When you meet Teresa Kao today you could never imagine her as a woman who at one time had been defeated by cancer — anxious, depressed and fearful. She is a joyful woman, filled with light, living in the moment and appreciating what every day brings. But when Teresa was diagnosed with breast cancer in December 2004, her life was turned upside down. Complicating her ability to cope with her diagnosis and treatment were the dramatic, unexpected deaths of both her mother and brother.

Teresa was born in China, grew up in Taiwan and came to the United States in 1971 to attend graduate school. She, her husband and their two children settled in Voorhees, NJ in 1987. Her parents who moved to the U.S. in 1982 moved to China in 2001, but her brother lived nearby in Cherry Hill. Teresa was happy with her life. She had a career in computer programming, enjoyed singing with her choir and went to the gym almost daily.

In December of 2004, Teresa went for her regular screening mammogram. The results showed a small suspicious mass in her breast. After a biopsy confirmed that the mass was cancerous, Teresa saw a local surgeon who recommended a lumpectomy. But before proceeding with the surgery, Teresa consulted with Generosa Grana, MD, Director of Cooper Cancer Institute and the Janet Knowles Breast Cancer Center. Dr. Grana advised Teresa to undergo chemotherapy before surgery.

Not wanting to waste time, Teresa started chemo in January 2005. Still in good spirits, worried but determined, Teresa was moving forward. Then the next blow hit — right after her first chemo treatment, Teresa received word that her mother had died in China.

“I didn’t even know she was sick until the day before she died,” says Teresa. “She kept her illness hidden from me. Whenever I called, someone would give me an excuse why my mother wasn’t available. It didn’t occur to me that she would be sick and unable or unwilling to talk to me about it. She finally called me the day before she died to tell me.”

Teresa’s brother and his wife helped Teresa and her husband during her chemotherapy — visiting, helping with errands, cooking meals, anything they needed. Suddenly in April, her brother became ill and within weeks he passed away just before Teresa’s last chemotherapy treatment.

Teresa continued treatment as planned with surgery followed by radiation therapy five days a week for seven weeks.

“I was a mess. Between chemotherapy, surgery, radiation, grief and the anxiety medications, I felt like I was in a haze,” says Teresa. “It was obvious to Dr. Grana that I wasn’t doing well. She told me that many people have more problems after treatment than during treatment and she recommended that I attend a Live, Lunch and Learn session after one of my appointments.”

Live, Lunch and Learn sessions are one of the many education and wellness programs held for cancer patients and their caregivers through The Dr. Diane Barton Complementary Medicine Program of Cooper Cancer Institute (CCI).

I was fortunate that the Program was there to help me when I really needed help and support,” says Teresa. “At the program, I learned not only from the instructors but also from the other survivors. Their courage and strength were inspirations for me. And that’s when things started to turn around for me.”

Teresa took part in many of the Complementary Medicine Program offerings, including gentle yoga, mindfulness meditation, art therapy, Qi Gong, therapeutic massage and music therapy. She also took advantage of the behavioral medicine counseling that was available at CCI.

“The Dr. Diane Barton Complementary Medicine Program and the Behavioral Medicine Program gave me the tools to help cope with my situation by helping me to be more aware of living in the moment and allowing me to grieve for my mother, brother and myself,” says Teresa.

“I’ve learned to live one day at a time and have accepted that change is a part of life.”

Teresa says she owes her life to her physicians, and her new perspective on life to the Dr. Diane Barton Complementary Medicine Program and the Behavioral Health Program at CCI.

Today Teresa is back singing with her choir, has joined a line dancing group, is an officer in her Chinese women’s organization and does some volunteer work. Her renewed joy in life and peace within herself can be seen in her smile.
MESSAGE FROM THE DIRECTOR

Thanks to earlier detection, improved treatments and supportive care there are now more than 10 million cancer survivors in the United States. In fact, one out of every six people over 65 is a cancer survivor, and 1.4 million were diagnosed more than 20 years ago — truly remarkable.

Though cancer still takes more than a half million lives each year, we at Cooper Cancer Institute know that the care we give and the advances we make every day are having a positive effect. Cancer may never be completely vanquished in our lifetime, but it is increasingly becoming seen as a chronic disease.

I’m proud to say that over the past year, the dedicated physicians, nurses and staff of Cooper Cancer Institute have made significant contributions to improving the health and well-being of thousands of residents of southern New Jersey faced with cancer.

While we provide outstanding medical care to our patients at the time of diagnosis and treatment, we also direct patient care after cancer treatment is completed — ensuring timely screenings, managing long-term or delayed side effects of treatment, and disease recurrence.

As the survivor population grows, so does our awareness that more needs to be done to support our patients. Today at Cooper, and across the nation, there is a growing movement to address the myriad concerns faced by cancer survivors living with, through, and beyond cancer.

Our patients tell us that life after a cancer diagnoses means finding a new balance — one that celebrates the triumph and relief of completing treatment, recognizes changes or losses the disease has wrought, and a life that adapts to changing perspectives, newfound strengths, and lingering fears.

In the 2009 Annual Report of Cooper Cancer Institute we share with you both the clinical and programmatic highlights of the year and the personal stories of some of our patients. Their stories translate what we do in the clinical setting into the context of real life. As you’ll read, Cooper Cancer Institute is changing the face of cancer today and tomorrow — helping patients make their way through a new life.

Sincerely,

Generosa Grana, MD, FACP
Director, Cooper Cancer Institute
Head, Division of Hematology/Medical Oncology
Cooper University Hospital
Associate Professor of Medicine
University of Medicine and Dentistry/Robert Wood Johnson Medical School
At Cooper Cancer Institute (CCI) becoming a cancer survivor starts the moment a patient is diagnosed. We believe that being a cancer survivor means living with, through and beyond cancer and we are here to help every step of the way.

This year CCI has made great strides in improving the lives of individuals touched by cancer and in furthering our mission to improve the prevention, detection, and treatment of cancer care in southern New Jersey through extraordinary patient-focused care, leading-edge research, and exceptional education and outreach programs.

CCI is changing the face of cancer by providing the most advanced diagnosis and treatment technologies available, offering support services to help cope with the physical and emotional well-being, finances and relationships, and maintaining health after treatment is completed.

Our focus on improving quality of care and expanding our services to underserved communities leads us to improve and expand our facilities, bring new technologies and services to the community, engage in groundbreaking research, provide education to medical students, physicians, patients and the community, and offer lifesaving screening and outreach services.

CCI experts treats patients with a wide range of cancers. Part of our success is based on the disease-site specific multidisciplinary cancer programs:

- The Janet Knowles Breast Cancer Center
- Lung Cancer Center
- Gastrointestinal Cancer Center
- Genitourinary Cancer Center
- Gynecologic Oncology Center
- Leukemia/Lymphoma Center
- Neurologic Oncology Center
- Skin Cancer Program
- Head & Neck Cancer Program

Multidisciplinary teams bring together cancer specialists from medical oncology, surgery, radiation oncology, pathology, radiology, and other fields to provide each CCI patient with an accurate diagnosis and the most effective treatment plan possible. These teams work together to regularly monitor and re-evaluate treatment plans and integrate supportive services so that all patient and family care needs can be fully met.

An important part of our multidisciplinary programs are the services provided by CCI Nurse Coordinators, who serve as expert navigators, advocates, and educators. They provide assistance to all newly diagnosed patients and their families.

“Being a cancer survivor is at the forefront of my self-awareness. It enters into every decision I make — what I want to do, how I want to spend money, how I want to spend time and my energy. Being a cancer survivor has added another dimension to my identity. I am a wife, a mother, a teacher, a gardener, a cooking show fanatic, and a cancer survivor.”

Barbara G.

Changing the Face of Cancer
by helping them make contact with the various departments for clinical appointments and testing, answering questions and helping coordinate support services. The nurse coordinators are also involved in outreach and educational activities for their respective programs and for the cancer center as a whole.

