

2007 Colorectal Site Report

Both our Centralia and our Mt. Vernon Campus chose colorectal as the site for this year's study.

Colorectal cancer is one of the most commonly diagnosed cancers in the United States; in fact, outside of skin cancer, it's the third most common cancer diagnosis for both genders.

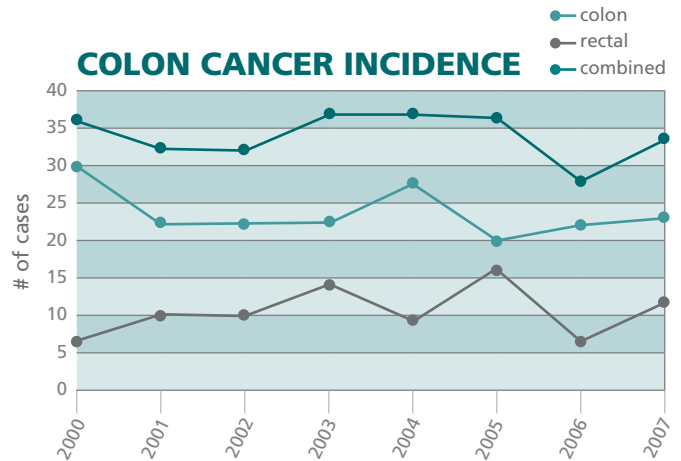
Overall, the lifetime risk for developing colorectal cancer is about 5.4%, or 1 out of every 19 people.

The risk of getting colorectal cancer increases with age, and is greater in men than in women.

According to the Center for Disease Control, Illinois is one of the highest ranking states in rate of colorectal cancer incidence. The risk of getting colorectal cancer in Illinois is between 53 to 58 people per 100,000 people.

However, there is good news: the death rate from colorectal cancer has been dropping for more than 20 years. Polyps are being found and treated earlier through screenings, and treatment is improving.

Right now, there are more than 1 million survivors of colorectal cancer in the United States.

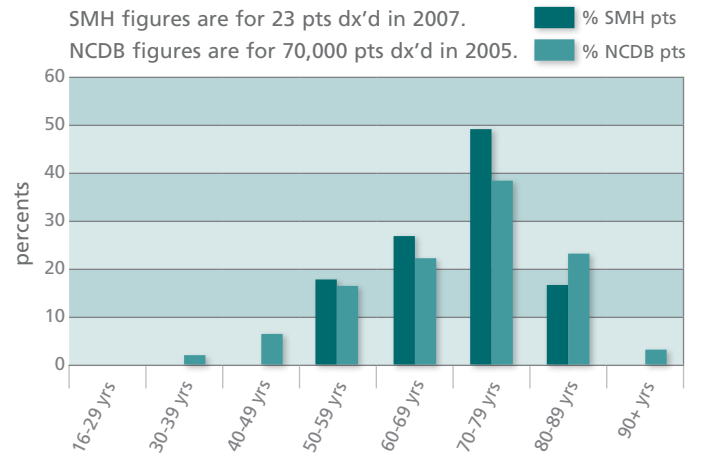


AGE AT DIAGNOSIS

—Colon Cancer Pts

SMH figures are for 23 pts dx'd in 2007.

NCDB figures are for 70,000 pts dx'd in 2005.

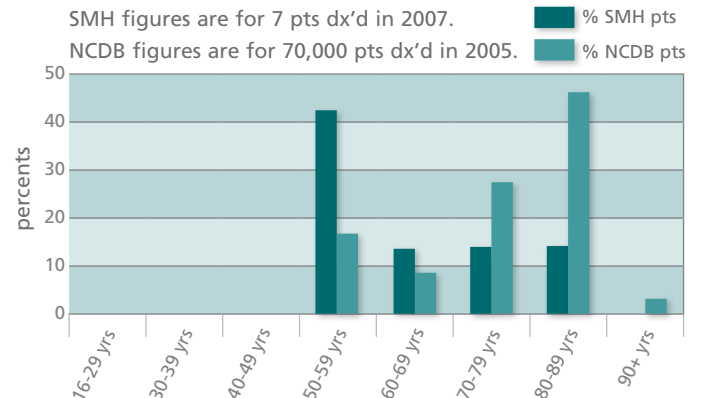


AGE AT DIAGNOSIS

—Rectal Cancers

SMH figures are for 7 pts dx'd in 2007.

