimate relationship between disease process and the existential nature of illness, and providing care with dignity, integrity and compassion.

Over the past year, we have increased patient participation in all nine support groups and seminars which include: Brain Tumor Support, Patient/Caregiver Support Series (four part series), Look Good, Feel Better, New Beginnings, Prostate Cancer Support and Advanced Prostate Cancer Support Groups, Prostate Cancer Support Group for Women, Women with Cancer, and Bereavement. In addition, Cancer on Ropes has been offered which focuses on: finding strength, developing a sense of hope, increasing the patient’s role in healing, changing the way we all view cancer.

Other achievements this year include:

• In collaboration with the Partnership for Breast Care, we are reaching out and creating a triage and referral service that will help provide more support and diagnosis at the time of need.

• Continued inpatient and outpatient consultation with the Dept. of Psychosomatic Medicine, which consulted 181 inpatients.

• Collaboration with the Palliative Care unit providing ongoing psychosocial services.

Evan Fox, MD
Medical Director, Palliative Care Unit
Psycho-Oncologist
Consultation/Liaison Psychiatry
Division of Psychosomatic Medicine
Quality of Life Research

“It’s NOT just the quantity, it’s the QUALITY!” Many of our patients and families express this feeling during their cancer journey. Quality of life issues permeate every diagnostic, treatment and support strategy, wherein clinicians attempt to maximize the effectiveness of therapy and minimize potential toxicities.

Research into quality of life issues is important in understanding how we might better optimize quality of life for patients, families, and survivors. We have embraced this type of research, both by looking at quality of life issues in many of our standard cancer clinical trials, and by conducting studies which specifically focus on quality of life.

Several of our CHESS studies currently underway focus on how we might best support patients and families, both at the time of initial cancer diagnosis and during disease progression. These studies, in conjunction with the University of Wisconsin–Madison, help us understand how we can utilize technology, in addition to human contact, to help support and inform patients.

A second area of quality of life research has been focused on generativity, the apparent “good” that patients can extract from a cancer diagnosis and treatment experience. In collaboration with researchers from the Departments of Family Studies and Psychology at the University of Connecticut–Storrs, we focused on studying how older patients and younger patients coped with their cancer experience and moved on. Through a Lance Armstrong Foundation Grant, we are currently looking at younger individuals and how they have been able to resume normal life functions after cancer treatment. These types of studies will help us to develop strategies for better supporting patients and families during and after treatment.

Andrew L. Salner, MD, FACR
Director, Cancer Program

Dr. Henry Williams

As a 7-year-old child, “Hank” Williams decided, along with his 9-year-old brother, Bill, to become a doctor. Their favorite childhood pastime was to bandage up their brothers and sisters, whether they needed it or not. Dr. Williams started Yale in 1948, and took time off to serve with American Infantry in France and Germany. His army career was cut short with a German bullet, and he received the Purple Heart for bravery. He completed Yale Medical School in 1952, and followed with internship and medical residency at Hartford Hospital from 1952-56. He spent a year as a special fellow in medical neoplasia at Memorial Sloan Kettering, from 1956-57. He entered practice in Hartford as the first medical oncologist in the State of CT. His expertise, kindness and wisdom helped thousands of patients and families, and influenced many students and residents to follow in his footsteps.
Radiation Oncology

The Radiation Oncology Department at Hartford Hospital has a rich history and tradition of excellence in the delivery of cancer care. In similar ways to other major institutions across the country, orthovoltage radiation therapy and brachytherapy were utilized early in the twentieth century to treat both malignant and benign disease. In 1955, Hartford Hospital was the first in New England to acquire a Cobalt-60 unit, a gift from United Aircraft Corporation. Since that time, Hartford Hospital and its medical staff have continued to be leaders in the delivery of radiation oncology care.

Radiation Oncologists work in conjunction with surgeons, medical oncologists, primary care physicians, nurses, social workers, dietitians, and others as part of the patient’s multidisciplinary and interdisciplinary care team to provide optimal individually tailored treatment for each and every patient. Individuals in many disciplines work within the Radiation Oncology Department collaboratively to ensure excellent inpatient care. These individuals include physicists, dosimetrists, engineers, radiation therapists, nurses, social workers, dietitians, data management staff, clerical staff, and support staff. This team meets regularly and has active programs in quality improvement, peer review, new patient management, and patient satisfaction.

Over the past year, the department has continued to develop its Intensity Modulated Radiation Therapy (IMRT) program, adding new clinical indications for this highly focused treatment technique. Electronic Portal Imaging, B-Mode Acquisition and Targeting system (BAT) Ultrasound Positioning, sophisticated radiation therapy treatment planning, new body immobilization techniques, and other strategies help make IMRT a particularly excellent technique for selective patients with prostate cancer, head and neck cancer, and other tumor sites.

Radiation Oncologists also oversee other types of sophisticated services including 3-D Conformal Radiation Therapy, permanent and temporary seed implants for prostate cancer, brachytherapy for gynecologic, head and neck, and other neoplasms, systemic radioisotopes in the management of bony metastatic disease and lymphoma, and comprehensive management of malignant and non-malignant diagnoses. High dose rate brachytherapy is utilized for Mammosite breast cancer therapy, selected gynecologic neoplasms, prostate cancer, and lung cancer.

Radiation Oncologists participate in a wide array of cancer conferences at Hartford Hospital and surrounding institutions designed to enhance prospective patient management, collaboration amongst specialists, advancement of multidisciplinary care, development of individually tailored treatment protocols, enhancement of clinical research efforts, and education of medical staff, house staff, and students. Radiation Oncologists all actively participate in the teaching program of Hartford Hospital’s School for Radiation Technology.

The combination of superb technology, excellent staff, and pleasant accessible environment continues to make Hartford Hospital’s Department of Radiation Oncology a leader in the delivery of cancer care.

Andrew L. Salner, MD, FACR
Medical Director
Robert E. Rice, MS, DABR, FAAPM
Department Head and Chief Medical Physicist
Cancer Clinical Research

Our collaboration with Dana-Farber/Partners CancerCare brings research, educational and programmatic opportunities to Hartford Hospital’s Cancer Program as it continues to develop as a Center of Excellence. This important link to an internationally recognized and designated comprehensive cancer center and major research institute allows us to bring unique research trials to Connecticut cancer patients.

The Cancer Clinical Research Office supports multiple protocols sponsored by the Cancer and Leukemia Group B (CALGB), the National Surgical Adjuvant Breast and Bowel Project (NSABP), Gynecology Oncology Group (GOG) and industry sponsored trials. Hartford Hospital serves as coordinating institution for the STAR trial, an in-state 10 hospital network, which is ranked eighth in the nation. Another program in the department, the Connecticut Breast and Cervical Cancer Early Detection Program (CBCCEDP), screens women for breast and cervical cancer as well as diabetes and hypercholesterolemia.
The Cancer Committee Report

The Cancer Committee is a multi-disciplinary committee designed to foster the care of cancer patients at Hartford Hospital. It is responsible for ensuring that the hospital meets all applicable national standards for cancer patient care as established by the American College of Surgeons (ACOS). The Committee makes certain that the hospital's programs maintain these high standards and are in compliance with regulatory or accreditation agency requirements. The Committee physicians perform quality checks of registry data and participate in the development and review of patient care evaluation studies.

New AJCC standards were implemented in 2004, and the committee has taken steps to insure future compliance. Dr. Andrew Ricci, Anatomic Pathology Department, actively participated in the department's new synoptic summary pathology reports as required by the latest Commission on Cancer standards. The format of the new pathology reports provides for uniform reporting of all pertinent pathology and staging features across all tumor types and has been well received by treating physicians.

As cancer treatment shifts to the outpatient arena, the committee is exploring ways to facilitate the information transfer between the office and hospital setting to make this information stream both user-friendly and clinically relevant. The Cancer Committee will continue its efforts to provide physicians with up-to-date outcome information to assure that Hartford Hospital remains a leader in comprehensive cancer care.