CCI also offers a full range of support services to provide our patients with care that extends beyond traditional diagnosis and treatment. These services include:

• Nutrition counseling and education
• Social work
• Behavioral health counseling and referrals
• Complementary medicine therapies
• Palliative care
• Lymphedema prevention and treatment
• Post-surgical rehabilitation
• Pastoral care
• Cancer genetics counseling and testing
• Support groups
• Patient and family education programs and social activities

Our Commitment to Education

Community education programs, physician education programs, and the education of medical students, residents and fellows help us disseminate the advances made world-wide in cancer prevention, detection, and treatment.

Because we know it is important that our patients become active participants in the management of their disease, we provide them with a variety of education programs and complementary medicine therapies and activities. Through support groups, smoking cessation programs, weight management programs, yoga, meditation, creative expression classes, book clubs and more, we are able to personally connect and partner with our patients in ways that extend beyond clinical care.

In addition to hosting a wide array of professional and community education programs, CCI faculty and staff work closely with outside organizations to provide speakers for community events, participate in health fairs, support grassroots programs, and serve as lecturers at state, regional and national professional education events.
Girl Interrupted
Shay Christopher: Acute Lymphoma
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twenty-year-old Shay Christopher from Bridgeton, NJ, was just like any other girl her age. She enjoyed hanging out with friends, going to the shore, and making plans for the future.

But when she learned of her cancer diagnosis, Shay felt anything but normal. She said she recalls wondering, “How could this happen? I'm too young.”

Shay had spent weeks prior to her diagnosis feeling tired, fatigued, and short of breath leading her to believe a bad cold or the flu was to blame. She says she felt as if her body was in a fight, but she tried not to let it slow her down.

The appearance of a visible lump on the side of Shay’s throat finally prompted her to seek medical attention. Blood work and a CT scan were scheduled for a week later. In the meantime, her condition worsened; walking short distances became an effort, and breathing became increasingly difficult. At her mother’s insistence, Shay went to the local emergency room.

Doctors suspected mononucleosis, a common viral illness that often causes weakness and fatigue, but tests revealed something much more frightening — acute lymphoblastic lymphoma.

Lymphoblastic lymphoma is very similar to acute lymphoblastic leukemia (ALL) and the two conditions are often treated in very similar ways. (Early tests indicated that Shay had ALL, but more specific studies later on determined that Shay had lymphoblastic lymphoma.) In ALL, the abnormal lymphocytes are found mainly in the blood and bone marrow, but with lymphoblastic lymphoma the abnormal cells are found in the lymph nodes or thymus gland. Lymphoblastic lymphoma can affect the bone marrow or other organs such as the liver and kidneys.

Shay and her mom, Kim Bozearth, were shocked. The physicians told them that Shay's condition was extremely serious.

Initially, Shay received aggressive IV steroids but when her kidneys started to fail, her local hospital recommended that she be transferred to a large academic medical center better equipped to deal with her mounting critical issues. Shay was immediately transferred to Cooper University Hospital and admitted to the intensive care unit (ICU).

Once stabilized, Shay was moved to Cooper’s inpatient oncology unit under the care of Kanu Sharan, MD, Hematologist/Medical Oncologist, and began the first “induction” phase of chemotherapy treatment designed to rapidly kill as many tumor cells as possible, get blood counts back to normal and eliminate all signs of the disease.

After a month as an inpatient at Cooper, Shay went home to continue the second or “consolidation” phase of treatment as an outpatient. The consolidation phase is aimed at killing any leukemia cells lingering in the brain or spinal cord with the goal of sustaining remission. In Shay’s case, this meant enduring more spinal taps, bone marrow biopsies, blood transfusions, and chemotherapy.

“I remember telling my mom, ‘I just want to be normal again, to go back to school, to my life,’” Shay says.

According to her mother, Shay’s strong will wouldn’t let cancer slow her down. She continued her studies making the Dean’s List twice. “Shay never had a down moment,” she says and after six months of treatment, they received good news. Her cancer had gone into remission.

Unfortunately Shay and her family’s triumph and relief were short-lived. After only six weeks in remission and a few days shy of her 21st birthday, Shay’s cancer returned. This time, because it was a re-occurrence of her disease, her condition was even more serious than when she was initially diagnosed.

Shay desperately needed a bone marrow transplant to stop her condition from progressing. Because of the strong relationship between Cooper and The Cancer Institute of New Jersey (CINJ) — one of only two transplant centers in the state of New Jersey — Shay was transferred to CINJ to prepare for and undergo the transplant.

Today, cancer free for a year, Shay recalls the jarring shift after treatment that catapulted her from a focused, medical regimen back into a “normal” daily life. Only after finishing treatment has she been able to absorb the emotional and physical toll her cancer has taken. Isolation was, and still is, a major obstacle. Following the transplant, she was homebound for weeks to allow her immune system to strengthen.

At 22, Shay is piecing together her interrupted life, managing the long-term side-effects of her leukemia and treatment, and grappling with the fear of re-occurrence and complications. Yet, Shay is focused on staying healthy and getting back on track. No matter where life leads her, Shay knows that being a cancer survivor will always be part of who she is.

Shay has participated in two American Cancer Society Relay For Life® events to help raise money, celebrate her survival, and inspire others to continue to fight.

“You just got to believe that you’re going to keep going,” she says. “And just keep your head up and keep fighting. I’m more aware of how short life is, and I’ve still got a lot of living to do.”
Improved Inpatient Services

While most patient care is provided in the outpatient setting, CCI is the only hospital in South Jersey with a dedicated inpatient oncology unit at Cooper University Hospital. Over the past year, CCI has made significant enhancements to the 30-bed oncology inpatient unit to improve patient comfort and workflow. Patient approval scores for Cooper inpatient cancer care unit consistently reflect that patients and their families are happy with our efforts.

Outreach and Screening

To address and eliminate the disproportionate burden of cancer on minority and underserved populations, CCI physicians, nurses and outreach staff conduct thousands of free or low-cost screenings and follow-up care for breast, cervical, prostate and colorectal cancer for uninsured and underinsured residents of southern New Jersey. Costs for screening and outreach are funded through the New Jersey Cancer Education and Early Detection Program, the Susan G. Komen Foundation, the Avon Foundation, state and county funds and other generous grant sponsors.

In 2009, CCI conducted:

1550 Breast cancer screenings
1300 Cervical cancer screenings
490 Colorectal cancer screenings
150 Prostate cancer screenings

Commendations

Our efforts and achievements have garnered the recognition of outside accrediting bodies and NJ Department of Health and Senior Services:

• Cooper University Hospital has received accreditation with five commendations by the American College of Surgeons Commission on Cancer as a Teaching Hospital Cancer Program

• The American College of Surgeons Commission on Cancer has also chosen Cooper Cancer Institute to serve as a model for “Best Practices” for four categories of Performance Improvement

• Cooper’s Breast Imaging Program has been recognized as a Breast Imaging Center of Excellence by the American College of Radiology for outstanding mammography, ultrasound and MRI services.

• Cooper’s Department of Radiation Oncology is accredited by the American College of Radiology for its advanced technologies and safe and effective therapeutic radiation oncology services.
The past year has been an exciting one for Cooper Cancer Institute. We have recruited accomplished physicians, nurses and staff to our team; invested in new technologies; expanded our support services; provided physicians, patients and the community with innovative education programs; improved our facilities and workflow operations; and positioned CCI for the next phase of our growth – the creation of a new, dedicated Cooper Cancer Institute facility in Camden on the Cooper University Hospital campus.
Cooper University Hospital Pavilion

Last December Cooper celebrated the completion of the new $220 million, 10-story patient Pavilion at Cooper University Hospital with a spectacular celebration event. Over the course of 2009, the Pavilion opened its 60 private rooms, 12 state-of-the-art operating rooms suites, a 30-bed, technologically advanced Intensive Care Unit, a new automated laboratory facility, expansive lobby with a cafe, restaurant, health resource center, gift shop, chapel, and a new entrance and patient drop off location. The hospital is also putting the finishing touches on an expanded and renovated Emergency Department. With the addition of the new Pavilion Cooper University Hospital is able to provide outstanding care for more patients in a comforting, technologically advanced setting.