NCDB figures are for 70,000 pts dx'd in 2005.



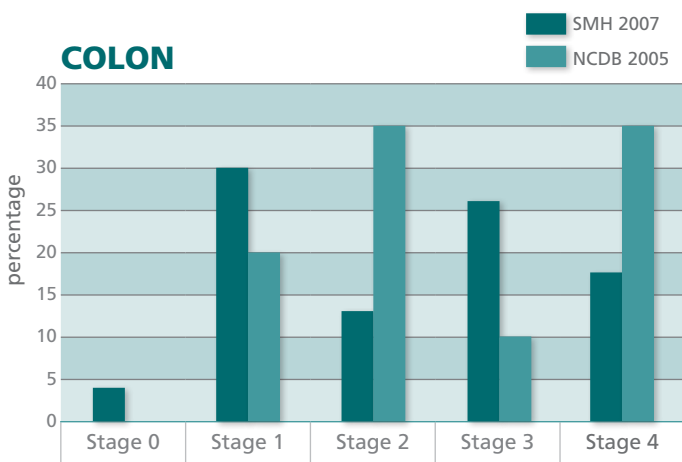
NCDB = National Cancer Data Base, maintained by the Commission on Cancer

FIVE YEAR OBSERVED SURVIVAL

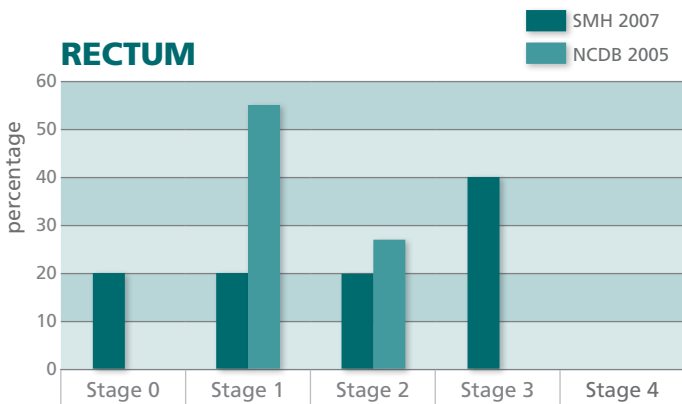
Comparing Centralia hospital campus cancer patients to the National Cancer Data Base (NCDB). This data compares to all states, to all Commission on Cancer approved Community Cancer Programs. Observed survival rate includes deaths due to any cause.

Stage at Diagnosis

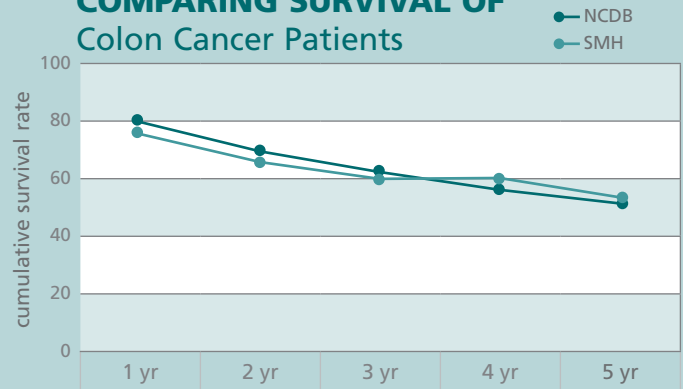
Of the 23 total Colon Cancer patients diagnosed in 2007, the following percentages reveal the cancer stage at diagnosis. "Stage" describes how far the cancer has spread at the time of diagnosis.



