Dear Friend,

We are pleased to share with you the 2016 MD Anderson Cancer Center at Cooper Annual Report.

2016 was a landmark year at MD Anderson Cooper. Our year has been defined by growth and a deepened role as a leading regional cancer resource. This is demonstrated in the launch of new programs, the recruitment of outstanding providers, the expansion of our reach, and the partnerships we have made.

Working closely with our partner MD Anderson Cancer Center, the nation’s number 1 cancer hospital,* and with our partners in the community, we are committed to eliminating cancer through innovative programs, collaboration, and harnessing the power of our relationships:

• Our ongoing investment into our physical infrastructure remains critical to the success of our program. The opening of our new $13.5 million, 30-bed (all private rooms) inpatient unit on the 5th floor of the Roberts Pavilion at Cooper University Hospital allows us to help patients who require acute, complex care only an academic medical center can deliver.
• The $3.3 million expansion of the Infusion Unit on the third floor of MD Anderson Cooper in Camden nearly doubled the treatment area available for patients at this location to 32 bays and four private rooms, resulting in our ability to serve more patients and to improve their experience.
• Through our partnership with the American Cancer Society on the National Colorectal Cancer Roundtable “80% by 2018” initiative, we are working to raise awareness about the importance of colorectal cancer screening and to improve the screening rates in New Jersey — saving lives and strengthening our community.
• The opening of our new outpatient locations in Thorofare and Egg Harbor Township and the expansion of our services in Willingboro provides more people with access to our outstanding services closer to home.
• The recruitment of exceptional physicians, advanced practice providers, nurses, support staff, and operational leadership, and the promotion of talented individuals into new roles, has resulted in easier access to our services and a better experience for our patients.
• Our new partnership with Summit Medical Group — the largest and oldest physician-owned multispecialty practice in New Jersey — elevates cancer care across the State by bringing MD Anderson’s proven treatment plans and protocols to the residents of northern New Jersey.
• Our strong relationship with Inspira provided us with the opportunity to expand our program offerings at this location — bringing our outstanding cancer genetics services to the residents of Gloucester, Cumberland, Salem, and surrounding counties.
• Our cancer registry team provides expert abstracting and reporting services for Memorial Hospital of Salem County to assist their cancer team on the path to Commission on Cancer accreditation. Analytic data is shared with the State of New Jersey for the purpose of determining the incidence and etiology of malignant neoplasms and/or evaluating measures designed to eliminate, alleviate, or reduce the impact of cancer.

All of our efforts are focused on results, and our team is driven by our commitment to service, continuous improvement, and the highest degree of patient care and clinical outcomes.

Thank you for joining us in Making Cancer History.®

Sincerely,

Generosa Grana, MD, FACP
Director, MD Anderson Cancer Center at Cooper

Francis R. Spitz, MD
Deputy Director, MD Anderson Cancer Center at Cooper

MD Anderson Cancer Center provides innovative, comprehensive cancer care each year to thousands of patients with all types of cancer, regardless of how simple or complex their diagnosis.

Through our partnership with MD Anderson Cancer Center, the nation’s number one cancer hospital,* patients have access to the same cancer treatment plans delivered at MD Anderson Cancer Center in Houston, Texas, as well as access to the latest generation of diagnostic and treatment technologies and groundbreaking clinical trials.

Our physicians are respected educators at Cooper Medical School of Rowan University, so we are familiar with the latest breakthroughs in cancer care. We combine state-of-the-art evaluation and treatment with compassion, sensitivity, and respect for our patients. Additionally, we offer a wide range of supportive care services to supplement our traditional treatments—helping to heal the mind and soul, as well as the body.

A Team Approach to Cancer Care
MD Anderson Cooper cancer specialists collaborate on the care of each patient to ensure integrated, comprehensive, and personalized treatment plans. Our disease site-specific teams include medical oncologists, surgical oncologists, radiation oncologists, radiologists, pathologists, clinical pharmacists, nurses, nutritionists, and other healthcare professionals with special training in the prevention, detection, and treatment of cancer. This multidisciplinary team approach leads to a better experience and better outcomes for our patients.