Planning for the New Cooper Cancer Institute

In 2009, clinical and administrative leadership completed the planning process for the creation of the new Cooper Cancer Institute building. The building will be located on the main Cooper University Hospital campus at the intersection of Haddon Avenue and Martin Luther King Boulevard in Camden, NJ. The new facility will house clinical and administrative offices for CCI physicians and staff, chemotherapy infusion rooms, radiation oncology treatment facilities, education and conference space, and parking.

This building will bring together the various disciplines involved in the cancer program and foster a community of multidisciplinary care that will have an impact on both patient care as well as cancer research. Groundbreaking is set for spring 2010.
Cooper Medical School of Rowan University

In October 2009 more than 300 guests filled the Cooper University Hospital Pavilion lobby to celebrate the inaugural event of Cooper Medical School at Rowan University, the first four-year allopathic medical school in South Jersey. State dignitaries including Governor Jon Corzine, former Governor Brendan Byrne, Assembly Speaker Joe Roberts, Senator Dana Redd, Camden Mayor Gwendolyn Faison and executives from Cooper University Hospital and Rowan University took part in this special event.

In his remarks, George E. Norcross, III, Chairman of the Board at Cooper, said this new medical school marries Rowan’s prowess in the field of education, particularly the education of scientists and engineers, with Cooper’s clinical excellence and the clinical training of physicians. The planned $100 million medical school will be located at Broad- way and Benson Street.

Cooper Cancer Institute and Generosa Grana, MD, Honored by Susan G. Komen Foundation

Cooper Cancer Institute (CCI) and its Director, Generosa Grana, MD, were named the recipients of two distinguished honors from the Susan G. Komen for the Cure, Philadelphia Affiliate.

Dr. Grana, a nationally renowned oncologist, was selected as the 2009 Light of Life honoree for her passion, dedication and determination to bring about a world without breast cancer.

CCI received its 2009 Beacon of Hope Award for providing outstanding breast cancer detection, prevention and treatment services to Delaware Valley residents.

Dr. Grana and CCI were honored at the Komen Philadelphia Pink Tie Ball on October 17th at the Ritz-Carlton in Philadelphia.
A Reason for this Challenge

Judy Bores: Ovarian Cancer
When she taught fifth grade, Judy Bores, of Cherry Hill, was a mentor, an advisor and a leader by experience for her students.

Now as a cancer survivor, she puts those same skills to use for cancer patients at Cooper Cancer Institute (CCI) to help guide them through their treatment and beyond.

Judy became a volunteer at CCI following treatment for peritoneal ovarian cancer, a rare cancer that develops in the thin, delicate sheet (peritoneum) that lines the inside wall of the abdomen, covers the uterus and expands over the bladder and rectum, and says it has brought her more rewarding experiences than she can count.

Judy’s cancer was first discovered after a routine pap smear showed abnormal cells. “Having a father who was also a physician taught me to do what I was supposed to do for my health,” she says.

Suspecting cervical cancer, her physician ordered a battery of tests, including a cervical conization (the surgical removal of a cone shaped wedge from the cervix), but nothing was found. The next step was exploratory surgery, which exposed several small tumors inside her abdominal cavity. The surgeon described it as if someone threw sand into her abdomen. A radical hysterectomy was performed.

Upon waking from surgery, Judy recalls her family standing bedside staring at her. “I remember thinking I was either dead and this is my viewing or I have cancer,” she laughs.

It was with this sense of humor, coupled with a determined spirit, that she resolved from the beginning to not let cancer define her. She took charge of the situation, reviewed all of her options and started chemotherapy at CCI. She says she felt perfectly at peace with her decision after her mother, who passed away nearly thirteen years ago, visited her in a dream and said “it’s okay.”

It was during one of several six-hour chemo sessions that Judy began to feel restless. Her husband was recovering from heart surgery, so most of the time in treatment she spent by herself, thinking. She asked a nurse if there were any volunteers who spent time with patients in the chemotherapy suite, and, if not, could she fill the void.

Who knows better than a cancer survivor what it’s like to be diagnosed with the disease and go through treatment? It’s one thing to talk to a medical caregiver, Judy thought, but some aspects can be better answered or addressed by someone who has been through the experience.

With this in mind, Judy began spending time with patients following her own treatment to give patients the opportunity to talk about fears and concerns, ask questions, and have a little fun with “Chemo-Bingo,” a game she coordinates with lottery tickets for prizes. She also hands out cards with her home phone number for patients to reach out anytime.

“My sisters thought I was crazy, but I actually began to look forward to chemotherapy,” she says. “When you face the ‘demons’ with other people, it helps to take the scary part out of it.”

Patients, family and staff have thoroughly embraced Judy’s efforts and look forward to her weekly visits and contribute money for prizes.

“Helping other people has really helped me,” she says. “Everybody has an amazing story and their own journeys. The patients give back more to me than I could ever give to them.”

Now that Judy has completed her chemotherapy regimen and is considered to be in remission, she also continues to volunteer at CCI and has no plans to stop. She continues to enjoy life to the fullest, returning to Pilates, spending time with her husband and eleven grandchildren, all while taking care of her father who was diagnosed with Alzheimer’s disease. “Everything worked out,” she explains, “because I never let cancer slow me down or place limitations on what I could do.”

Knowing that life can change in an instant, Judy says cancer had made her a much more empathetic, patient and understanding individual. “I wake up every morning wondering about the new journeys many people will face that day and hope they understand that ‘it’s okay and there is a reason for this challenge.’”
American Cancer Society Recognizes Cooper Cancer Institute Nurse

Evelyn Robles-Rodriguez, RN, MSN, APN-C, AOCN, advanced practice nurse for the Division of Hematology/Medical Oncology and director of the Oncology Outreach Programs, at Cooper was honored by the American Cancer Society – South/Central New Jersey Chapter at their 2009 Celebration of Hope event for her outstanding accomplishments as a crusader in the war against cancer. In addition to providing care for patients within the Division of Hematology/Medical Oncology, Evelyn leads the cancer outreach team in educating the community about cancer prevention, detection and treatment. The outreach team also provides thousands of screenings for breast, cervical, prostate and colorectal cancers each year through the Camden County Cancer Education and Early Detection Program.

Cooper Cancer Institute Celebrates Opening of the Healing Garden

Cooper Cancer Institute celebrated the opening of the Dr. Diane Barton Complementary Medicine Program Healing Garden with a dedication and ribbon cutting ceremony in May 2009. Approximately 100 donors and special guests attended the event. Many in attendance donated commemorative pavers, benches and trees.

One of the focal points of the garden is a water sculpture donated by Mike and Brian Keenan in memory of their mother Barbara Keenan. Brian and Mike made the donation supporting the Healing Garden in thanks and appreciation for the care and time Cooper gave to their mother and their family.

The Healing Garden was designed to provide patients and their families with a space for relaxation and quiet contemplation. The garden is open to visitors at any time and is also being used to conduct therapeutic complementary medicine programs such as meditation, music therapy, support group sessions and educational activities. The Healing Garden is located adjacent to the entrance of the Cooper Voorhees facility.