Vincent Laudone, MD
Cancer Committee Chairperson

ACOS Liaison Physician Report

The Cancer Liaison Program was developed to serve as a local network of physician representatives for the American College of Surgeons (ACOS). The ACOS liaison provides direction for establishing, supporting and maintaining standards as an ACOS accredited Cancer Program. The liaison physician at Hartford Hospital serves as Connecticut State Chair for the ACOS and attends annual meetings both at the state level and at the Commission on Cancer (CoC) national meetings held in April and October.

During the calendar year 2004, the ACOS liaison at Hartford Hospital chaired the weekly Department of Surgery Tumor Board, presenting a wide variety of prospective case discussions with multidisciplinary attendance. The liaison is member of the Cancer Committee and the Advisory Committee, providing updates on ACOS changes and participating in the annual physician review of Registry data.

In accordance with CoC approval standards, the liaison and Cancer Committee monitor the Hartford Hospital cancer conferences. CoC benchmarking data was utilized for national comparisons in our annual report. Hartford Hospital cancer registry data was released through the Facility Information Profile System (FIPS) to the American Cancer Society (ACS) as a level II submission. This provides information to the public on services and resources available to them at our hospital.

The ACOS liaison physician and members of the Hartford Hospital Cancer Program, as well as representatives from the ACS and Connecticut Health Department met in Chicago to participate in the Comprehensive Cancer Control Leadership Institute. The Institute, sponsored by the Centers for Disease Control and Prevention, ACS, National Cancer Institute and ACOS, provide guidance for states to develop and implement a Cancer Control Plan. Connecticut has already developed its Cancer Control Plan and is in the process of beginning implementation.

Robert J. Piorkowski, MD, FACS
ACOS Liaison Physician
State Chairperson

Cancer Registry Report

The Hartford Hospital Cancer Registry codes more than 2,500 cancer cases at Hartford Hospital annually. The Registry has a long and illustrious history, dating back to 1928. The Registry staff includes four Certified Tumor Registrars (CTR), a case finder and two follow-up specialists.

Cancer data from both Hartford Hospital and the Connecticut Children's Medical Center are submitted electronically to the Connecticut State Tumor Registry to meet State mandates. Data is also submitted each year to the National Cancer Data Base (NCDB) to meet Commission on Cancer (CoC) requirements.

This year the Registry staff implemented new coding procedures and standards established by the American College of Surgeons that are required as an accredited cancer program in the teaching hospital category. Cancer Registry data is used throughout the year by the medical staff, researchers and for Tumor Board discussions.

Deborah J. Jacques, BGS, CTR
Cancer Registry Manager
The Cancer Registry at Hartford Hospital continues to be a model of data acquisition and analysis. The Registry collects, analyzes and reports data on over 2,500 cancer cases each year, and is an important component for evaluation of patient cancer care and treatment in our multi-disciplinary program. Over 80,000 cancer patients have been diagnosed and treated at our facility since 1928, and these records are fully computerized. This rich data source is utilized by health care professionals for clinical research, benchmarking, education, as well as special studies.

The Registry documents data elements for patient diagnosis, treatment, staging and follow up which contributes to the patient treatment plan. This data is collected and entered into an electronic cancer registry information system, and is submitted electronically yearly to the Connecticut State Tumor Registry and the National Cancer Data Base (NCDB) to meet Commission on Cancer requirements for an approved Cancer Program. Annually, routine quality checks of registry data are performed to ensure the Registry maintains the highest data standards, including compliance with HIPAA provisions, required for our comprehensive Cancer Program.

The Registry staff is highly trained and qualified, as our Registrars are certified by their credentialing organizations. The data contribution by the Registry allows up-to-date outcome information to assure that Hartford Hospital remains a leader in comprehensive cancer care.

The data highlighted in the following pages represent cases diagnosed and/or treated in 2003 at Hartford Hospital. The ovarian study analyzes data collected on cases for the last 10 years, from 1993 to 2003.

Deborah J. Jacques, BGS, CTR
Cancer Registry Manager
2003 Requests for Data

Several departments throughout the hospital in 2003 utilized Cancer Registry data. Approximately 30 requests were received to be used for discussion at cancer conferences, allocation of funds, grant applications, presentations and studies. The following is a list of some of the departments which used our services this year and the type of information that was provided.

Department of Surgery
Sentinel lymph node biopsies by stage
Surgical resections
Types of breast surgery
Axillary dissections
Palliative chemo or RT for recurrent disease

Grant Applications
Komen Grant “New Beginnings”
NHI Grant application

GI Department
Colon cases in patients under 40 years old

Partnership for Breast Care
In situ breast carcinoma

Health Information Management (HIM)
Data collection/software information

Pathology Department
Adrenal cortical cancer
Breast surgery in minority women
Lobular versus infiltrating ductal carcinoma

Resource Allocation
Cases by zip code
Cases by year
Sentinel lymph node biopsies/axillary dissections

Radiation Oncology
Brain primaries and brain metastases
Prostatectomy cases with recurrence
2003 – 2004 Cancer Committee Roster

Charmain Ali, MSW
Social Service

W. Jeffrey Baker, MD
Oncology

Marcia Caruso-Berman, RN, MSN, APRN, AOCN
Cancer Nursing

Frederick Conard, MD
Radiology

Alexandra Flowers, MD
Neurology/Oncology
Cancer Program

Barbara Helmecki, RHIA
Health Information Management

Deborah Jacques, BGS, CTR
Cancer Registry

Vincent Laudone, MD
Chairperson, Urology

John Nash, MD
Obstetrics & Gynecology/Oncology

Robert Piorkowski, MD
Physician Liaison, Surgery

Robert Quinn, MD
Orthopaedics/Oncology

Andrew Ricci, MD
Pathology

Andrew Salner, MD, FACR
Cancer Program Medical Director
Radiation Oncology

Ann Zogbaum, MS, RD
Food, Nutrition
Statewide Data

Estimated New Cancer Cases for State of Connecticut in 2004

<table>
<thead>
<tr>
<th>SITE</th>
<th>NUMBER OF CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cases</td>
<td>17,010</td>
</tr>
<tr>
<td>Prostate</td>
<td>3,310</td>
</tr>
<tr>
<td>Breast</td>
<td>2,850</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>2,000</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>1,710</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>660</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>760</td>
</tr>
<tr>
<td>Melanoma</td>
<td>700</td>
</tr>
<tr>
<td>Uterine Corpus</td>
<td>450</td>
</tr>
<tr>
<td>Leukemia</td>
<td>400</td>
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</tbody>
</table>

Of the 1,368,030 estimated cancer cases that will be diagnosed in the U.S. in 2004, the American Cancer Society estimates 17,010 new cases will be diagnosed in the State of Connecticut. It is estimated 563,700 deaths will occur from cancer in the United States this year. An estimated 7,010 deaths from cancer will occur in Connecticut.*

FIVE MAJOR SITES BY SEX

Four of the seven major sites of cancer seen in 2003 at Hartford Hospital are the same for men and women. The fifth site for men is bladder, for women thyroid cancer. According to American Cancer Society estimates for the nation, the most common fifth site in men is melanoma. Uterine corpus and ovary are fourth and fifth, and are the most common types of cancer diagnosed in women nationally.

*Cancer Facts & Figures 2004, American Cancer Society
The Cancer Registry at Hartford Hospital submits over 2500 cases each year to the Connecticut Tumor Registry in the Department of Public Health to meet state mandates. Connecticut is one of several states and regions in the U.S. participating in a National Cancer Institute program called (SEER) Surveillance, Epidemiology and End Reporting. Using the SEER staging system, a summary stage is assigned for each new cancer case. Depicted below is the breakdown by SEER staging criteria for the 2093 analytic cases diagnosed and/or treated Hartford Hospital in 2003.

### Cancer Treatment
Early stages of cancer can usually be treated with surgery alone, but often patients had multimodality therapy with combinations of radiation, chemotherapy and hormones. From the information available, 49% of patients in 2003 were treated with surgery alone, 3% had chemotherapy alone and 6% had radiation. Forty-two percent remaining had combined therapy. These numbers do not always reflect chemotherapy or hormone treatment provided in physicians' private practices.