MD Anderson Cooper offers patient access to cutting-edge diagnostic and treatment technologies and groundbreaking clinical research, as well as a wide range of support programs to help patients navigate the challenges associated with a cancer diagnosis.

**Disease Site-Specific Programs**

The team at MD Anderson Cooper provides a full spectrum of cancer management, from caring for newly diagnosed patients to coordinating the complex care for patients with metastatic disease. We provide leading-edge treatments for the following types of cancer:

- Breast
- Gastrointestinal
- Genitourinary
- Gynecologic
- Thoracic
- Hematologic
- Head and Neck
- Orthopaedic
- Melanoma
- Neurologic

**Groundbreaking Clinical Research**

Clinical trials are research studies involving patient volunteers that are conducted to find safe and effective treatments. Clinical trials are the best way physicians have to translate exciting scientific developments into treatments that will be valuable to our patients. Participating in clinical trials offers patients the opportunity to try new and effective treatments that could potentially improve their condition while taking part in vital research that can benefit many future patients.

**Cancer Support Services**

Patient care 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, we provide patients with a wide variety of support services to help manage life during treatment and recovery.

**Nurse Navigation**

Our nurse navigators guide patients from the time of their initial diagnosis. They answer questions and offer emotional support every step of the way. Nurse navigators make sure patients are prepared to meet with specialists and their cancer care team. They collect medical records, secure orders for tests when needed, serve as a patient advocate, and identify support services for patients and their caregivers.

**Social Services**

Our social workers help patients and their loved ones cope with the impact their cancer diagnosis and treatment has on their day-to-day life. Our social workers guide patients to resources for transportation, home care services, and financial concerns, including medication assistance programs. They also make referrals to community programs and services.

**Integrative Oncology**

An Integrative Oncology consultation can guide you through cancer diagnosis, treatment, and long-term survivorship with strength and confidence. The Integrative Oncology program focuses on incorporating the three pillars of a healthy lifestyle—nutrition, physical activity, and emotional health—into the patient’s care plan no matter where they are in their cancer journey. We believe that traditional cancer treatment, combined with a focus on strengthening the body through exercise and nutrition and empowering the mind to manage stress and anxiety, can result in optimized cancer treatment and a return to wellness.

**Nutrition Services**

Our dietitians provide individualized nutrition care to patients and work with caregivers in helping patients achieve optimal nutrition at home. Our dietitians work closely with each patient’s healthcare team to provide comprehensive care, with the goal of keeping patients strong, maintaining muscle mass, promoting healing, treating nutritional deficiencies, and minimizing complications and side effects of cancer.

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Behavioral Medicine Services
Our behavioral health experts provide patients and their caregivers support for the mental, emotional, and behavioral aspects of the cancer experience. They provide assessment, consultation, and counseling. They also help patients adjust to the lifestyle and behavior changes that accompany cancer diagnosis, treatment, and survivorship.

Complementary Medicine
Becoming a cancer survivor starts the moment a patient is diagnosed, and at MD Anderson Cooper we realize that physical healing is only part of our mission. That’s why we created the Dr. Diane Barton Complementary Medicine Program. This program enhances the quality of life and wellness of individuals living with, through, and beyond a cancer diagnosis by offering therapies that focus on mind, body, and spirit while supporting mainstream medical care. Our complementary therapies are designed to lessen the pain, stress, and anxiety associated with cancer. They also provide assistance in managing the side effects of such traditional treatments as radiation and chemotherapy.

Pastoral Care
We offer pastoral care/spiritual services for our patients to help them meet their spiritual needs. Members of our spiritual care team are available on request.

Financial Counseling
Our financial counselors help patients navigate the cancer journey by helping them understand and manage the complex financial impact a cancer diagnosis and treatment may have on their household. They assist patients in securing financial benefits from these programs and help coordinate health insurance coverage. The Patient in Need Fund provides small grants to patients to help cover some costs of their cancer care and basic living expenses.

Educational Programs and Support Groups
Our clinical team members offer educational resources for patients and their families, including classroom-style printed patient education materials and resources on our website. Our staff facilitates support groups and educational programs for patients and families.