Survivor’s Day

Each year on the first Saturday of June, Cooper Cancer Institute holds its annual Survivor’s Day Celebration for Cooper cancer survivors and their caregivers. This year approximately 500 cancer survivors and their guests (the largest survivor’s event in the state!) attended the garden-party-themed event at the Cooper Voorhees facility. Attendees enjoyed an array of activities including a fancy hat contest, bingo, craft project and raffle prizes as well as a delicious lunch along with ice cream sundaes and soft pretzels. Generosa Grana, MD, Director of Cooper Cancer Institute, addressed attendees at the opening of the event and Susan Acerbo, a Cooper ovarian cancer survivor, served as keynote speaker.
New SpyGlass™ System Helping to Rule-Out Pancreatic Cancer

This spring, Cooper became the only center in the region to acquire a new state-of-the-art direct visualization system known as SpyGlass™. SpyGlass is a new endoscopic procedure that uses a precise fiber-optic camera, not much bigger than a pencil point, inserted through a catheter into the upper digestive tract and threaded into the bile ducts. This device allows physicians to see clear, color images of the pancreas and bile ducts, allowing them to identify and clear gallstones, remove cysts, open narrowed bile ducts and obtain tissues for biopsy to discover any evidence of cancer. Early, accurate diagnosis of pancreatic cancer means that patients can be treated sooner for this devastating cancer – leading to better outcomes.

Palliative Care Program

This fall Cooper University Hospital launched the Palliative Care Program and piloted this program within CCI. The Palliative Care Program works to improve the quality of life for seriously ill patients by expertly managing the pain and symptoms associated with their disease and/or treatment. Palliative care services can be incorporated into the care plan of patients at any stage of their illness and is offered in conjunction with treatment for disease.

The Palliative Care Program helps patients by resolving shortness of breath, nausea, constipation, loss of appetite, sleep problems, pain, fatigue and other issues that may interfere with treatment or compromise quality of life.

Mark Angelo, MD, a respected Cooper internal medicine specialist who is also board certified in Hospice and Palliative Medicine, leads this innovative program with Clinical Educator, Barbara Sproge, BSN, RN, ONC.
Living Strong Believing in Life

Bart Saidel: Testicular Cancer
Mortality was the last thing on the mind of 37-year-old Bart Saidel when he was diagnosed with testicular cancer in 2005. Fighting was all the Cherry Hill resident could think about. Maybe it's a guy thing, he says, but with a wife and three young children, surviving was his only option.

Just before he was diagnosed, Bart began to experience some pain in one of his testicles. At an appointment with his urologist, everything looked normal, but the doctor felt there may be an infection. In order to "rule out Lance Armstrong disease," his doctor scheduled an ultrasound just to be sure. Additional pain developed over the next two days and a CAT scan was added. The ultrasound came back clear, however a large tumor in his torso was found on the CAT scan. After an immediate consultation with Robert Somer, MD, a Cooper oncologist, additional scans and testing were ordered and after a five-week period the pathology determined the tumor was in fact testicular cancer; pure seminoma.

Testicular cancer is most common among males aged 15 to 40 years, particularly those in their mid-twenties. It has one of the highest cure rates of all cancers: in excess of 90 percent and essentially 100 percent if it has not metastasized.

Bart’s treatment regimen started with four cycles of chemotherapy followed by surgery. He suffered from bouts of nausea, fatigue, and other chemotherapy-related side effects, but Bart found inspiration in the tough times through the Lance Armstrong Foundation (LAF) whose beliefs validated what he knew already in his heart to be true: cancer is survivable. "The Lance Armstrong Foundation is more than just the yellow bracelet," says Bart. "They empower you to fight, look at cancer realistically, and provide tremendous resources for survivorship."

Today, as a four-year cancer survivor, Bart has made it his mission to support cancer research, awareness, and survivorship programs. A huge Jimmy Buffet fan, Bart co-founded the Salt Shaker Foundation with family and friends to benefit the LAF and other local cancer organizations like Cooper Cancer Institute (CCI). Bart and the Salt Shaker Foundation are proud supporters of CCI’s Patient in Need Fund. Through this fund Bart helps other cancer survivors meet their financial, emotional, spiritual, physical, and medical needs. Bart knows he can make a clear and tangible difference in another survivor’s life.

Bart recalls one instance where his foundation’s financial assistance helped a young testicular cancer patient at CCI to bank [freeze] sperm before beginning treatment, as radiation and chemotherapy often results in sterility.

“When I was diagnosed and needed treatment I already had a family and didn’t have that concern. Although I didn’t know this patient’s name, age or situation, I could relate to how the possibility of having a family sometime down the road was important to him,” says Bart. “It symbolized his hopes for the future. And that’s key to survival.”

Since its inception in 2006, the Salt Shaker Foundation has raised more than $170,000 through events such as their annual “Team Margaritaville or Bust” fundraiser. With more than 150 members, Team Margaritaville or Bust participates annually in LAF’s LIVESTRONG® Challenge, a physically demanding event consisting of cycling up to 100 miles and a 5K run or 5K walk.

According to Bart, surviving cancer has instilled a sense of community in him. In addition to forming the foundation, Bart, a Senior Account Executive with CDW Corporation in Voorhees, is active on the CDW Charitable Contributions Committee, working with and supporting other organizations such as Habitat for Humanity, the American Cancer Society, Autism Speaks, NJ Division of Youth and Family Services, and the Multiple Sclerosis Association of America.

“The whole cancer experience was and is very surreal,” he says. “I lived it, but I don’t let the past define me. I don’t have the time or energy to devote to it. I’ve got too much more to concentrate on.”

ADDENDUM: Bart was interviewed for this profile in August 2009. Shortly after, Bart developed severe back pain, and after testing his physicians found that he had developed leukemia secondary to the chemotherapy treatments he received for his testicular cancer. Bart is receiving chemotherapy. But between tests and procedures Bart is on the phone, calling and texting his friends, colleagues and contacts — continuing his mission to raise money for cancer causes and improving the lives of other cancer survivors. Determined to fight. Determined to win. Determined to survive. Go Bart!
Sucha O. Asbell, MD, joined the Cooper’s Department of Radiation Oncology from Albert Einstein Medical Center where she spent 30 years of her career in both clinical and research capacities. Dr. Asbell joined the staff at Einstein in 1976, as a staff physician and she served as chairman of the Department of Radiation Oncology from 1993 to 2006. Dr. Asbell completed training on the CyberKnife and is a member of the CyberKnife team.

Nadine Barth, MD, joins Cooper’s Department of Surgery after completing a fellowship in surgical critical care at Cooper University Hospital. Dr. Barth also received her residency training in general surgery at Cooper. Dr. Barth received her medical degree from Friedrich-Schiller University Jena School of Medicine in Jena, Germany. She is fluent in German and has a special interest in gastrointestinal oncologic surgery.

Karen J. Hendershott, MD, recently joined the Department of Surgery at Cooper as a dedicated breast surgeon. She comes to Cooper having completed her fellowship in breast surgical oncology at Maimonides Medical Center in Brooklyn, NY. She has formal training in oncoplastic breast surgery, counseling of high-risk patients and treatment of breast cancer in the very young and the elderly. Her surgical research fellowship was performed at Memorial Sloan Kettering Cancer Center, New York City, NY where she served as Chief Administrative Research Fellow. She completed her general surgery residency at the University of Arizona, Tucson, AZ, and received her medical degree from the University of Minnesota Medical School in Minneapolis, MN. She is published in several journals and has a special interest in high risk breast cancer patients, triple negative breast cancer and cancer in the elderly.

Lesley Ann Hughes, MD, comes to Cooper University Hospital from St. Joseph Medical Center in Reading, PA where she served as section chief of Radiation Oncology and as a member of a private radiation oncology practice. Dr. Hughes received her medical degree from Hahnemann University School of Medicine, Philadelphia, PA and underwent residency training at Thomas Jefferson University Hospital, Philadelphia, PA, where she served as chief resident in the Department of Radiation Oncology. Dr. Hughes is board certified in Radiation Oncology and has a special interest in brain, gynecologic, breast and lung cancers. Dr. Hughes is a member of the Gamma Knife Team.