### Race/Ethnicity
In 2003, 91% of the patients diagnosed with cancer at Hartford Hospital were listed as "white", 5% African American, 2% Asian and 2% recorded as "other." Ninety-five percent of patients were coded as "non-Spanish."

### Age/Sex
In the past three years, the number of cancer cases in females outnumbered male cancer cases.
Ovarian Cancer at Hartford Hospital

The American Cancer Society estimates that 25,580 new cases of ovarian cancer will be diagnosed in the United States in 2004, 200 cases in Connecticut. The incidence does not appear to be rising over the last ten years. Ovarian cancer causes more deaths than any other cancer in the female reproductive system resulting in approximately 16,090 deaths this year. *

Ovarian cancer is the sixth most common cancer in women and accounts for approximately 5% of all cancers in women. Approximately 23% of gynecologic cancers are ovarian in origin but 47% of all deaths from female genital tract cancer are due to ovarian cancer. This cancer is the fourth most frequently occurring lethal cancer in women in the United States. A woman’s risk at birth of having ovarian cancer during her life is about 1.5% with a 1% chance of dying from this disease. More than 10% of new ovarian cancer cases in Connecticut are diagnosed and treated at Hartford Hospital.

RISK FACTORS

Ovarian cancer risk increases as a woman ages, peaking in the late 70’s. Risk factors include women who have never had children, are overweight and have a family history of breast or ovarian cancers. Genetic risks are associated with ovarian cancer in females carrying the BRCA1 or BRCA2 mutation. Hereditary and genetic factors account for less than 10% of newly diagnosed ovarian cancer. Hereditary non-polyposis colon cancer has also been associated with gynecologic cancers. Oral contraceptive use reduces the risk for ovarian cancer. Prophylactic oophorectomy is an alternative for high-risk patients.

EARLY DETECTION

Currently there are no accurate methods to screen for ovarian cancer. Although high-risk women who have genetic mutations are screened with a combination of a pelvic exam, transvaginal ultrasound and a blood test for the tumor marker CA125, there is little evidence that these modalities actually decrease the mortality from ovarian cancer.

TREATMENT

Cancer of the ovary is most commonly treated with surgery and chemotherapy. The surgery consists of total abdominal hysterectomy, bilateral salpingo-oophorectomy and surgical staging to determine the extent of disease as well as to remove as much of the tumor as possible, surgically debulking the disease. Surgery with unilateral salpingo-oophorectomy and surgical staging can sometimes be offered in early stage disease involving one ovary to preserve subsequent fertility in women desirous of subsequent child bearing.

*Cancer Facts & Figures 2004, American Cancer Society
As the above table illustrates, the incidence of ovarian cancer has remained relatively stable at Hartford Hospital over the last ten years. Traditionally this disease has been diagnosed at the time of surgery. After surgery, chemotherapy is administered for Stages IC and higher. Over the last few years, neoadjuvant chemotherapy, the administration of chemotherapy after a biopsy has established the diagnosis but before surgery, has been utilized in medically compromised individuals who would not otherwise tolerate surgery. The chemotherapy allows for medical treatment of other medical conditions so that the patient might ultimately tolerate surgery.

As the above graph demonstrates, Hartford Hospital treats a greater percentage of women 70 years of age and older compared to the National Cancer Data base. Older patients who require radical surgery present clinical challenges because of the medical co-morbidities that are often associated with increasing age. The multidisciplinary team of physicians and staff who care for these older ovarian cancer patients has extensive experience and attracts referrals from throughout the state. The paucity of pediatric patients is due these patients being cared for at the Connecticut Children’s Hospital which is on the Hartford Hospital campus.

* Hartford Hospital compared to the National Cancer Data Base 2000 & 2001
AJCC Stage of Ovary Cancer

Percentage of patients diagnosed 2001, compared to NCDB**

<table>
<thead>
<tr>
<th>STAGE</th>
<th>TEACHING HOSPITALS (521)</th>
<th>HARTFORD HOSPITAL</th>
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<tbody>
<tr>
<td>Stage I</td>
<td>21.64</td>
<td>15.91</td>
</tr>
<tr>
<td>Stage II</td>
<td>8.58</td>
<td>13.64</td>
</tr>
<tr>
<td>Stage III</td>
<td>41.02</td>
<td>40.91</td>
</tr>
<tr>
<td>Stage IV</td>
<td>20.59</td>
<td>27.27</td>
</tr>
<tr>
<td>Unknown</td>
<td>7.50</td>
<td>2.27</td>
</tr>
</tbody>
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Ovarian cancer commonly is associated with vague and non-specific symptoms such as increasing fatigue, early satiety, and bloating. Early diagnosis of ovarian cancer is uncommon with approximately 75% of ovarian cancers being Stages III and IV at the time of diagnosis. Staging is surgical. The multidisciplinary team which cares for women with presumed ovarian cancer is vigilant in pursuit of this disease. Hartford Hospital has gynecologic oncologists, surgeons, radiologists, and pathologists skilled in diagnosis. As the above chart notes, Hartford Hospital has fewer unknown stages than other teaching hospitals. Also, Hartford Hospital has a greater percentage of women with Stage IV disease. Stage I ovarian cancer has an excellent long-term survival while Stage IV disease has a less optimistic prognosis.

**Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v3.0

Ovarian Cancer Histologic Type

Hartford Hospital has a large incidence of low malignant potential borderline papillary serous ovarian carcinomas. This group of tumors is distinguished from invasive epithelial ovarian cancer only by expert pathologic review of the tumor specimens. The treatment for this particular subtype of ovarian cancer is entirely surgical. The survival for this type of tumor is generally excellent with a greater than 90% ten year survival.
Survival by AJCC Stage*
Five years observed at Hartford Hospital

OVERALL FIVE YEAR SURVIVAL (PERCENT)

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<table>
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<tbody>
<tr>
<td>Hartford Hospital</td>
<td>46.22</td>
</tr>
<tr>
<td>SEER (1995-2000)*</td>
<td>44.0</td>
</tr>
</tbody>
</table>

*Cancer Facts & Figures 2004, American Cancer Society
Ovarian Cancer Summary

Hartford Hospital has a higher overall five year survival than SEER institutions. This is truly impressive given that the patients treated at Hartford Hospital over the last 10 years are older than those treated at comparable institutions, and are more likely to have Stage IV disease. This remarkable accomplishment is due to a variety of dedicated cancer researchers working in close collaboration with primary care physicians, intensive care specialists, anesthesiologists, as well as a variety of consulting physicians representing virtually the entire medical, surgical, and radiological specialties. Survival in ovarian cancer is directly related to surgical debulking, which is removal of as much of the tumor as possible, and aggressive chemotherapy. Over the last 10 years Hartford Hospital physicians have been challenged by a group of women with ovarian cancer who are older and have more advanced disease than at comparable institutions. The survival data truly reflects the team effort involved in cancer care at Hartford Hospital.

Joel I. Sorosky, MD  
Division of Gynecologic Oncology
Department of Radiology

The Department of Radiology is comprised of 36 Board Certified Attending Radiologists with specialty training and expertise in all aspects of Diagnostic Imaging and Intervention. The Department’s Diagnostic Radiology Residency program is fully accredited by the RRC and ACGME to train 20 Radiology Residents.

We provide the most comprehensive imaging and intervention services in the region with an ever increasing role in the diagnosis, care and management of patients with cancer. The continued advancements in cross-sectional imaging and the introduction of functional imaging have improved our ability to more confidently diagnose and monitor disease. Multi-detector Computed Tomography, MRI, PET, and Ultrasound imaging continue to advance applications in diagnostic oncologic imaging. Advancements in post-processing workstations now allow three and four (time) dimensional evaluation. We continue to see growth in the use of all our imaging modalities as their role in the diagnosis, staging and follow up of patients with cancer becomes better defined.

We provide the most comprehensive Women’s Imaging services in the region. Hartford Hospital remains one of the busiest Breast MRI programs in the Northeast and continues to participate in various NIH research studies. We introduced the first MRI guided breast biopsy program in the region and continue to expand our MRI applications in Breast Imaging and intervention.