Of the five total Rectal Cancer patients diagnosed in 2007, the following percentages reveal the cancer stage at diagnosis. "Stage" describes how far the cancer has spread at the time of diagnosis.

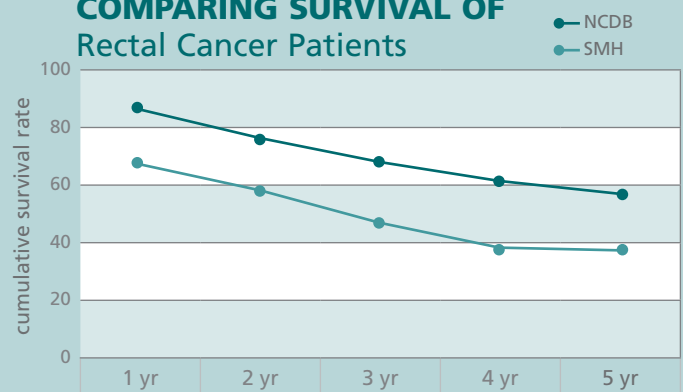


COMPARING SURVIVAL OF Colon Cancer Patients



NCDB = 168,091 pts between 1998-2000
SMH = 104 pts between 1998-2000

COMPARING SURVIVAL OF Rectal Cancer Patients



NCDB = 45,590 pts between 1998-2000
SMH = 32 pts between 1998-2000

FIRST COURSE TREATMENT FOR SMH Colon Cancer Patients in 2007

Surgery Only:	52%
Surgery & Chemotherapy:	43%
Other:	4%

FIRST COURSE TREATMENT FOR SMH rectal Cancer Patients in 2007

Surgery, Radiation, Chemotherapy:	36%
Surgery Only:	27%
Other:	36%

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There are several risk factors associated with a person's chance of developing colorectal polyps or cancer.

Some risk factors are things we cannot change: Age, history of inflammatory bowel disease, family history of colorectal cancer and other inherited syndromes, and racial/ethnic background (African Americans have the highest rates of colorectal cancer).

Other risk factors are lifestyle related, and therefore within our control: diet high in red and/or processed meats, physical inactivity, obesity, smoking, heavy alcohol use and type 2 diabetes.

As with any cancer, the earlier the cancer is caught, the better the treatment results usually are. Screening is key. The American Cancer Society recommends that beginning at age 50, both men and women at average risk have one of the screening test listed here:

Tests that find polyps and cancer

- * **Flexible sigmoidoscopy every 5 years**
- * **Colonoscopy every 10 years**
- * **Double contrast barium enema every 5 years**
- * **CT colonography (virtual colonoscopy) every 5 years**

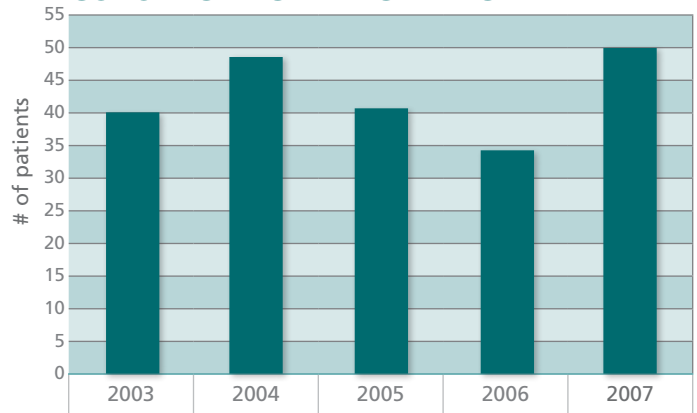
Tests that find mainly cancer

- * **Fecal occult blood test every year**
- * **Fecal immunochemical test every year**

People should talk to their doctor about which test is best for them, and about being screened more often if they have elevated risk factors, such as strong personal/family history of colorectal cancer/polyps, and/or inflammatory bowel disease and other syndromes.