Yuan Liu, MD, joined Cooper after completing his residency in Plastic Surgery at Yale University School of Medicine, New Haven, CT. Dr. Liu received his medical degree from the University of Pennsylvania School of Medicine, Philadelphia, PA. During his time at University of Pennsylvania School of Medicine, he spent a year at Yale University School of Medicine completing a fellowship in Molecular Biology. He completed his residency at Yale University School of Medicine. Dr. Liu has a special interest in skin neoplasm, craniofacial surgery, microvascular

Cori E. McMahon, PsyD, recently joined the Division of Hematology/Medical Oncology as the Director of the Behavioral Medicine Program after completing her post-doctoral Fellowship in Health Psychology at Cooper University Hospital. She received her doctoral degree in Clinical Psychology from La Salle University in Philadelphia, PA. She completed her pre-doctoral internship at La Salle University Community Center for Counseling and Psychological Services and first post-doctoral fellowship at Community Treatment Solutions of New Jersey. Dr. McMahon is a Professor of Psychology at La Salle University and is a Licensed Clinical Psychologist. Dr. McMahon has special interests in women’s issues, survivorship, and psycho-oncology research.

Niraj Hiro Pahlajani, MD, comes to Cooper University Hospital following his residency in radiation oncology at Fox Chase Cancer Center in Philadelphia, PA. Dr. Pahlajani received his medical degree from the University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School in Camden, NJ. He underwent residency training at Fox Chase Cancer Center, Philadelphia, PA and completed his internship at Lankenau Hospital, Wynnewood, PA. Dr. Pahlajani is board eligible in Radiation Oncology and has a special interest in caring for patients with breast and prostate cancers.

Benjamin R. Phillips, MD, FACS comes to Cooper following his fellowship in colorectal surgery at Thomas Jefferson University Hospital, Philadelphia, PA. He completed his medical degree at the University of Medicine and Dentistry of New Jersey, Newark, NJ, and his residency in general surgery at the University of Tennessee Medical Center, Knoxville, TN, where he was chief resident. He completed a research fellowship at Harvard Medical School/Brigham and Women’s Hospital, Boston, MA, and was also involved in research at New England Medical Center and Brandeis University. Dr. Phillips has a special interest in benign and malignant colorectal and anorectal disorders, as well as advanced colorectal laparoscopic surgery.

Francis R. Spitz, MD, is a leading surgical oncologist with expertise in gastrointestinal cancers including esophageal, pancreatic, gastric and hepatobiliary. He has been the primary investigator on National Institutes of Health and American Cancer Society grants and is widely published in respected peer review journals. He is a member with leadership roles in the Society of Surgical Oncology and Society of University Surgeons. Most recently Dr. Spitz was on the staff of the Hospital of the University of Pennsylvania (HUP), Philadelphia, PA, and was associate professor within the Department of Surgery, Division of Surgical Oncology. Prior to his tenure at HUP, Dr. Spitz completed his fellowship training at the M. D. Anderson Cancer Center in Houston, TX, one of the world’s leading cancer centers, and his general surgery residency at Thomas Jefferson University Hospital, Philadelphia, PA.
Fundraising Highlights

Survivors in the Pink Band Together to Support Each Other and Cooper Cancer Institute

Eight women, all breast cancer survivors and patients at Cooper Cancer Institute (CCI), were drawn together by their shared concerns, fears and experiences. They connected over chemo, fashion tips and family. And as time passed they became fast friends with sometimes shared chemo schedules and a standing monthly lunch at a local restaurant. Having created their own support group, the ladies decided to take their support efforts to the next level — to hold a fundraiser to help other cancer patients. Survivors in the Pink was formed and an event — a dinner dance — was held in July 2009 at a local country club with performances by The Dovells and Juicy. The event was a celebration of their friendship and their survivorship as much as it was fundraiser. This October, the Survivors in the Pink presented CCI with the results of their efforts — a check for approximately $9,000 to support the CCI “Patient in Need” fund. The “Patient in Need” fund provides small grants to patients with financial concerns to cover the costs of medical expenses not covered by insurance and basic living expenses such as food and utility bills.

Mary Anne Mazanec Ovarian Cancer Foundation Donates to Cooper Cancer Institute

Family and friends of Mrs. Mary Anne Mazanec, a CCI patient who passed away in 2009 after a courageous battle with ovarian cancer, made a $2,500 donation to CCI to benefit the “Patient in Need” fund — providing direct support to patients with ovarian cancer in financial need. Mary Anne lived her life inspired by the adage, “My joy is found in the joy of others.” To carry on her legacy, Mary Anne’s husband Tom, together with their children and other family members, formed the Mary Anne Mazanec Ovarian Cancer Foundation to continue her life-long dedication to helping others. Through various fundraising efforts the foundation was able to support CCI and other ovarian cancer-related organizations and initiatives.
Cooper Cancer Institute Physician Writes Childhood Memoir – Portion of Sales Benefit Cooper Cancer Institute

Alexandre Hageboutros, MD, associate head, Division of Hematology / Medical Oncology, has written and published a book, No More Wars, Please: My Journey from Lebanon to America. In April, to celebrate the launch of the book, CCI hosted a book signing attended by more than 50 people at Cooper-Voorhees. Dr. Hageboutros also hosted a reading and a signing at CCI’s Survivor’s Day event in June. Dr. Hageboutros donated all proceeds from books sold through these special events to CCI’s “Patient in Need” fund.

The book tells of Dr. Hageboutros’ recollections of growing up during the 1970s in Lebanon where he experienced firsthand the ravages of war. While attempting to cling to some semblance of childhood, he developed the fortitude to survive the turmoil in his homeland with the hope of starting a new life in a land of opportunity. When he entered college, he met Ghada, the love of his life, and he became more determined than ever to create a better future.

Eagle Scout Candidate Donates Blankets to Cooper Cancer Institute

Chris Gunderson, a 17-year-old Eagle Scout candidate from Mount Laurel, NJ, donated 30 blankets to the Cooper Cancer Institute this past June. The blankets were used to make cancer patients more comfortable while undergoing chemotherapy treatment.

Chris is a member of Boy Scout Troop 44 in Moorestown, NJ and is working toward achieving Eagle Scout status — the highest rank attainable in the Boy Scouts of America. Chris’ mother, Nancy Gunderson, is a breast cancer survivor and a CCI patient.

As Chris explored options for a service project, he was drawn to something that would aid and comfort cancer patients. He knew that when his mom received chemotherapy she would often feel cold and sleepy. Chris formed the idea of creating cozy fleece blankets for patients.

Gunderson purchased the materials and created the blankets with the help of his friends, family and troop members. He presented his donation to Generosa Grana, MD, at Cooper’s Division of Hematology/Medical Oncology office in Stratford, NJ, with his proud mom by his side.
Cancer Registry Report

Cooper University Hospital’s Cancer Registry Department supports the activities of the Cancer Committee and the Cooper Cancer Institute.

The Registry oversees the collection, quality assurance, lifetime follow-up and analysis of data from patients diagnosed with cancer who receive all or part of their care at Cooper and those others deemed reportable.

The Registry provides vital statistics and information to clinicians and researchers as well as local, state and national cancer databases and cancer-related organizations. This contribution of information advances the body of knowledge in the field of cancer and ultimately has a positive impact on cancer patient care.

Cooper Cancer Institute has received accreditation with commendation by The American College of Surgeons’ Commission on Cancer as a Teaching Hospital Cancer Program.

In 2009, Cooper Cancer Registry Department received the NJ State Cancer Registry Award (NJSCR) for “Excellence in Timely and Complete Cancer Cases Reporting of Year 2008 Data.” The NJSCR is a population-based registry that collects data on all cancer cases diagnosed and/or treated in New Jersey and is part of the State of New Jersey’s Department of Health and Senior Services.