The applications for PET/CT imaging continues to grow and Hartford Hospital provides the full spectrum of studies, with special emphasis on patients with cancer. PET/CT adds great value to the diagnosis, staging and follow up of these patients.

The Division of Interventional Radiology continues to expand its services with growth in tumor therapies. Increasing demand for percutaneous management of tumors has increased the availability and quality of services. Radiofrequency tumor ablation therapies have expanded beyond liver applications now treating renal, lung, bone and other neoplasms. Percutaneous cryo-ablation techniques have grown in application over the past year. Through collaboration with our colleagues in Radiation Therapy we have introduced many creative and new techniques for local tumor therapy.

Temporary inferior vena cava filters became a viable option over the past year allowing removal if a patient’s condition improves.

The Radiology staff participates in all multi-disciplinary conferences throughout the institution, and has representation on the various Cancer Committees where we bring our extensive imaging and intervention expertise to assist in the care of this patient population.

The Department of Radiology remains committed to bringing the finest, most advanced technologies into the hands of the brightest clinicians to support the provision of the most advanced cancer care available in the region.

Stuart K. Markowitz, MD
Chairman, Department of Radiology

Gynecologic Oncology

Physicians from the Division of Gynecologic Oncology traditionally collaborate with medical oncologists, radiation oncologists, pathologists, and other cancer specialists in planning and providing comprehensive care for gynecologic cancer patients and their families. Our division continues to offer patients the opportunity to participate in clinical trials offered by the Gynecologic Oncology Group (GOG), the only National Cancer Institute (NCI) funded cooperative group dedicated exclusively to the study and treatment of women with gynecologic cancers. Approximately 2,500 patients are served by our patient centered service each year.

During 2004, the GOG protocol that accrued the most patients at Hartford Hospital was GOG 199, a prospective study of risk-reducing salpingo-oophorectomy and longitudinal CA-125 screening among women at increased genetic risk of ovarian cancer. The purpose of this project is to learn more about how to care for women who are at increased genetic risk of ovarian cancer, either because they, or a close relative, have a mutation in the BRCA1 or BRCA2 gene, or because they have a strong family history of breast and/or ovarian cancer. BRCA1 and BRCA2 are the two genes that cause most of the genetic forms of ovarian cancer. Women with changes (mutations) in these genes are more likely to get ovarian cancer than women without changed BRCA1 or BRCA2 genes. We hope that the knowledge gained from this study will lead to both prevention and earlier detection of ovarian cancer, and to a better quality of life for high-risk women.
“Prevention” is the term we use to describe ways of making the risk of cancer smaller. At the present time, prevention options used by women at increased risk of ovarian cancer include preventive (prophylactic) removal of the ovaries, tubal ligation (tying the tubes), the use of oral contraceptive (birth control) pills, or careful, regular check-ups aimed at finding ovarian cancer sooner than usual. “Screening” is the term we use to describe these regular check-ups.

There are two parts to this study. The first looks at:

- how much preventive (prophylactic) removal of the ovaries and tubes decreases the chance of getting ovarian or tubal cancer;
- how much removal of the ovaries decreases the chance of getting breast cancer;
- whether women whose ovaries are removed develop other cancers; and
- if a new way of examining the ovaries after they are removed gives us better information about cancer-related tissue changes.

In the second part of the study, women who choose not to have their ovaries removed will be watched very closely and tested to see whether screening for ovarian cancer with annual transvaginal ultrasound and CA-125 blood testing (every three months) can find early stage ovarian or tubal cancers.

Both parts of the project also study how women feel after the removal of their ovaries or during the screening time for ovarian cancer, and how women choose among the different options available to lower their ovarian cancer risk. The study will also look at the impact of either surgery or screening on the quality of life of women. It will evaluate the rate at which health problems related to low estrogen levels, such as osteoporosis (thinning of the bones) and heart disease occur. This is of interest because taking the ovaries out prior to menopause results in lower amounts of estrogen in the blood. Women who experience early menopause may be at increased risk of heart/vascular disease and osteoporosis.

About 1,600 –1,800 women will take part in this study, which is planned to last for five years. About 800 -1,000 will choose preventive removal of the ovaries and fallopian tubes, and about 800 will choose ovarian cancer screening. Sometimes women with altered BRCA1 or BRCA2 genes get cancer in the fallopian tubes. It is standard to remove both the ovaries and the fallopian tubes when doing this kind of preventive operation.

The success of this study at Hartford Hospital is due to the close collaboration among a variety of dedicated cancer researchers. Stacy Nerenstone, MD and Patricia DeFusco, MD spearheaded this project from Medical Oncology. Many physicians from the Department of Obstetrics and Gynecology provided screening and performed surgery on these women. The Hartford Hospital pathologists have processed the specimens in the exacting details specified by the NCI. Camille Servodidio RN, Cancer Clinical Research Office, coordinated patient care among the physicians involved with this project. This research project truly reflects the team effort involved in cancer research at Hartford Hospital.

Joel I. Sorosky, MD
Gynecologic Oncology
Doreen A. Bowtruczyk, RN
Gynecologic Oncology

Hereditary Cancer Program

The family history should not be overlooked when planning the treatment and management of a patient with cancer. Medical genetics is an important part of the Cancer Program team. Approximately 5-10% of all breast, ovarian and colon cancer is hereditary. Significant hereditary characteristics include cancer under the age of 50; bilateral cancers or multiple primaries in the same individual; associated cancers such as breast and ovarian, or colon and uterine cancer; and multiple affected family members in multiple generations. Ethnic background may also be important. Individuals in the Ashkenazi Jewish population, for example, have a somewhat higher chance of hereditary breast and ovarian cancer. Both the maternal and paternal family histories are relevant.

Genetic counseling with the Hereditary Cancer Program is available to those persons with cancer and/or other extended family members. The consultation consists of reviewing a detailed family history, discussing the princi-
amples of hereditary cancer, and an individual risk assessment for a hereditary cancer syndrome. Patients considering testing receive information regarding the risks, benefits, and limitations of genetic analysis. Participation in available research protocols is also encouraged.

Hartford Hospital’s collaborative approach is a critical component of our success. We have been particularly excited to work with the Cancer Clinical Research Office and the Ovarian Cancer Prevention and Early Detection Study (sponsored by the National Cancer Institute). The weekly Pretreatment Breast Conference provides a forum for education as well as discussion of complex management issues. We also have DNA banking program that allows patients to store their DNA for possible future testing. The Hereditary Cancer Program of the Division of Human Genetics, University of Connecticut Health Center, has been serving the patients, physicians, nurses and other health professionals of the Helen & Harry Gray Cancer Center since 1992.

Jennifer Stroop, MS
Certified Genetic Counselor

Robert Greenstein, MD
Director of Hereditary Cancer Program of the Division of Human Genetics

THE 1970’S BROUGHT A GROWING RELATIONSHIP BETWEEN MEDICAL ONCOLOGY AND RADIATION ONCOLOGY, SUGGESTING ADJACENCY TO ONE ANOTHER FOR COLLABORATION FOR CARE OF CANCER PATIENTS. THE HUEBLEIN RADIATION THERAPY ONCOLOGY CENTER WAS CONSTRUCTED IN 1975 TO HOUSE THESE TWO SPECIALTIES IN ONE OF THE FIRST GEOGRAPHIC CANCER CENTERS IN CONNECTICUT WITH TWO NEW LINEAR ACCELERATORS. THE ADVENT OF THE LINEAR ACCELERATOR BROUGHT TECHNOLOGY, WHICH DELIVERED DOSE MORE PRECISELY, SPARED THE SKIN, AND ALLOWED THERAPY FOR MUCH DEEPER TUMORS BECAUSE OF HIGHER RADIATION ENERGIES AND THE ABILITY TO PLAN THE TREATMENT FROM MANY DIFFERENT ANGLES. THE NEW CENTER ALSO BROUGHT THE ADVENT OF A MULTIDISCIPLINARY RADIATION ONCOLOGY TEAM, WHICH INCLUDED MEDICAL PHYSICS.
Integrative Medicine

Integrative Medicine continues to be involved with Oncology patients using all our modalities for their continuing comfort.