Lymphedema Prevention and Treatment and Other Rehabilitation Services
Our physical therapists work with cancer patients to help them maintain and improve their functional abilities, alleviate pain, minimize fatigue, prevent and treat lymphedema, and improve quality of life. Speech pathologists help patients who have difficulty with communication, cognition, or swallowing.

Survivorship Services
MD Anderson Cooper is dedicated to helping survivors live their lives after cancer to the fullest. The transition to survivorship care is a positive step that focuses on wellness, quality of life, and health promotion. The Survivorship Program addresses the physical, psychological, and educational needs of patients who have completed treatment. It focuses on identifying, preventing, and controlling any long-term and late effects associated with cancer and its treatment. The program is also designed to monitor patients for signs of cancer recurrence. The goal is to help our patients live long, happy, and fulfilling lives.

Palliative Medicine
Palliative medicine is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness. The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient’s care team to provide an extra layer of support. Palliative care is appropriate at any stage in a serious illness and can be provided together with curative treatments such as surgery, chemotherapy, and radiation therapy.

Genetic Counseling and Testing
An important component of our comprehensive approach to care is to help patients and their families identify their risk of cancers that may be related to a gene mutation and to help these individuals manage their risks. The William G. Rohrer Cancer Genetics Program offers hereditary cancer risk assessment, genetic counseling, and genetic testing provided by a team of specialized physicians and genetic counselors.

Specialty Pharmacy Services
Our specialty pharmacy program focuses on high cost, high touch medication therapy for patients with cancer and other complex diseases. Medications range from oral drugs to cutting-edge injectable and biologic products to more standard medications. Our experienced pharmacists, nurses, pharmacy technicians, and care coordinators work directly with you and your physician to ensure all of your medication needs are met.

Second Opinion Services
We offer second opinions to provide patients and referring physicians the opportunity to receive multidisciplinary opinions and the confidence to begin treatment.

Cancer Outreach, Prevention, and Education
Each year MD Anderson Cooper’s Cancer Outreach Team leads a wide variety of patient, community, and professional education and screening programs and participates in community-sponsored events throughout the region. The MD Anderson Cooper outreach team, along with physicians and nurses, conduct free or low-cost screenings for breast, cervical, prostate, colorectal, skin, and oral cancer for those who may not have the resources to access these life-saving services.

Patient-Focused Care
The doctors, nurses, and staff at MD Anderson Cooper are experts at matching cancer’s complexity with an equally nuanced treatment plan based on an understanding of the disease itself and the impact it has on both the body and the spirit of our patients. We develop personalized treatment plans by thinking creatively, utilizing the latest diagnostic and treatment technologies, offering groundbreaking clinical research, and by always putting our patients’ needs first.
Inpatient Oncology Unit Opens

The new 30-bed, all private room inpatient oncology unit opened on the 5th floor of the Roberts Pavilion at Cooper University Hospital in June 2016. The unit features contemporary décor, a family-style living room with a fireplace, and spacious rooms with abundant natural light to create a healing environment. The unit received the Construction Excellence Award from the General Building Contractors Association.

Cancer Genetic Program Awarded Grant

MD Anderson Cooper’s Cancer Genetics Program received a $2 million grant from the William G. Rohrer Charitable Foundation to expand patient access to genetic testing and counseling services.

Pancreatic Program Receives Leapfrog® Recognition

The Leapfrog Group named MD Anderson Cooper’s Pancreatic Surgery Program as the number one program in the state for patient safety.

National Accreditation

The Janet Knowles Breast Cancer Center received accreditation from the American College of Surgeons National Accreditation Program for Breast Centers.

MD Anderson Cooper Opens New Office

Breast and gynecologic cancer services and genetic counseling services are now available in our new Egg Harbor Township office. This location provides women living in the southernmost part of New Jersey with easy access to our outstanding cancer experts.

Two New Breast Health Evaluation Programs Launched

The Dense Breast Clinic and the Abnormal Breast Imaging Clinic opened as resources for women with breast concerns and abnormal or inconclusive mammograms. The programs are designed to provide women with quick, definitive answers for their concerns and individualized treatment or monitoring plans.

