This report is produced by Summit Health, a non-profit healthcare system located in south-central Pennsylvania. Our team of medical experts is compassionate, dedicated and ready to provide you with the care that you need and deserve.
The care of patients with cancer continued to improve in Franklin County, PA in 2015.

The focus of this year’s report is risk factors for cancer. Matthew Nikoloff, M.D. of Chambersburg Gastroenterology Associates reports on risk factors for gastrointestinal cancers. A report from our tumor registrar shows that many of our patients with colon cancer, esophagus cancer, stomach cancer, and pancreas cancer were also smokers. Margaret Flanagan, M.D. from our Department of Pathology discusses behaviors that are associated with cancer, screening tests for cancer, and genetic testing for cancer.

The purpose of this annual report is to help improve the health of area residents by providing information about how cancer has affected our region over the past year. In 2015 cancers of the breast, lung, colon/rectum, melanoma of the skin, prostate, urinary bladder, and lymphoma were the most common cancers seen at Chambersburg Hospital. We hope that you find this report helpful and informative.

In 2015, we welcomed David Howell, M.D. to Summit Cancer and Hematology Services. Dr. Howell joined the medical staff in October and is the medical director for radiation oncology. He is board certified in radiation oncology as well as in hospice and palliative medicine.

In 2015, Summit opened the Waynesboro Medical Office Building, a beautiful new facility where our Waynesboro patients may see their medical oncologists and surgeons closer to home. Our cancer patients will also benefit from the newly remodeled Summit Plastic Surgery and Skin Care Center.
Cancer is a scary word. We'd all like to prevent it, but is that possible?

We have a good idea of what behaviors are associated with an increased risk of cancer, so we can try to avoid them. Smoking and too much sun exposure are two factors we can control. Excess weight and lack of exercise can also be addressed with lifestyle changes.

Certain viruses can cause changes that lead to cancer, but vaccination against these viruses may help. For example, we now vaccinate our young against Human Papilloma Virus. So far, evidence indicates we help decrease precancerous dysplasia with this vaccine. We are hoping it ultimately decreases invasive cervical cancer; however, due to the long timeline of the viral effects, it may take 20 years or so for the full answer to be known.

It’s not as simple to overall lessen your risk of cancer. Since we don’t really know what causes most cancers, early detection through screening is our best option. No screening test is perfect, but overall, cervical cancer screenings have been enormously successful worldwide in decreasing the incidence and mortality of cervical cancer over time. Colon cancer screening has also been very effective in reducing colon cancer incidence and mortality among the screened populations in the United States.

As to genetic testing, the issues here get thorny. This testing is expensive and limited. Genetic tests may say that your chances of getting a certain cancer are greater than average, but a negative test does not mean your chance is lower than average. Also, if you have a strong family history of cancer, a negative test still leaves you with the same baseline risk associated with your family history.

Genetic testing is also quite complicated. As we have expanded our ability to find abnormalities in what we believe to be the cancer causing genes, we have also found abnormalities whose behavior we can’t predict. Yes, there is an abnormality, but is it associated with cancer? We don’t always know.

**Bottom line?** Taking care of yourself makes sense. Avoiding things that are bad for you, staying as strong and healthy as possible, and finding the disease early gives you a better chance of surviving, and continuing to thrive.
Cancers of the gastrointestinal (GI) system are some of the most common cancers seen in the United States, and indeed worldwide.

The most prevalent GI cancer is colorectal cancer, accounting for an estimated 132,000 new diagnoses in 2015, making it the third most common cancer in men and women. The overall lifetime risk of developing colorectal cancer is 5 percent (1).

Genetics can play a role in developing colon cancer. There are well-described hereditary conditions that significantly increase colon cancer risk, the most common of which is called Lynch Syndrome. However, a large majority are sporadic in nature. Risk factors that are significant enough to alter frequency or timing of screening include history of inflammatory bowel disease, prior history of colon polyps, or African American ethnicity. Other risk factors include diabetes, alcohol use more than two drinks per day, obesity, cigarette smoking, and excessive red meat consumption. Protective factors for colorectal cancer include physical activity, a diet high in fruits, vegetables, and fiber, as well as aspirin usage.