Massage Therapy offers many benefits to oncology patients including relief from pain and anxiety, improved sleep and circulation, enhanced immune function and an overall sense of well-being. This program is frequently requested. The partnership between the Hartford Hospital Medical Massage Program and the Connecticut Center for Massage Therapy provides students with a valuable part of their training. Many oncology patients benefit from massages given by the massage therapy students.

Integrative Medicine has a new outpatient acupuncture program providing services to the staff as well as the community, thereby providing more opportunity for oncology patients to receive acupuncture. Acupuncture is used as an adjunctive therapy for cancer patients and can help reduce the side effects of chemotherapy and radiation. Patients who have received acupuncture have experienced less nausea, have fewer hot flashes, and maintain their energy levels. Acupuncture also reduces the feelings of stress associated with the diagnosis of cancer and its subsequent treatments.

Our Tai Chi and Yoga instructors participate in the Gray Cancer Center’s New Beginnings program, providing women in the program with instruction and information on these two holistic exercise systems. One of the program’s goals is to provide breast cancer patients with healthy lifestyle options.

An addition to this year’s New Beginnings curriculum was a session on journal making. As part of a healthy regimen the women are encouraged to try journaling. During this session, information about journaling for health is shared with the women, along with the instructions for making their own personal journal. Craft supplies and blank journals are provided, and the women enjoy several hours of fun creating their own personalized journal to use during their recovery.

Art for Healing is a program used to assist patients in using art as a vehicle for self-discovery and healing. Our Artist in Residence works with individuals and groups, and with both inpatients and outpatients in the Cancer Program. Patients who have participated in this program receive a great deal of valuable insight and meaning from the process.
Reiki, a Japanese hands-on relaxation technique, can provide stress reduction and pain relief, as well as a reduction in fatigue, nausea, and depression for patients receiving chemotherapy and radiation. Patients report that Reiki is very soothing and supportive when used in conjunction with their medical treatments. Some patients also say it helps them think more clearly when making important decisions concerning their treatment. Reiki sessions are available to patients and families in inpatient oncology as well as hematology and radiation oncology. In 2004, our specially trained Reiki Volunteers provided 926 Reiki sessions. Reiki training classes are also available to patients and families at Hartford Hospital twice monthly.

Marcia Rothwell and Staff  
Director of Integrative Medicine, Department of Medicine

Neurological Oncology

Neuro Oncology provides comprehensive services for patients with tumors of the brain and for cancer patients with neurological symptoms. Patients with systemic cancer are assisted with pain management, and with the diagnosis and treatment of different neurological problems related to cancer and its management. The brain tumor management team is comprised of physicians from Neurosurgery, Radiation Oncology, Medical Oncology and Neuro Oncology and Social Workers who help with the complex needs of these patients. Additional help with coping is provided by our Brain Tumor Support Group.

Our neurosurgeons use state of the art technology with a computer assisted navigation system (Brain Lab) to precisely define the tumor and minimize the damage to the normal brain during surgery. The Radiation Therapy department offers innovative techniques, such as IMRT and radio surgery for treatment of primary and metastatic brain tumors.

Dr. Alexandra Flowers, one of only two trained Neuro Oncologists in Connecticut, sees over 100 patients per year with primary brain tumors, and other patients with metastatic disease. She has set up new treatment protocols for patients with newly diagnosed and recurrent malignant gliomas and for patients with brain metastases from systemic cancer. Dr. Flowers is board certified in Neurology, with Neuro Oncology training at the M.D. Anderson Cancer Center in Houston.

Alexandra Flowers, MD  
Neuro Oncology

Orthopedic Oncology

The Orthopedic Oncology division of the Department of Orthopedic Surgery represents a dedicated regional center with a multidisciplinary team, offering expertise in the treatment of benign and malignant tumors of bone and soft tissue, metabolic bone diseases, and metastatic disease of the musculoskeletal system. One of only two such centers in Connecticut and six in New England, the Orthopedic Oncology service combines the expertise of Hartford Hospital, Connecticut Children’s Medical Center, and the University of Connecticut Health Center.

Over 650 new patients were seen in 2003 and 435 operative procedures were performed. Improvements in reconstruction techniques for limb salvage continue. We are continuing to use both cadaveric bone/soft tissue transplantation as well as mega-prostheses for reconstruction. Current active research includes investigating the role of fibroblast growth factor in osteosarcoma, in collaboration with investigators at the University of Connecticut, as well as ongoing research involving new technology for limb salvage reconstruction.

Robert H. Quinn, MD  
Orthopedic Oncology

Pain Management/Anesthesia

The Anesthesia Pain Service consults each year with oncology patients with difficult pain problems. The role of the service has primarily been one of caring for patients who have required implantable delivery systems to provide analgesics directly to the neuraxis (into the spinal canal or epidural space). These are patients who have failed to achieve adequate analgesia or may suffer unacceptable side effects from simpler pain control regimens. Patients whose pain is inadequately controlled with oral narcotics can be cared for at home with visiting nurse assistance even though a narcotic or local anesthetic is being continually delivered into the spinal canal. The Anesthesia Pain Service and the home health care agency maintain contact with the patient and monitor the effectiveness of the implanted delivery system so that the patient can be as independent as possible.

Palliative care plays a critical role whenever a patient needs more services than can be provided at home. State of Connecticut regulations covering the scope of nursing practice preclude caring for patients with spinal or epidural catheters in a nursing home. The palliative care unit is
then a valuable resource for these patients with pain and other needs. It is hoped that regulatory changes can be made to allow for more flexibility in placement of patients with spinal delivery systems.

Other interventional procedures include neurolytic blocks (involving permanent destruction of a nerve) such as a celiac plexus block, and a variety of simpler techniques (such as epidural steroid injections) that are also used commonly in patients with benign chronic pain. The Anesthesia Pain Service is always available as a resource when its services are needed.

Jeffrey Morrow, MD
Anesthesia Pain Service

Pain Management/Pharmacy

The Pharmacy Pain Control Service at Hartford Hospital has been very busy this past year. We saw 1,124 patients for pain relief or symptom control such as nausea and vomiting (up from 960 patients the previous year). The majority of these patients were inpatients. However, we also saw outpatients in both Radiation Oncology and Hematology-Oncology Services.

During this past year we also provided in-service education to physician and mid-level practitioner staff during Noon Conferences and to nurses from many different areas of the hospital and community. We had medical students and medical residents from the University of Connecticut School of Medicine rounding on the service. Our goal this year is to train more of the pharmacist staff as Pain Management Consultants.

Richard Gannon, Pharm D
Department of Pharmacy Services

Pathology and Laboratory Medicine

The Department of Pathology and Laboratory Medicine is composed of 19 Board Certified Pathologists and two Ph.D. Laboratory Scientists, many of whom received their training at major cancer centers including Memorial Sloan-Kettering Cancer Center and M.D. Anderson Hospital. The department continues to support an active training program based at Hartford Hospital with a total of 21 residents and fellows. The Department supports the Cancer Program by co-sponsoring three weekly Tumor Boards (general oncology, breast oncology, and pediatric oncology) and a bi-weekly Uro-oncology conference. A new gynecologic oncology tumor board is in the planning stage.

Members of the Department participate in a variety of national cancer study groups including the National Surgical Adjuvant Breast Project (NSABP), the Gynecologic Oncology Group (GOG), and the Children’s Oncology Group. During the past year members of the department have authored over 40 papers in refereed journals, including 16 papers on various aspects of cancer. Additionally, eight abstracts were presented at national pathology meetings.

The Molecular Pathology Laboratory continues to expand the number of tests it offers to evaluate malignancies and assess tumor prognosis and treatment options. This year we will be looking at methods of determining DNA microsatellite instability in colon cancers, currently a topic of considerable clinical interest. Micro-array technologies are also being evaluated in the Molecular Laboratory for the examination of solid tumors with multiple markers simultaneously. These applications will be used to classify tumor types based on gene expression analysis and in the future should help oncologists develop more individualized treatment strategies. It is anticipated that there will be a large number of clinically useful markers developed over the next few years.