**Cancer Registry Department Staff**
- Diane Bush, CTR, Manager
- Jacqueline Ellis, CTR, Cancer Registrar
- Brian Palidar, RHIT, CTR, Cancer Registrar
- Annette Harley, CTR, Cancer Registrar

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**Cooper University Hospital Committee on Cancer***

Generosa Grana, MD  
Chair, Cancer Committee  
Head, Division of Hematology/Medical Oncology, Director, Cooper Cancer Institute

Umar Atabek, MD  
Head, Division of Surgical Oncology, Cancer Liaison

Raymond Baraldi, MD  
Chief, Department of Radiology

Diane Bush, CTR  
Manager, Cancer Registry Department

Susan Coakley, MHA, CCRP  
Manager, Division of Hematology/Medical Oncology, Clinical Research Office

Francis DelRossi, CSW  
Social Worker, CCI

Tamara LaCouture, MD  
Chief, Department of Radiation Oncology

Rachelle Munic, MBA, PA  
Assistant Vice President, CCI

Evelyn Robles-Rodriguez, RN  
Oncology Advanced Practice Nurse, Director, Oncology Outreach Programs

Roland Schwarting, MD  
Chief, Department of Pathology and Laboratory Medicine

Barbara Sproge, RN  
Clinical Educator, Palliative Care Program

**Other Attendees**

Jaime Austino, RN  
Genitourinary Cancer Nurse Coordinator, CCI

Marianne Balay, MS, RN  
Representative, The Cancer Institute of New Jersey

Joyce Fields, MSW  
Social Worker, CCI

Linda Goldsmith, RD  
Outpatient Cancer Nutritionist, Food and Nutrition Services

Helen Haupt, MD  
Pathologist, Department of Pathology and Laboratory Medicine

Christina Hunter, RN  
Oncology Nurse Educator

Dianne Hyman, RN  
Camden Nurse Coordinator, CCI

Alex Khariton  
Administrative Director, Department of Radiation Oncology

Frank Koniges, MD  
Attending Physician, Department of Surgery

Robert Lumpe  
Chaplain, Pastoral Care

Susan Maltman, RN  
Clinical Manager, Division of Gynecologic Oncology

Alicia Michaux, MSRD  
Outpatient Cancer Nutritionist, Food and Nutrition Services

Alice O’Brien, RN  
Leukemia/Lymphoma Nurse Coordinator, CCI

Cori McMahon, PhD  
Director of Behavioral Medicine, Division of Hematology/Medical Oncology

Vickie Riskie, RN  
Clinical Nurse Manager, Inpatient Oncology Unit

Ann Steffney, RN  
Breast Cancer Nurse Coordinator, CCI

Leslie Tarr, CSW  
Social Worker, CCI

Jackie Tubens, RN  
GI Nurse Coordinator, CCI

Charu Vora, RN  
Lung Cancer Nurse Coordinator, CCI

David Warshal, MD  
Head, Division of Gynecologic Oncology

*Committee members at time of publication.
Top Five Cancer Sites (M/F Combined) PERCENT OF TOTAL ANALYTIC CASES 2001-2008

Breast 19.8 20.7 26.8 25.6 22.0 21.7 22.0 23.8 380
Lung 10.6 10.2 9.9 10.4 11.7 10.9 11.9 9.9 158
Corpus Uterus 10.3 10.8 11.8 11.9 9.5 10.4 10.7 8.0 127
Colon/Rectum 8.9 8.9 10.1 8.5 8.3 8.0 9.0 7.1 112
Prostate 9.3 10.2 8.8 11.8 9.8 10.4 9.2 7.0 112
TOTAL 58.9 60.8 67.4 68.2 61.3 61.4 62.8 55.8 889

Patient’s County of Residence at Diagnosis PERCENT OF TOTAL ANALYTIC CASES 2008

<table>
<thead>
<tr>
<th>COUNTY</th>
<th># of CASES</th>
<th>% of CASES</th>
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</thead>
<tbody>
<tr>
<td>Camden</td>
<td>710</td>
<td>42.8%</td>
</tr>
<tr>
<td>Burlington</td>
<td>314</td>
<td>18.9%</td>
</tr>
<tr>
<td>Gloucester</td>
<td>203</td>
<td>12.2%</td>
</tr>
<tr>
<td>Atlantic</td>
<td>112</td>
<td>6.7%</td>
</tr>
<tr>
<td>Cumberland</td>
<td>78</td>
<td>4.7%</td>
</tr>
<tr>
<td>Out of State</td>
<td>56</td>
<td>3.4%</td>
</tr>
<tr>
<td>Salem</td>
<td>54</td>
<td>3.2%</td>
</tr>
<tr>
<td>Cape May</td>
<td>41</td>
<td>2.5%</td>
</tr>
<tr>
<td>Mercer</td>
<td>48</td>
<td>2.9%</td>
</tr>
<tr>
<td>Ocean</td>
<td>28</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other in NJ</td>
<td>16</td>
<td>1.0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1660</td>
<td>100%</td>
</tr>
</tbody>
</table>

Atlantic ........ 6.7%
Cumberland .... 4.7%
Out Of State . . . . 3.4%
Salem ............ 3.2%
Cape May ......... 2.5%
Mercer .......... 2.9%
Ocean ........... 1.7%
Other In NJ ...... 1.0%
## Cancer Site Distribution Table

### Analytic Cases 2008

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>Sex</th>
<th>Vital Status</th>
<th>Stage at Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Alive</td>
</tr>
<tr>
<td><strong>ORAL CAVITY &amp; PHARYNX</strong></td>
<td>24 (1.4%)</td>
<td>21</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Tongue</td>
<td>9 (0.5%)</td>
<td>9</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>Salivary Glands</td>
<td>2 (0.1%)</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth</td>
<td>4 (0.2%)</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Tonsil</td>
<td>3 (0.2%)</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>3 (0.2%)</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other Oral Cavity &amp; Pharynx</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>DIGESTIVE SYSTEM</strong></td>
<td>246 (14.8%)</td>
<td>136</td>
<td>110</td>
<td>190</td>
</tr>
<tr>
<td>Esophagus</td>
<td>15 (0.9%)</td>
<td>13</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Stomach</td>
<td>20 (1.2%)</td>
<td>15</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>7 (0.4%)</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Colon Excluding Rectum</td>
<td>76 (4.6%)</td>
<td>41</td>
<td>35</td>
<td>67</td>
</tr>
<tr>
<td>Cecum</td>
<td>13</td>
<td>6</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Appendix</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ascending Colon</td>
<td>9</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Hepatic Flexure</td>
<td>6</td>
<td>5</td>
<td>1</td>
<td>6</td>
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<tr>
<td>Transverse Colon</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Splenic Flexure</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Descending Colon</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>Sigmoid Colon</td>
<td>26</td>
<td>14</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>Large Intestine, NOS</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Rectum &amp; Rectosigmoid</td>
<td>38 (2.3%)</td>
<td>21</td>
<td>17</td>
<td>33</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Rectum</td>
<td>27</td>
<td>17</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Anus, Anal Canal &amp; Anorectum</td>
<td>9 (0.5%)</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>14 (0.8%)</td>
<td>10</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Liver</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Intrahepatic Bile Duct</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other Biliary</td>
<td>8 (0.5%)</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Pancreas</td>
<td>44 (2.7%)</td>
<td>23</td>
<td>21</td>
<td>24</td>
</tr>
<tr>
<td>Retropertioneum</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Peritoneum, Omentum &amp; Mesentery</td>
<td>11 (0.7%)</td>
<td>0</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Other Digestive Organs</td>
<td>2 (0.1%)</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>RESPIRATORY SYSTEM</strong></td>
<td>175 (10.5%)</td>
<td>96</td>
<td>79</td>
<td>113</td>
</tr>
<tr>
<td>Larynx</td>
<td>12 (0.7%)</td>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>160 (9.6%)</td>
<td>82</td>
<td>78</td>
<td>101</td>
</tr>
<tr>
<td>Trachea, Mediastinum &amp; Other</td>
<td>3 (0.2%)</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>BONES &amp; JOINTS</strong></td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Bones &amp; Joints</td>
<td>1 (0.1%)</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>SOFT TISSUE</strong></td>
<td>5 (0.3%)</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Soft Tissue (including Heart)</td>
<td>5 (0.3%)</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>SKIN Excluding Basal &amp; Squamous</strong></td>
<td>18 (1.1%)</td>
<td>10</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>Melanoma – Skin</td>
<td>14 (0.8%)</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Other Nonepithelial Skin</td>
<td>4 (0.2%)</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td><strong>BASAL &amp; Squamous Skin</strong></td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Basal/Squamous cell carcinomas of Skin</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Cancer Site Distribution Table
ANALYTIC CASES 2008 (continued)