Esophageal cancer will affect approximately 17,000 people in the United States this year, with a majority of those being men (2). Hereditary factors don’t play much of a role in esophageal cancer. Environmental factors are much more important. Smoking and alcohol use are well known risk factors and often work together to increase risk. As with colon cancer, increased red meat intake is a risk while diets high in fruits and vegetables appear protective. Lastly, chronic reflux (GERD) is frequently implicated in cancers of the esophagus.

Stomach cancer is estimated to afflict nearly 25,000 individuals this year in the United States (3). As with other GI tract cancers, diet plays a role. A high salt diet has been linked to stomach cancer, and again fruits, vegetables, and fiber are protective. Obesity and smoking increase stomach cancer risk but alcohol does not. Unique to stomach cancer, infection with the bacteria H. pylori is one of the strongest risks. This bacterium lives in the lining of the stomach and can incite chronic inflammation.

Pancreatic cancer is one of the most fatal cancers, as an estimated 49,000 Americans will be diagnosed with it this year and more than 40,000 will die from it, making it the fourth leading cause of cancer-related deaths (4). Hereditary genetic conditions can predispose a person to pancreatic cancer, but this cancer is more commonly associated with risk factors including smoking, alcohol use, obesity, physical inactivity, diabetes, and again, a diet high in saturated fat and meat but low in fruit and vegetable intake.

CANCER STATISTICS
Statistics from FY 2014

Primary Cancer Site Distribution

A Deeper Look at Risk Factors
2014 Cancer Site Data

Average Age at Diagnosis
2009 Colon Cancer Cases

Overall Survival (in years)
2009 Colon Cancer Cases

Cancer Stage at Diagnosis
2009 Colon Cancer Cases

Most cases of colon cancer and pancreatic cancer found a correlation between smoking and/or diabetes.

When treated for colon cancer, non-smokers on average diagnosed their disease later in life and survived slightly longer than smokers. Non-smokers also diagnosed their cancer earlier in stage than smokers, particularly during Stage I and II.

Colon & rectum cancers represent the third largest category with 79 cases. When combined with esophagus, stomach, and pancreas, gastrointestinal cancers total 111 cases.

Breast cancer remains the largest category with 121 cases followed by lung cancer at 91 cases.
At Summit Cancer & Hematology Services, the patient has always been our first priority.

As an LPN Flow Manager at Summit Cancer and Hematology Services, I have worked closely with Dr. Kevin Lorentsen as we continue to improve our processes to include LEAN system tools. LEAN is a methodology of continuous improvement. LEAN thinking recalibrates our expectations, inspires a spirit of excellence, and transforms the way we deliver healthcare.

This model of keeping the same nurse with the same physician has proven to be very beneficial for us and our patients. We work in flow throughout the day; I go through any labs, tests, phone calls, etc. that come in during the day and pass the information along to Dr. Lorentsen. By implementing these tools, this allows him more time to go through these items between seeing patients. I have developed a good relationship with our patients. I am familiar with them as not only a person, but also their medical history and their immediate needs.

If I am busy, Dr. Lorentsen will answer the phone or take a patient to the exam room. We try to return a patient’s call within an hour. We are currently experimenting with providing cards for our patients with Dr. Lorentsen’s name, my name, and our direct phone line. Giving our patients our direct phone line will hopefully encourage them to call and speak to one of us. I believe this helps ease their anxiety and is comforting to know that someone is available to listen to their concerns.

We always put the patient first. If the patient needs to be seen that day, we make every effort to do so. We also try to schedule new patients with a provider as soon as possible. Teamwork is necessary in providing the care that our patients require. However, good communication is also essential between the doctor and nurse.

As LPN Flow Manager, I feel these past two years have been a great learning experience and hope to continue to provide the best nursing care possible to our patients. Using the LEAN system tools, we have created a better way to handle the details, so we can focus on the patient. As with many journeys, we are excited to see where this one takes us, as we only see improved patient care along the way.
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