The Department has a long and rich tradition of excellence and leadership. Its members have traditionally been and continue to be recognized locally, regionally, and nationally for their expertise.

Mark E. Ludwig, MD
Section Director, Anatomic Pathology
Prostate Support Groups

In June, 1991, Hartford Hospital developed the first prostate cancer support group in the Northeast United States. There are now three active support groups related to prostate cancer, numbering over 700 members – a monthly prostate cancer support group, a monthly advanced prostate support group, and a spouses support group. The group facilitators plan informative monthly meetings, bringing experts in prostate cancer treatment to speak on topics dealing with coping with sensitive issues that result from prostate cancer treatments, such as impotence. These support group members are very active in the community, bringing prostate cancer awareness to community events, including prostate cancer screenings, and sports events such as the Buick open to talk to men about prostate cancer awareness. The prostate support group members hold an annual golf tournament, which they call “The Reluctant Brother-hood” golf tournament.
June 13, 2004 marked the 13th annual Celebrate Life! event sponsored by the Helen & Harry Gray Cancer Center. This yearly cancer survivor event was held at the nearby Learning Corridor to accommodate over 1,200 cancer patients, families and friends. The day’s activities included food, fun, and the inspiring keynote speaker, Greg Risberg, MSW, CSP, who shared the importance of humor, hugs and hope in all of our lives.

Scot Haney thrilled the audience with his humorous personality and the Pratt & Whitney jazz band “Screaming Eagles” and our own Theresa Johnson, accompanied by her brothers, provided musical entertainment. Over 100 Cancer Program staff and their families joined in as volunteers for the event. All participants enjoyed the festivities and the chance to celebrate their successes with families, friends, volunteers and staff. We look forward to next year’s celebration of life.
Surgical Oncology

The Partnership for Breast Care and the Brownstone Clinic continue to meet the needs of the Greater Hartford community by providing state-of-the-art, multidisciplinary, patient-centered care for patients with breast disease and breast cancer. The breast surgeons within the Department of Surgery regularly enroll patients in the clinical trials, thereby offering cutting edge, therapeutic options for patients with breast cancer. These surgeons also coordinate clinical trials and consults with Radiology and Oncology.

The numbers of minimally invasive breast biopsies have increased steadily over the past years. These procedures include core needle biopsies, mammatome biopsies and stereotactic or ultrasound guided biopsies. Mammatome biopsies ensure a large enough specimen is obtained by using a vacuum technique. Non-palpable breast lesions are biopsied using either computerized mammographic guidance (this is the stereotactic biopsy) or ultrasound guided. Visual guided, excisional biopsies continue to comprise the early stratagem in the diagnosis and management of breast cancer. The advantage of early diagnosis utilizing invasive and minimally invasive approaches is that patients with benign findings are spared surgery and that patients with cancer can expeditiously undergo definitive surgery.

The use of sentinel node biopsies for identification and evaluation of axillary node involvement in breast cancer has become standard at Hartford Hospital. Hartford Hospital is one of the few hospitals in Connecticut that has the technology to biopsy early breast lesions detected on MRI (magnetic resonance imaging). An ultrasound machine has been added to the Brownstone Breast Clinic, which now provides ultrasound guided biopsies and sonographic evaluation of complex breast masses.

Jefferson X-Ray introduced the first all digital mammography practice in the region this past summer and plans to provide digital mammography across the entire practice by the end of 2004. In addition, there have been unprecedented levels of collaboration and communication among clinical breast specialists, breast radiologists and breast pathologists.

STATISTICAL INFORMATION:
The Hartford Hospital Diagnostic Breast Center, Jefferson X-Ray Group, and Partnership for Breast Care performed approximately 40,000 mammograms in 2003.

Approximately 1,000 stereotactic breast biopsy procedures were performed along with about 300 ultrasound guided breast core biopsy procedures, 700 breast needle localization procedures using mammographic and ultrasound guidance and 74 MR guided breast localization procedures. This constitutes the largest experience with breast interventional procedures in Connecticut.

New cases of breast cancer total 522 (540 in 2003) in the past year with 501 (528 in 2003) operative procedures performed and 146 (129 in 2003) women underwent total (71 compared to 84) or modified-radical mastectomy (75 compared to 89 in 2003), with the majority undergoing breast conservation procedures. Sentinel lymph node mapping to avoid extensive axillary dissection is being used with increasing success and new multi-modality techniques are achieving earlier diagnoses of breast cancer. This year 171 (176 in 2003) sentinel node biopsies were conducted.

Hartford Hospital evaluated 231 (222 in 2003) new cases of cancers of the colon and rectum. During the calendar year, 215 (221 in 2003) colo-rectal operations were performed. Minimally invasive (laparoscopic-hand assisted) resectional techniques are practiced with increasing frequency, and Hartford Hospital remains at the forefront with these minimally invasive procedures to manage both benign and malignant disorders of the colon. The institution evaluated 22 (16 in 2003) new esophageal cancers and performed 8 (6 in 2003) operations for esophageal cancers – reflecting better staging techniques to limit operations on those who would not benefit from surgery. The number of esophageal resections decreased due to a more realistic approach to the curability of these lesions and the use of stents and chemoradiation for palliative therapy. Thirty-four (34 in 2003) new cases of gastric cancer were evaluated, of which 19 (18 in 2003) patients underwent surgical procedures. Eighty-six (82 in 2003) new cases of cancer of the head and neck region were operated on at Hartford Hospital, 60 (33 in 2003) of these were thyroid cancer. A collaborative, multi-disciplinary approach to the diagnoses of head and neck malignancies continues as this institution evaluated approximately 26 (49 in 2003) cases of cancer of the oral cavity and pharynx (including a range of head and neck malignancies focused on lip, tongue, mouth and pharynx) in the Department of Surgery.
Hartford Hospital's physicians saw 225 (242 in 2003) cases of lung cancer this past year, 55 (73 in 2003) of these cases underwent surgical resection. Again, more accurate staging of unresectable or incurable disease seems to have diminished both the number of referrals and number who undergo operations. Finally, 61 (49 in 2003) new cases of pancreatic cancer were evaluated in the past year; 16 (12 in 2003) underwent surgical resections.

MRI, CT, endo-luminal ultrasound, laparoscopy and other diagnostic modalities provide a better patient selection, eliminating those who in the past would have undergone surgical exploration but could not have had a resection cure. In areas with very poor survival statistics; i.e., esophagus, pancreas, lung, and some gastrointestinal tumors, the overall number of operations may be decreased, the improved selection process gives more of the remaining a realistic hope of cure.

Vincent Laudone, MD
Department of Urology

Urologic Oncology

This year the Department of Urology has made major strides in its care of prostate cancer patients. Hartford Hospital has become the first hospital in the state to successfully utilize the “da Vinci Surgical Robot” in the treatment of men with prostate cancer. Within this first year of operation, more than one hundred men have had their prostate cancers removed using this state of the art device. This makes Hartford Hospital the single largest center for robotic cancer surgery in New England. Under the direction of Dr. Joseph Wagner and with the assistance of Drs. Vincent Laudone and Steven Shichman, the results to date have been very encouraging. The robot’s exceedingly fine and exceptionally precise movements are controlled by these surgeons via a three dimensional, computer enhanced guidance system. Outcomes studies demonstrate less patient discomfort, shortened hospital stays and suggest improved preservation of urinary and sexual function. This device is anticipated to become the primary surgical instrument of the future for prostate cancer surgery.

All members of the Department of Urology remain deeply involved in the care of prostate cancer patients. Drs. Ely, Kosto, Morganstern and Shichman lead the brachytherapy treatment team, Dr. Graydon continues his research to minimize erectile dysfunction among men with prostate cancer, and Drs. Berlin, Tarantino and Viets are active with new diagnostic and clinical research initiatives. Hartford Hospital and the Department of Urology are firmly committed to maintaining a premier position in prostate cancer treatment and a dominant position in robotic surgery.

Hartford Hospital remains the premier center for hand assisted laparoscopic kidney surgery with the world’s single largest series of successfully treated patients. The technique, as perfected by Dr. Steven Shichman in 1998, results in less pain, shorter hospital stays and a significantly faster return to normal activity for patients with kidney and adrenal tumors. It has been the subject of numerous scientific papers and is taught to physicians from around the country at courses conducted by Drs. Shichman and Tarantino here at Hartford Hospital and at other national locations.