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>Sex</th>
<th>Vital Status</th>
<th>Stage at Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
<td>Alive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Exp</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>BREAST</td>
<td>383 (23.1%)</td>
<td>2</td>
<td>381</td>
<td>379</td>
</tr>
<tr>
<td>Breast</td>
<td>383 (23.1%)</td>
<td>2</td>
<td>381</td>
<td>379</td>
</tr>
<tr>
<td>FEMALE GENITAL SYSTEM</td>
<td>289 (17.4%)</td>
<td>0</td>
<td>289</td>
<td>275</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>49 (3.0%)</td>
<td>0</td>
<td>49</td>
<td>48</td>
</tr>
<tr>
<td>Corpus &amp; Uterus, NOS</td>
<td>128 (7.7%)</td>
<td>0</td>
<td>128</td>
<td>125</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>124</td>
<td>0</td>
<td>124</td>
<td>121</td>
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<tr>
<td>Uterus, NOS</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Ovary</td>
<td>60 (3.6%)</td>
<td>0</td>
<td>60</td>
<td>53</td>
</tr>
<tr>
<td>Vagina</td>
<td>11 (0.7%)</td>
<td>0</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Vulva</td>
<td>39 (2.3%)</td>
<td>0</td>
<td>39</td>
<td>38</td>
</tr>
<tr>
<td>Other Female Genital Organs</td>
<td>2 (0.1%)</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>MALE GENITAL SYSTEM</td>
<td>119 (7.2%)</td>
<td>119</td>
<td>0</td>
<td>118</td>
</tr>
<tr>
<td>Prostate</td>
<td>113 (6.8%)</td>
<td>113</td>
<td>0</td>
<td>112</td>
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<tr>
<td>Testis</td>
<td>5 (0.3%)</td>
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<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Penis</td>
<td>1 (0.1%)</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>URINARY SYSTEM</td>
<td>63 (3.8%)</td>
<td>37</td>
<td>26</td>
<td>54</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>24 (1.4%)</td>
<td>17</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>39 (2.3%)</td>
<td>20</td>
<td>19</td>
<td>34</td>
</tr>
<tr>
<td>BRAIN &amp; OTHER NERVOUS SYSTEM</td>
<td>67 (4.0%)</td>
<td>31</td>
<td>36</td>
<td>63</td>
</tr>
<tr>
<td>Brain</td>
<td>29 (1.7%)</td>
<td>18</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>Other Nervous System</td>
<td>38 (2.3%)</td>
<td>13</td>
<td>25</td>
<td>38</td>
</tr>
<tr>
<td>ENDOCRINE SYSTEM</td>
<td>82 (4.9%)</td>
<td>22</td>
<td>60</td>
<td>82</td>
</tr>
<tr>
<td>Thyroid</td>
<td>64 (3.9%)</td>
<td>15</td>
<td>49</td>
<td>64</td>
</tr>
<tr>
<td>Other Endocrine (including Thymus)</td>
<td>18 (1.1%)</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>LYMPHOMAS</td>
<td>57 (3.4%)</td>
<td>26</td>
<td>31</td>
<td>49</td>
</tr>
<tr>
<td>Hodgkin Lymphoma</td>
<td>5 (0.3%)</td>
<td>1</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>52 (3.1%)</td>
<td>25</td>
<td>27</td>
<td>44</td>
</tr>
<tr>
<td>NHL – Nodal</td>
<td>39</td>
<td>20</td>
<td>19</td>
<td>33</td>
</tr>
<tr>
<td>NHL – Extranodal</td>
<td>13</td>
<td>5</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>MULTIPLE MYELOMA</td>
<td>16 (1.0%)</td>
<td>9</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>LEUKEMIAS</td>
<td>50 (3.0%)</td>
<td>28</td>
<td>22</td>
<td>34</td>
</tr>
<tr>
<td>Lymphocytic Leukemia</td>
<td>18 (1.1%)</td>
<td>11</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Acute Lymphocytic Leukemia</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Other Lymphocytic Leukemia</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Myeloid &amp; Monocytic Leukemia</td>
<td>32 (1.9%)</td>
<td>17</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Acute Myeloid Leukemia</td>
<td>23</td>
<td>12</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Acute Monocytic Leukemia</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Chronic Monocytic Leukemia</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Other Myeloid/Monocytic Leukemia</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>MESOTHELIOMA</td>
<td>3 (0.2%)</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mesothelioma</td>
<td>3 (0.2%)</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>KAPOSI SARCOMA</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kaposi Sarcoma</td>
<td>1 (0.1%)</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>60 (3.6%)</td>
<td>24</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>60 (3.6%)</td>
<td>24</td>
<td>36</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>1,660</td>
<td>567</td>
<td>1,093</td>
<td>1,454</td>
</tr>
</tbody>
</table>
Epidemiology

Uterine cancers are the most common malignancy to affect the female genital tract. For 2008, the American Cancer Society estimated that 40,100 new cases were diagnosed in the United States, and that 7,470 women died due to uterine cancer. In New Jersey, an estimated 1,590 women were diagnosed with uterine cancer last year. The annual incidence of uterine cancer has decreased by almost 1% per year since 1998. American women carry a 2.6% lifetime risk for developing this disease. Endometrial cancer arising from the uterine lining compose the vast majority of these cases. Sarcomas and other rare malignancies comprise the remainder.

Irregular vaginal bleeding, usually during the menopausal years, is the most frequent sign of endometrial cancer. However, approximately 5% of endometrial cancers are discovered in women under the age of 40. Therefore, irregular bleeding at any age needs to be evaluated accordingly. Diagnostic tests include transvaginal ultrasound in post menopausal women to measure the thickness of the uterine lining and sampling of the endometrium by means of an office biopsy or D&C.

Endometrial cancers are divided into two groups based on etiology. Type I cancers account for 80 – 90% of cases and develop in response to estrogen stimulation that is unopposed by progesterone. This can lead to hyperplasia that can advance to cancer. Estrogen dependent cancers are typically of low grade, confined to the uterus, and associated with a good prognosis. Major risk factors for type I disease include obesity, anovulation, unopposed exogenous estrogen, and tamoxifen. In addition, women with hereditary nonpolyposis colon cancer (HNPPC) syndrome have a 50% lifetime risk for developing endometrial cancer.

Type II endometrial cancers of serous or clear cell histologies are high grade with extra-uterine disease discovered in half of all cases at the time of diagnosis. There are no recognized risk factors with the exception of advancing age. Prognosis is poor relative to type I disease.
Demographics

Data from the Cooper Cancer Registry regarding uterine cancers treated at Cooper for the period from 1998-2001 and for 2008 is useful in evaluating our gynecologic oncology program.

- From 1998 to 2001, a total of 215 women were treated at Cooper for uterine cancer.
- In 2008, 127 women received care for uterine cancer at Cooper representing a 136% increase in the number of patients seen annually relative to the four year period.

Table 1 shows the distribution of uterine cancers treated at Cooper by patient’s county of residence. Despite a fall in the percentage of patients from Camden County of over 50% in 2008, in absolute numbers this represents an actual increase of two patients. Clearly the number of patients coming to Cooper from other New Jersey counties has increased substantially over the intervening years, reflecting our outreach to Ob/Gyn and primary care practices throughout the southern portion of the state.

The age distribution at diagnosis by decade of life for patients seen at Cooper did not change significantly when the two periods are compared (Figure 1). Our data is similar to the Cancer Information Reference File (CIRF) statistics shown as well. This data is consistent with an average age of diagnosis that has ranged from 59 to 61 years of age for most studies.