Record-Breaking Year for Pink Roses Teal Magnolias

The Cooper Foundation raised more than $800,000 at the 2016 Pink Roses Teal Magnolias Brunch to support breast and gynecologic cancer research and clinical programs. More than 1,000 women (and a few good men) attended this successful event. Pictured are three of the honorees (L to R): A. Leilani Fahey, MD, Plastic and Reconstructive Surgeon, Helen Nichter, APN, Breast Surgery Nurse Practitioner, and Robin Wilson Smith, DO, Gynecologic Oncologist.

MD Anderson Cooper: A Model for Cancer Service Providers

MD Anderson Cooper was selected to take part in the Centers for Medicare and Medicaid Services Oncology Care Model initiative designed to develop new payment and delivery models to improve effectiveness and efficiency of cancer specialty care.

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Fifis Lung Cancer Research Fund Benefit

The Sixth Annual Jim Fifis Lung Cancer Research Fund Dinner raised $150,000 for the lung cancer program at MD Anderson Cancer Center at Cooper. More than 300 people gathered at Ponzio’s Diner-Bakery-Bar in Cherry Hill for the dinner, which celebrated the life of Jim Fifis, who was the long-time owner of Ponzio’s before he died of lung cancer in 2007.

Summit Medical Group Partners with MD Anderson Cooper

Summit Medical Group has partnered with MD Anderson Cooper to bring world-class cancer services to patients in northern New Jersey. This was the first collaboration of a national cancer center and a multispecialty physician group within the MD Anderson Network.
Cancer Registry Report: Data Enables Ongoing Improvements

The Cancer Registry at MD Anderson Cancer Center at Cooper is responsible for the accurate and timely collection of cancer-patient data and other critical purposes, which is used for evaluation of patient outcomes. The Registry participates in the American College of Surgeon’s (ACS) Commission on Cancer (CoC) accredited program and the National Accreditation Program for Breast Centers (NAPBC). The CoC is responsible for establishing standards to ensure high-quality, multidisciplinary, and comprehensive cancer care delivered in hospitals throughout the United States, granting accreditation to only those facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with the rigorous standards.

The Registry reports specifics of diagnosis, stage of disease, medical history, patient demographics, laboratory data, tissue diagnosis, and medical, radiation, and surgical methods of treatment for each cancer diagnosed at our facilities. The data is used to observe cancer trends and provide a research base for studies into the possible causes of cancer, with the goal of reducing cancer incidence and death.

Registry data also serves as an ongoing resource to the Cancer Committee in determining the most effective allocation of resources, in identifying community education and outreach initiatives, and in monitoring program quality.

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.

For MD Anderson Cooper’s data to be comparable to those collected at other programs around the country, the registries adhere to data rules established by the collecting and credentialed organizations. Keeping up with these changes can be challenging, but MD Anderson Cooper Cancer Registrars understand the significance of their work and are experts in their field.

Cancer Registry Department Staff
Karen Staller, CTR, Manager
Annette Harley, CTR, Cancer Registrar
Jennifer Morris, MS, CTR, Cancer Registrar

Cancer Registry Department Staff
Brian Palidtar, CTR, Cancer Registrar
Elias Rivera, Sr., CTR, Cancer Registrar

Cooper University Hospital Cancer Committee*

Evelyn Robin Rodriguez, APH-C Community Outreach
Helen A. Haupt, MD Pathology
Susan Hunter, APN Hematology/Oncology
Dianne Hyman, MSN Nursing
Frank C. Koniges, MD Surgery
Taryn Jans, MD American Cancer Society
Linda Kuhl, RYT, MS Director of Strategies Research
Gregory J. Kubicek, MD Radiation Oncology
Margaret Mackinlay, RN, CNP Physical Therapy
Linda Goldsmith, RN Outpatient Social Worker
Margaret Block, MD Radiation Oncology
Kristen Miste, MS Genetic Counselor
Joanna Myers-Casale, RN, CNO, LIND Outpatient Diets
Brian Palidtar, CTR Cancer Registrar

Other Attendees
Frank DeBacco, CFP Outpatient Social Worker
Anna Quinney, MAFT Radiation Oncology
Susan Hunter, APN Hematology/Oncology
Dianne Hyman, MSN Nursing
Frank C. Koniges, MD Surgery
Taryn Jans, MD American Cancer Society
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Brian Palidtar, CTR Cancer Registrar

*Committee members at time of publication.
### Intrahepatic Bile Duct

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<thead>
<tr>
<th>Status</th>
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<tr>
<td>Total</td>
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<td>100</td>
</tr>
<tr>
<td>Stage I</td>
<td>26</td>
<td>51</td>
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<tr>
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<tr>
<td>Stage IV</td>
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</tbody>
</table>
How do patients know if they are receiving good quality healthcare? 