The goal remains to provide our patients with the latest and most comprehensive cancer care available.

Vincent Laudone, MD
Department of Urology
COMMUNITY OUTREACH & EDUCATION

The Cancer Program is active in community cancer prevention and early detection efforts. Many other partners both inside and outside the Hospital collaborate in these efforts. We are a leading site for the Center for Disease Control – Connecticut Breast and Cervical Cancer Early Detection Program designed to provide free breast and cervical screening exams to underserved women. Thus far we have seen 780 patients for appointments for this program, including 380 new patients in the past year. We have detected a total of 36 cancers (3 this past year) and provided follow up services for these women. In 2004 through the Connecticut Breast and Cervical Cancer Early Detection Program and the Avon Foundation Breast Care Grant we were able to provide 677 Mammograms and 657 Clinical Breast Exams. More importantly, two positive breast cancers were detected through the program.

The Cancer Program was the only Connecticut participant in the nationwide pilot Barbershop initiative. Prostate Net, in conjunction with MGM studios, which released the movie sequel, “Barbershop II,” initiated a program where 21 medical centers nationwide recruited and trained over 200 barbers to disseminate educational materials about prostate cancer to underserved people. In the Hartford area, Dr. Ely, a Connecticut Surgical Group urologist, along with the American Cancer Society (ACS), educated 13 area barbers. Six prostate screenings were held in Hartford as part of this initiative, resulting in screening of 103 men, 13 required follow up. Nationally, over 9,800 men were screened. This Barbershop initiative will continue into 2005.

The Cancer Program provided breast, prostate, colorectal cancer screenings and education, and lung cancer awareness during the year for underserved people in the Hartford area. Outreach was provided at the Hispanic Health Council, Mt Moriah Baptist Church, First Cathedral, “Lift Every Voice and Sing (L.E.V.A.S.) Gospel Festival and Fair,” and West Indian Social Club.

The Cancer Program sponsored eight ACS Relay for Life events in West Hartford, Simsbury, Bloomfield, Suffield, Farmington, Newington, Rocky Hill and Glastonbury. The Cancer Program was also represented at the Buick Open PGA Golf Tournament. Volunteers from the Cancer Program prostate cancer support groups distributed prostate cancer literature. A particular focus is to alert men and women about the importance of prostate cancer screening. The screening guidelines were included in a free booklet featuring commentaries by WTIC radio sports personality Scott Gray. The Cancer Program also participated in the Lincoln Futures Golf Tournament, “Chip In For The Cure” in July at Blue Fox Run Golf Course in Avon, and was a beneficiary for funds from the event. Additionally, the Cancer Program and Partnership for Breast Care (PBC) participated in a Women’s Health Fair sponsored by Hartford Hospital in West Hartford and distributed breast cancer detection and awareness materials.

The annual STAR dinner was held in September for 200 participants for all STAR participants and interested guests. The dinner featured Dr. Victor Vogel, Protocol Chairman, from Pittsburgh, PA. High risk breast cancer seminars are held quarterly in conjunction with the PBC and the Cancer Clinical Research Office. Dr. Patricia DeFusco presents high risk breast cancer information during these interactive educational sessions for the public.

October breast cancer awareness month events were held in the community. In conjunction with WRCH lite 100.5 radio station, Hartford Hospital again sponsored this year’s Night of Lite Laughter at the Bushnell, which featured comedian Caroline Rhea, and attracted a sold out audience of 2,500. Hartford Hospital’s breast cancer research initiatives were the beneficiaries of fund raising from this event. Two special community symposiums were held for the public in Old Wethersfield and in West Hartford. Over 150 people attended two programs, entitled, “Life After Breast Cancer.” Information about breast cancer prevention and early detection was distributed at these events.

The Hartford Hospital Cancer Program also presented two symposia for health care professionals this year. In November the second Annual Lung Cancer Symposium entitled, “Updates in Thoracic Malignancy: Mesothelioma and Non-Small Cell Lung Cancer” was held at the Radisson Conference Center in Cromwell, CT. The Mary Mulready Sullivan Symposium is our major Cancer Program educational symposium for health care providers, offered in April of each year. This past year our 14th annual symposium focused on “Palliative Care.” Several hundred health care professionals from New England attended both symposia.
Brain Tumor Support Group

The monthly Brain Tumor Support Group meetings are open to anyone who has been diagnosed with a brain tumor and their caregivers. The purpose of the group is to provide emotional support and resource information to people in the community who are dealing with the often profound impact of a brain tumor diagnosis and treatment. A main theme for folks who come to our support group is social isolation. Meeting others in similar overwhelming circumstances and developing new connections creates a sense of belonging. As participants tell their stories, it becomes clear that they are not alone in their worries. Through mutual support, shared insight, and information exchange, participants often feel increased hope and an enriched quality of life as they face their unwelcome situation. Being part of this unique peer social network helps alleviate the tremendous strain of adjusting to a “new normal”.

Hillary Keller, LCSW

Breast Cancer Support Group

The Breast Cancer Support Group meets on the third Thursday of each month. The group alternates traditional support group structure with educational programs. Every other month we share an educational program, combining our meetings with the Ovarian Cancer Support Group and opening the evening up to all Women with Cancer. The year began with Hartford Hospital’s Radiology Department presenting information about PET scans, MRIs, and other tests. One of most successful programs this year was presented by Kelly Taylor from our Health Sciences Library. Kelly spoke to the group about the ways to find reliable medical information and provided many tips and web sites for all to use. We enjoyed a Spa Night presented by Integrative Medicine Department staff and volunteers. Our creative side was encouraged in a workshop creating personal journals and we learned the importance of good nutrition from Ann Zogbaum, Cancer Program Registered Dietitian. We plan to continue our evenings of traditional support, alternating with programs of interest to all women with cancer.

Diane Ward, RN, OCN

New Beginnings

New Beginnings is a six week program facilitated by the Cancer Program dietitian and designed to help women transition from breast cancer treatment to a healthy lifestyle. All participants have completed their treatment (except for hormone therapy). The women learn techniques to incorporate healthy eating, exercise, Tai Chi, Yoga and journaling into their daily or weekly routines. Each session is two hours. The groups are purposely kept small (no more than 12) to provide a community environment where the women feel comfortable participating in all activities. Strong emphasis is placed on sharing, be it a healthy recipe or a technique to help others in the group regain normalcy in their life. The exercise, Yoga and Tai Chi are taught by certified instructors who emphasize listening to your body and adjusting activity to meet individual physical needs. The classes have been held in the evening to accommodate the women’s schedules.

Ann Zogbaum, RD
Look Good Feel Better
(WITH AMERICAN CANCER SOCIETY)

Hartford Hospital Cancer Program, in collaboration with the American Cancer Society, sponsors a monthly Look Good Feel Better program. This is a free service that teaches female cancer patients beauty techniques to help restore their appearance and self image during chemotherapy and radiation treatments.

Volunteer cosmetologists lead small groups through practical, hands on experience. Women learn about makeup techniques, skin care, nail care, and options related to hair loss such as wigs, turbans, and scarves. Each group program participant receives a free kit of cosmetics to use during and after the workshop.

Charmain Ali, LCSW

Ovarian Cancer Support Group

The ovarian cancer support group is unique in its structure and history. As the only group in Connecticut committed to education and support for women with ovarian cancer, the group focuses on meeting their diverse and challenging needs.

Over the year, educational programs such as genetic counseling and therapies, coping with stress of diagnosis and nutritional issues are offered. The group also recognizes the common themes of concerns for all women with cancer. Often, the group combines with other cancer support groups to offer educational programs. This helps women with all types of cancer to find support and strength through education.

The group attracts women from all over the state who come together to identify issues and concerns regarding prevention, early detection and comprehensive care to women with an ovarian cancer diagnosis.