Surgery is the primary form of management for most women with uterine cancer and has both a diagnostic and a therapeutic role. The procedure generally includes a hysterectomy with removal of the fallopian tubes, ovaries and pelvic and possibly para-aortic lymph nodes. At Cooper University Hospital, the Division of Gynecologic Oncology often utilizes minimally invasive methods for this surgery using either a standard laparoscopic approach or the DaVinci robotic surgery system. Stage is assigned based on the pathologic findings. Adjuvant therapy in the form

<table>
<thead>
<tr>
<th>Distribution by County</th>
<th>1998-2001</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camden</td>
<td>46.05%</td>
<td>21.09%</td>
</tr>
<tr>
<td>Atlantic</td>
<td>13.02%</td>
<td>21.88%</td>
</tr>
<tr>
<td>Burlington</td>
<td>12.56%</td>
<td>14.86%</td>
</tr>
<tr>
<td>Gloucester</td>
<td>9.30%</td>
<td>16.41%</td>
</tr>
<tr>
<td>Cape May</td>
<td>5.12%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mercer</td>
<td>5.12%</td>
<td>9.38%</td>
</tr>
<tr>
<td>Cumberland</td>
<td>0.00%</td>
<td>9.38%</td>
</tr>
<tr>
<td>Other</td>
<td>8.84%</td>
<td>7.03%</td>
</tr>
</tbody>
</table>

Age at Diagnosis for Corpus Uterus at Cooper University Hospital vs. Cancer Information Reference File (CIRF)

Statistics provided by Elektra IMPAC Software Database • 2007 CIRF – most current data available

![Age at Diagnosis for Corpus Uterus at Cooper University Hospital vs. Cancer Information Reference File (CIRF)](image-url)
of radiation therapy and/or chemotherapy is recommended for high-risk local disease and advanced disease (Figures 2-3). Surgery may not be performed on patients who are medically compromised or have very advanced disease. Hormonal therapy allowing uterine preservation for young women with clinically early disease who desire future childbearing is also offered by our division.

The majority of patients with uterine cancer are found to have stage I disease that is confined to the uterus. This is a consequence of our success in educating women in regard to the significance of irregular vaginal bleeding, particularly following the onset of menopause. Our ability to accurately and efficiently diagnose uterine cancer also contributes to the preponderance of stage I disease discovered at the time of diagnosis. The reason for
the relatively low rate of stage I disease of approximately 50% for the period from 1998 to 2001 is unclear but may in part be due to the patterns of referral that were in effect at that time. With the significantly increased number of annual referrals reflected by the 2008 data, indicative of a change in referral patterns, the incidence of stage I disease rose to 67% which is comparable to national standards (Figure 4).

Five year survival by stage for patients diagnosed from 1998 to 2001 is presented in Figure 5. Though slight variations are present when compared to National Cancer Data Base (NCDB) statistics, our results are comparable. We anticipate that recent refinements in our management of intermediate and high risk uterine cancers, such as the use of adjuvant chemotherapy in addition to radiation therapy, will further improve the five year survival of patients with uterine cancer.

**Gynecologic Cancer Center**

For over 25 years, Cooper has enjoyed an outstanding reputation for providing the very finest in gynecologic cancer care.

Cooper Cancer Institute’s Gynecologic Cancer Center is one of the region’s leading providers of innovative prevention, detection and treatment programs for women with gynecologic cancers. The program provides all available treatment options including surgery, chemotherapy, radiation therapy and access to current clinical research trials. Counseling, complementary medicine therapies and other support services are available to assist women and their families in coping with their cancer.

**A Collaborative Approach to Care**

Our reputation for excellence can be attributed to our multidisciplinary approach to care. Each of our patients is under the care of a team of specialists that meets regularly to determine and implement an optimal treatment regimen. This specialized team consists of:

- Gynecologic oncologists
- Radiation oncologists
- Pathologists
- Radiologists
- Nurses
- Nurse coordinators
- Clinical research coordinator
- Other medical professionals and support staff
By working together and pooling their expertise, the multidisciplinary team provides patients with a comprehensive evaluation of their cancer and an individualized treatment plan. This collaboration continues throughout the patient’s treatment process with on-going monitoring and re-evaluation. This unique approach leads to highly coordinated, quality patient care and superior patient satisfaction.

**Advanced Treatment Options**
Most gynecologic cancers require multifaceted treatment plans. Our physicians offer minimally invasive and robotic surgery in addition to the standard surgical procedures, chemotherapy, technologically advanced radiation therapies, innovative hormonal treatments and a variety of investigational protocols. Our gynecologic oncologists are experts in gynecological chemotherapy and offer traditional chemotherapy as well as intraperitoneal chemotherapy (for advanced ovarian cancer). The Gynecologic Cancer Center has its own spacious, dedicated chemotherapy unit where women undergoing chemotherapy can receive treatment in a comfortable environment surrounded by the support and care they need.

**Gynecologic Oncology Nursing Staff**
Our nurses are an important component of our program. Their experience has made them extremely knowledgeable about gynecologic cancers and sensitive to the special needs of our patients. As part of the care team, they:
- Educate patients about their cancer and treatment
- Address patients’ concerns and requests
- Coordinate pain management issues
- Provide information about surgery and post-surgical care

**Extraordinary Support Services**
Patient care at Cooper’s Gynecologic Cancer Center extends beyond our outstanding clinical services. We recognize the emotional and spiritual toll that cancer can take on the lives of patients and their families, and that managing only the physical aspects of the disease is not enough. To address these needs, the Cooper Cancer Institute provides patients with a wide variety of support services, such as behavioral medicine, complementary medicine, nutritional counseling and social worker services to help manage life during treatment and recovery.

**Groundbreaking Clinical Research**
Cooper’s Gynecologic Oncology program is the only full member of the Gynecologic Oncology Group (GOG) in New Jersey — a nationwide clinical trial cooperative group supported by the National Cancer Institute. Membership in this elite group of gynecologic oncology programs allows Cooper cancer patients access to groundbreaking clinical research trials. Through the GOG, as well as with studies developed at Cooper and in conjunction with the pharmaceutical industry, Cooper conducts numerous scientific studies and clinical trials.

Our goal is to improve the therapies for women with gynecologic cancers by raising cure rates and minimizing side effects. The Gynecologic Cancer Center is an active participant in research projects to determine the effect of genetics (heredity) on the development of cancer. Additionally, we work closely with Cooper Cancer Institute’s Cancer Risk Program to provide genetic counseling and testing to women considered at higher risk because of a history of gynecologic malignancies among family members.

**Convenient, Accessible Care**
While the Division of Gynecologic Oncology offers multiple office locations in South Jersey and in Bucks County, Pennsylvania, the main site for gynecologic oncology services is located at Cooper – Voorhees. This location offers patients access to multispecialty oncology physician offices, the Cooper Surgical Center, radiation oncology services, a full-service laboratory and advanced imaging capabilities. By placing the broad range of services provided by the Cooper Cancer Institute under one roof, our Voorhees facility makes access to consultations, therapy and specialized testing easy and convenient.
If you or a loved one has been touched by cancer, you may be interested in supporting the efforts of Cooper Cancer Institute (CCI). Your support will help advance patient care by:

- Discovering new ways to prevent, diagnose and treat cancer
- Building and equipping the most advanced facilities for patient care and research
- Delivering care and education in the community
- Providing supportive services to cancer patients and their families

When you support CCI, you are making a significant contribution to advancing cancer care throughout southern New Jersey for those who we care for today and those we will care for in the future.

You can support the CCI with a tax-deductible charitable gift in a number of ways including:

- Memorial and tribute gifts
- Donations to the Dr. Diane Barton Complementary Medicine Program Healing Garden
- Donations to our special funds
- Supporting CCI fundraising events and activities
- Creating your own special event in support of CCI
- Planned gifts

For more information about giving to Cooper Cancer Institute or to make a donation, contact:

**The Cooper Foundation**
Three Cooper Plaza • Camden, NJ 08103
856.342.2222

or visit us on the web: coopercancer.org