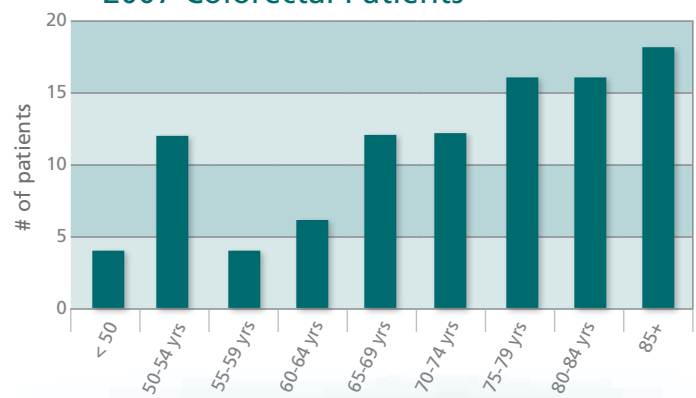
People can lower their risk of developing colon cancer by managing those risk factors that can be controlled. The ACS recommends that they eat a diet high in vegetables and fruits, maintain a healthy weight, engage in physical activity on 5 or more days of the week, limit consumption of processed and red meats, and choose whole grains rather than refined grains.

COLON CANCER INCIDENCE



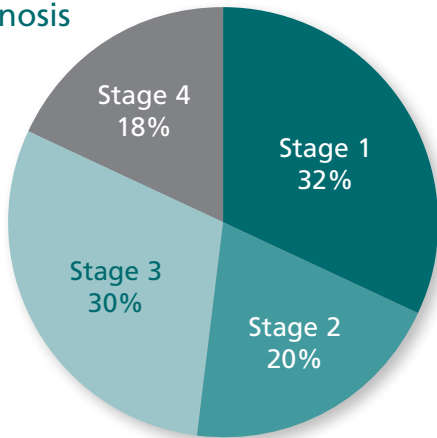
AGE AT DIAGNOSIS

—2007 Colorectal Patients



Staging

GOOD SAMARITAN HOSPITAL —2007 Colorectal Cancer Stage at diagnosis

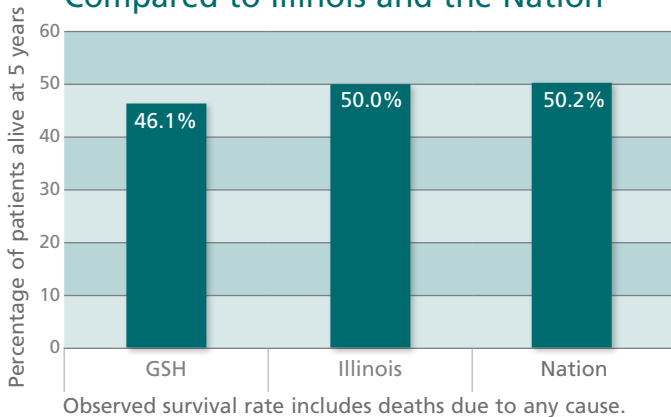


As colon cancer progresses from stage I to stage IV, the cancer cells grow through the layers of the colon wall and spread to lymph nodes and other organs. Following diagnosis of colon cancer, additional tests determine if cancer cells are confined to the colon or have spread beyond the outer layer.