Marcia Caruso-Bergman, RN, MSN, APRN, AOCN
Palliative Care Program

The Palliative Care Program at Hartford Hospital began over eight years ago with the creation of a 15-bed unit CB4, one of the first inpatient palliative care units in the country. In this comfortable home-like environment, treatment options are centered on symptom management rather than curative intent and may include radiation therapy to palliate bone pain, pharmacological intervention for symptoms such as pain, nausea, vomiting, diarrhea, anxiety and other somatic complaints. A dedicated team of staff includes nurses, social workers, pharmacists, care coordinators, therapists, chaplains and physicians. Palliative care volunteers are integral members of the healthcare team. They attend a course modeled according to National Hospice and Palliative Care Guidelines for Volunteer Training.

Bereavement services are offered to family and friends of those who die. Cards are sent to family at specified times during the first year after loss. Memorial and other gift donations are deposited into a Palliative Care Fund, which provides special amenities to the unit such as flowers, music, bereavement and grief literature and helps fund educational opportunities for staff. This fund receives a large number of donations from grateful families.
Prostate Cancer Support Group

Established in 1991, the Hartford Hospital prostate cancer support group was the first of its kind in the Northeast. This group continues to serve as a model for other groups across the country. Membership reached 821 including spouses, with 34 new people in 2003-2004.

A major highlight this year was the Hartford Hospital prostate health awareness booth at the Buick Championship golf tournament (formerly GHO) where 36 group members staffed the booth distributing New England Journal of Golf magazines filled with prostate health information. ProAm Day featured WTIC 1080’s broadcast of “The Ray Dunaway Show” from the booth. Golf legend Arnold Palmer, Sen. Joseph Lieberman and Jaycees Tournament Chairman John Ledoux were among the interviewed guests, as were Hartford Hospital’s da Vinci Surgical System urology surgeon, Joseph “Pepe” Wagner, MD, plus support group coordinators, Peg Garrison and Carole Fox. WTIC sports commentator Scott Gray was on hand to sign copies of his publication, With a Comment from the Sports World for the public.

Another highlight was the 4th Annual Reluctant Brotherhood Golf Tournament “fun raiser” at Goodwin Park, in which 47 golfers participated.

This group admirably carried out its mission of information, problem solving and support with the help of many individuals too numerous to mention by name.

Margaret A. Garrison, APRN  
Support Group Coordinator

Advanced Prostate Cancer Support Group

In June we celebrated ten years of meeting together. Almost a hundred people came to hear the Hot Cat Jazz Band, have dinner, and listen to speaker Dr. Mark Moyad, author and expert on the subject of nutrition and supplements for prostate cancer patients.

Earlier in the year, Dr. Robert Siegel, medical oncologist, spent an evening discussing advances in chemotherapy and combined chemo-radiation treatment.

In September group members attended the wedding of a member, the second in our ten years as a group. Each guest was given a yellow Lance Armstrong LIVE-STRONG bracelet to symbolize the moment. In October we celebrated the 85th birthday of a man who is a charter member of this group.

We have become a caring family, sharing treatment decisions and outcomes along the journey of living with recurrent prostate cancer.

Carole B.C. Fox, CURN  
Support Group Coordinator

Spouse Prostate Cancer Support Group

Men look and feel well for the most part when diagnosed with prostate cancer. Because of this, a huge adjustment faces the patient and his wife or significant other after treatment.

The spouse group was started seven years ago by two nurses involved in the care of prostate cancer patients, Margaret Garrison, APRN, a psychiatric nurse practitioner, and Carole Fox, CURN, a urologic nurse clinician. Our focus in this group is on caring for the spouse at this time via meditation, breathing exercises, self care, and conversations with other women experiencing similar lifestyle changes.

As prostate cancer strikes men in their 50’s, 60’s and beyond, many people today already experience upheaval in their lives through divorce, remarriage and merging families. A diagnosis of prostate cancer adds another dimension of uncertainty to an already stressful equation.

This year, candid discussions about intimacy both before and after the diagnosis helped women to work through their feelings of loss and change, fulfilling the mission of the Cancer Center to enhance the lives of those with cancer and their families.

Carole B.C. Fox, CURN  
Margaret A. Garrison, APRN  
Support Group Coordinators
Throughout this report, it is clear that it is the people at the Helen & Harry Gray Cancer Center who make Hartford Hospital’s Cancer Program so special! Teamwork is what it’s all about – doctors, nurses, pharmacists, dietitians, social workers and others providing warm, caring interdisciplinary support for our patients and their loved ones. Gifts provide important “fuel” to this critical team. Through their financial gifts, those who contribute to the Cancer Program partner with this team in important, meaningful ways that touch our patients every day.

Gifts to our cancer program help make possible equipment purchases, programs and services that might not otherwise be possible. For example, gifts help support cancer prevention and treatment research, the breast and cervical cancer early detection program for underserved women, outreach programs for patients, families, and the public, the acquisition of new technologies in Radiation Oncology, the unique CHESS program for patients newly diagnosed with breast and prostate cancer and, at the Helen & Harry Gray Cancer Center, the acquisition of art and music, refreshments for patients and families, and books, audios, and online services for patients and families. The following funds help in making many of these programs possible.

THE CANCER PATIENT & FAMILY ASSISTANCE FUND
On a selected basis related to need, Cancer Program social workers help identify needy patients and families for whom a limited financial gift to help with a life necessity, such as a heating or electric bill, may make a world of difference.

CHESS FUND
This fund helps make possible CHESS (Comprehensive Health Enhancement Support System) for our patients.

EDITH TAYLOR FUND
This fund helps make possible amenities for patients and families at the Helen & Harry Gray Cancer Center.

EMILY F. FRITTS MEMORIAL FUND
This fund will be used to support expenses related to presenting an annual “Emily Fritts Memorial Symposium.” The Cancer Program will organize this symposium with the guiding principle of offering a program that will enrich the lives of patients.

THE HELEN & HARRY GRAY CANCER CENTER FUND
This fund makes possible many of the amenities for patients and families within the Helen & Harry Gray Cancer Center as well as many of our outreach programs for patients, families, and the public we serve. This fund is also utilized to help support breast cancer research and other types of cooperative group clinical research programs.

HEUBLEIN FUND
This fund helps make available access to educational opportunities for Cancer Program staff. This allows nurses, dietitians, pharmacists, physicians, and others to travel to meetings or educational opportunities, which will help to bring new skills to our patients at Hartford Hospital.

MARY MULREADY SULLIVAN ONCOLOGY FUND
This fund helps make possible our annual Mary Mulready Sullivan Oncology Symposium, widely attended by nurses, physicians, and other healthcare providers from Connecticut and surrounding states.

PALLIATIVE CARE INITIATIVE/EDUCATION FUND
This fund helps make possible our palliative care program activities, including acquisition of art and special amenities on Conklin Building 4, palliative care volunteer recruitment and development, community outreach and education related to palliative care.

RADIATION THERAPY & ONCOLOGY FUND
This fund helps make possible acquisition of equipment or communications instruments for our Cancer Center programs.

REVEREND JAMES R. BLANNING FUND
Through the funds donated in memory of Reverend Blanning, nursing staff have been able to attend educational programs related to Palliative Care and End-of-Life.

WINKLER FUND
A generous donation by the Winkler family was given for the education and development of oncology nurses. Nurses have been able to attend local and national Oncology Nursing Society conferences and other educational opportunities. This fund has also supported nurses obtaining oncology nurse certification.

Anyone interested in learning more about Cancer Program funds and giving opportunities should contact Cancer Program Administration at 860.545.2390 or Fund Development 860.545.2162

Andrew Salner, MD, FACR
Director, Cancer Program
Carol S. Garlick
Vice President, Philanthropy
a history of...

being regional leaders
innovative programs
making patients our partners
being “user-friendly”

NOTED CONNECTICUT ARTIST TIM PRENTICE CREATED THE OVERHEAD FEATHER MOBILES IN THE CANCER CENTER ATRIUM. THE MOBILES MOVE WITH THE AIR CURRENTS TO THE DELIGHT OF CANCER PATIENTS AND SERVES AS A SOURCE OF RELAXATION AS THEY AWAIT THEIR TREATMENT.