How do physicians and nurses identify the steps that need to be taken for better patient outcomes? 

And how do insurers and employers determine whether they are paying for the best care that science, skill, and compassion can provide? 

Performance measures 

Performance measures give the health care community a way to assess quality of care provided against recognized standards. While quality measures come from many sources, those endorsed by the National Quality Forum (NQF) are widely viewed as among the best. An NQF endorsement reflects rigorous scientific and evidence-based review, input from patients and their families, and the perspectives of people throughout the health care industry. 

One of the ways MD Anderson Cancer Center at Cooper assesses the quality of the care we give to our cancer patients is to compare our performance in NQF standards to those of other hospitals in New Jersey and the United States. 

NQF has established six measures for quality care in breast, colon, and rectal cancer. Below you will find how MD Anderson Cancer Center at Cooper compares to other hospitals in New Jersey and across the U.S. in these critical performance measures.

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<table>
<thead>
<tr>
<th>Description</th>
<th>Cooper 2013</th>
<th>Cooper 2014</th>
<th>Cooper 2015</th>
<th>COC Standard</th>
<th>MDA Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of female patients &gt;= age 18 who have their first diagnosis of breast cancer whose primary tumor is progesterone or estrogen receptor positive recommended for Tamoxifen or third generation aromatase inhibitor within 1 year of diagnosis.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Percentage of female patients, age 18-69 who have their first diagnosis of breast cancer undergoing breast conservation surgery who receive radiation therapy within 1 year of diagnosis.</td>
<td>92%</td>
<td>98%</td>
<td>100%</td>
<td>90%</td>
<td>95%</td>
</tr>
<tr>
<td>Percentage of female patients, ages 18-69, who have their first diagnosis of breast cancer whose primary tumor is progesterone and estrogen receptor negative recommended for multi-agent chemotherapy within 4 months of diagnosis.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Percentage of female breast cancer patients age 18 or older who were administered Bisphosphonates or Denosumab, in addition to chemotherapy or endocrine therapy, who have been diagnosed with bone metastasis.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>n/a</td>
<td>65-85%</td>
</tr>
<tr>
<td>Percentage of adult patients age 18 and older with invasive breast cancer who are HER2/neu positive who are administered Trastuzumab within 12 months of diagnosis.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>n/a</td>
<td>90%</td>
</tr>
<tr>
<td>Percentage of patients presenting with AJCC Stage 0, I, II, or III breast cancer, who underwent a needle biopsy to establish diagnosis of cancer preceding surgical excision/resection.</td>
<td>98%</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
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</table>

(Chart continues)
Spotlight on Urothelial Carcinoma

Epidemiology
In the year 2017, it is estimated that approximately 79,030 new cases of urinary urothelial carcinoma will be diagnosed in the United States, with 16,870 deaths occurring during the same year. Of the estimated 79,030 new cases of bladder cancer, it is estimated that 60,490 of these will occur in men and 18,540 will occur in women. Similarly, of the 16,870 deaths, it is estimated that 12,240 will be in men and 4,630 will occur in women. From the period of 2005-2015, Cooper University Health Care saw 389 new cases of bladder cancer, with 273 occurring in men and 116 occurring in women (Figure 1). Nation wide, bladder cancer remains the sixth most common cause of cancer in the U. S. and has a median age of diagnosis of 65 years. From 2005-2015 Cooper University Health Care saw 90 bladder cancer patients aged 30-59, 224 patients aged 60-79, and 75 patients aged 80 or older. By county, over 50% of patients treated for bladder cancer in our health care system originated from Camden County. Just over 2.5% of patients came from out of state.