FIVE YEAR OBSERVED SURVIVAL

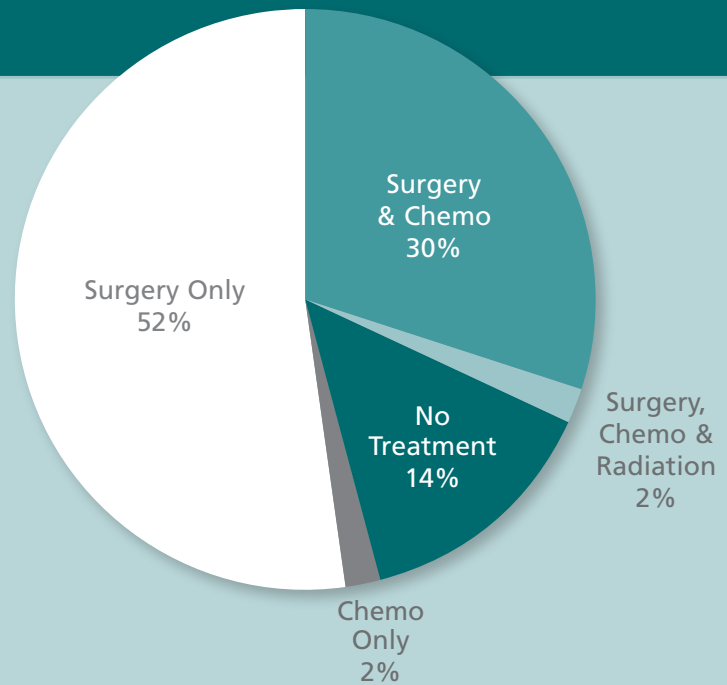
It is estimated that approximately 50,000 deaths will occur due to colorectal cancer in 2008. The chart below compares GSRHC cancer patients to the National Cancer Data Base (NCDB). GSRHC figures represent patients from 1998-2002, while the NCDB figures represent 1998 and 1999 patients. This data compares to all states, to all Commission on Cancer approved Community Cancer Programs.

—Good Samaritan Hospital Compared to Illinois and the Nation



FIRST COURSE TREATMENT FOR GSRHC COLON CANCER PATIENTS IN 2007

Different types of treatment are available for patients with colon cancer. Standard treatment options consist of surgery, chemotherapy, and radiation therapy. New treatment types are tested in clinical trials. Clinical trials are research studies meant to help improve current treatments or obtain information on new treatments for patients with cancer. The decision to choose the appropriate treatment option rests with the physician, patient and family.



The most effective treatment for colorectal cancer involves surgery. If the cancer has not spread, surgery frequently cures it. Patients whose cancer has perforated the bowel wall or spread to the lymph nodes receive chemotherapy or chemotherapy plus radiation before or after surgery.

The Importance of Our Cancer Registries

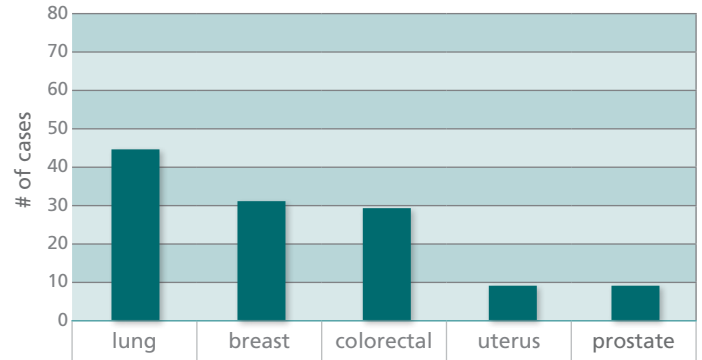
A cancer registry is a dynamic database for the collection, management, and analysis of data on patients with diagnoses of malignant cancers. Hospitals then forward some of this information in a strictly confidential manner to a centralized state cancer registry, and to a centralized national cancer registry, for the accumulation and study of cancer occurrence and treatment on a regional or national basis over time. The types of information contained in a cancer registry include demographics, personal and family history pertinent to cancer, types and dates of tests used to diagnose each cancer, details about the cancer and cancer therapy, and follow up status of the disease.

Lifetime follow up of cancer patients is important to our Cancer Program, because it provides a valid measurement of outcomes. Patients also benefit from the registry, because the follow up reminds them that continued, routine medical examinations ensure the early detection of any possible recurrence.

Our Cancer Programs at both campuses continue to meet the high standards set by the Commission on Cancer of the American College of Surgeons, and the registries are each carefully maintained by specially-trained professionals: our Certified Tumor Registrars. With the support of physicians, nursing staff, and allied health professionals who give of their time and expertise, the registrars continue to maintain and grow our registry so that it can be a valuable resource to our hospitals and our communities for years to come.

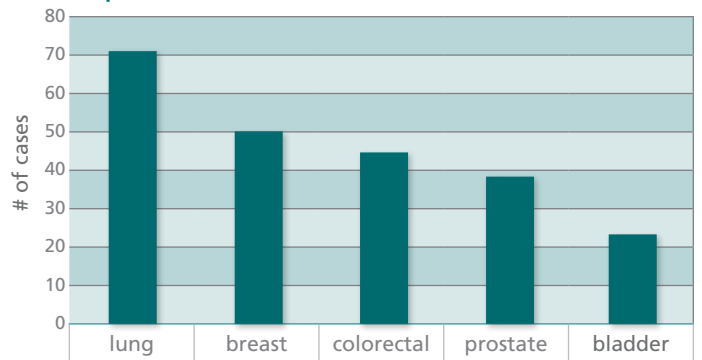
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Top Cancer Sites for SMH, 2007



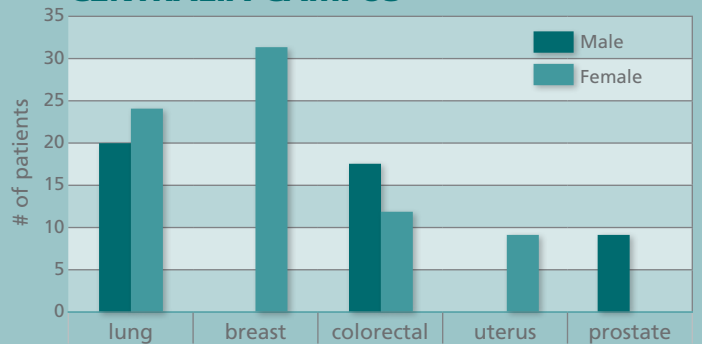
MT. VERNON CAMPUS

Top Cancer Sites for GSRHC, 2007



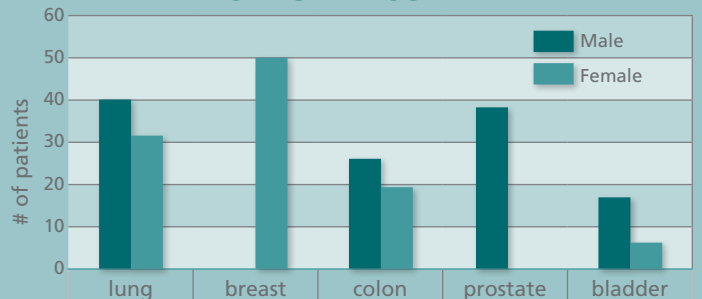
Cancer Incidence—Gender Distribution

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Top primary sites by gender

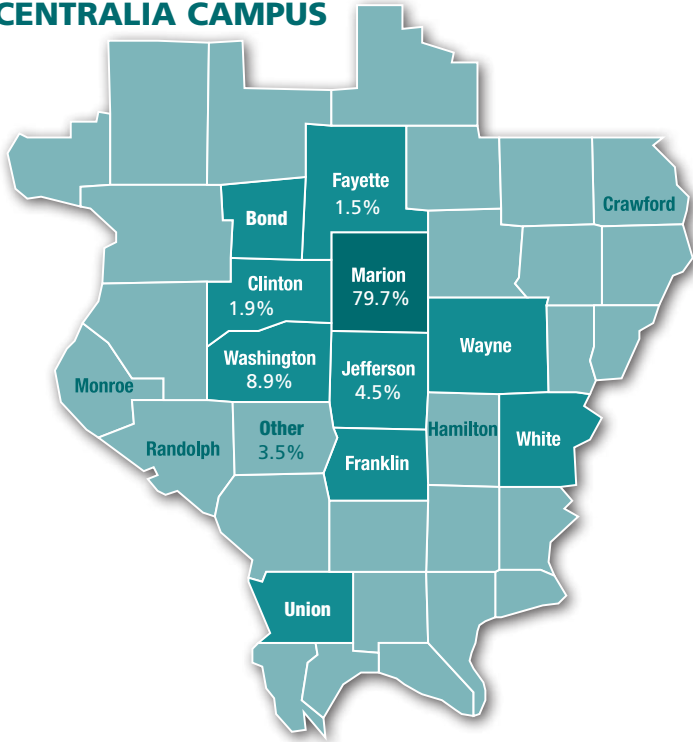
MT. VERNON CAMPUS



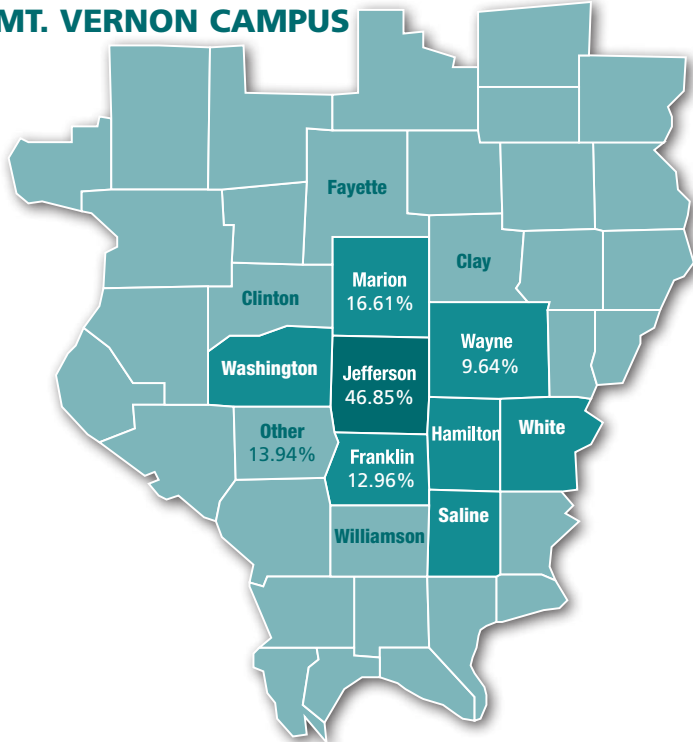
Top primary sites by gender

From **What Counties** Did Our Patients Come?

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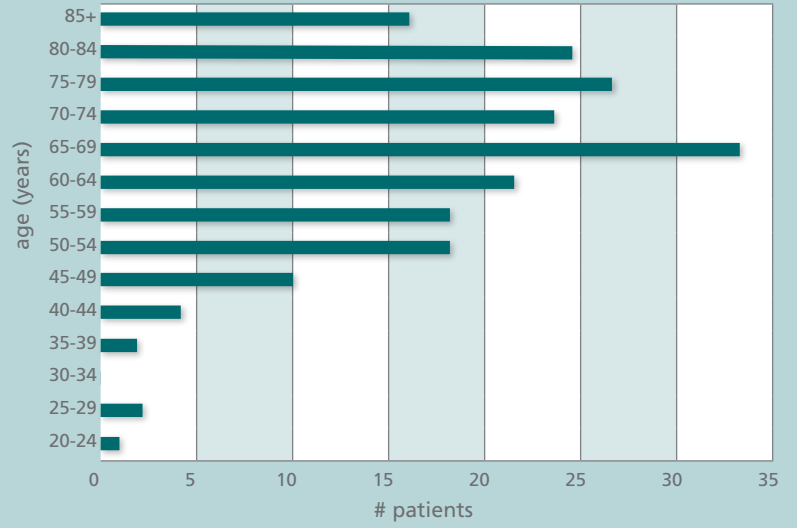
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Age of Patient at Time of Diagnosis

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Age of Patient at Time of Diagnosis



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Age of Patient at Time of Diagnosis