Risk Factors
In the U.S., the main risk factor for the development of urothelial carcinoma remains cigarette smoking and tobacco abuse. Additional risk factors include occupational chemical exposures, with increased risk noted amongst industrial workers in fields such as mechanics and rubber and chemical plant workers. Worldwide, infections with Schistosoma haematobium have been associated with an increased risk of bladder cancer, however, this remains a rare cause of bladder cancer in industrialized countries.

Prevention and Screening
Multiple testing modalities have been evaluated as possible screening tools for the early detection of bladder cancers. Urinalysis, urine cytology, and newer urine-based tumor markers testing including UroVysion and Immunocyt have been evaluated, but to date, research has not concluded that these studies are useful as routine screening tests. Currently, no screening modality has proven effective for urothelial carcinoma, and this remains an area of active research.

Cancer Registry
In 2015, 60 patients with urothelial carcinoma were seen at MD Anderson Cancer Center at Cooper, twice the number of patients seen in 2010.

Age at Diagnosis, MD Anderson Cooper versus National Averages, 2005-2014
From 2005-2014, the median age at diagnosis for all patients with urothelial carcinoma at MD Anderson Cooper was 68 (Figure 2). This was consistent with the national trends for the average age at diagnosis of urothelial carcinoma in the U.S. 31.96% of patients treated in that time period were age 70-79, compared with 30.16% nationally.

MD Anderson at Cooper patients by ethnicity versus National Averages, 2005-2014 (Figure 3)
From 2005-2014, 245 (76.32%) of urothelial carcinoma patients at MD Anderson Cooper were Caucasian, while 50 patients (15.58%) were of African American ethnicity. Nationally, 84.38% of patients were Caucasian and only 7.97% of patients African-American. This reflects MD Anderson Cooper’s trend towards treating a higher African-American population due to its location in Camden County.

Stage at Diagnosis, MD Anderson Cooper versus National Averages, 2005-2014 (Figure 4)
From 2005-2014, 120 patients (37.97%) were diagnosed with Stage 0 urothelial carcinoma and 55 patients (17.41%) were diagnosed with stage 1 (non-muscle invasive) urothelial carcinoma at the MD Anderson Cooper. This was slightly under the national averages of 42.58% and 21.52%, respectively. Patients with Stage 0 and Stage 1 disease are primarily surgically managed with the addition of possible intra-vesicular local therapies. Conversely, at MD Anderson Cooper, 62 (19.62%) and 25 (7.91%) patients were diagnosed with Stage 2 (muscle-invasive) and Stage 3 disease, respectively. Nationally, 12.46% and 6.61% of patients were diagnosed with Stage 2 or 3 disease, respectively.

Patients with Stage 2 or 3 disease are generally treated with curative intent with a combination of neoadjuvant or adjuvant chemotherapy with cystectomy, versus combined-modality therapy with chemoradiation. For Stage 4 (metastatic) disease, MD Anderson Cooper saw 34 (10.76%) cases, with the national average at 9.84%. Our trends show that compared to the national averages, patients at MD Anderson Cooper present with more advanced stage disease (Stage 2 and beyond) and are thus more likely to get systemic therapy.
Treatment

For non-muscle invasive bladder cancer, treatment consists primarily of surgical resection via transurethral resection of bladder tumor (TURBT). Intra-vesicular therapy with BCG or chemotherapy (such as mitomycin C) can be considered for patients with high grade non-muscle invasive urothelial carcinoma or patients with clinical T1 disease (invasion into the subepithelial tissue). Cystectomy for non-muscle invasive disease is generally limited to patients with disease refractory to primary treatment at high risk for ultimate muscle invasion. For patients with invasion of the muscularis propria (T2 or higher), the standard of care is generally considered to be neoadjuvant cisplatin-based chemotherapy followed by radical cystectomy. Partial cystectomy is often not performed but can be considered in highly selective cases. For patients who do not get neoadjuvant chemotherapy or are not cisplatin-eligible, adjuvant chemotherapy can be considered following cystectomy. For patients who do not wish to undergo cystectomy, are not surgical candidates, or are not cisplatin candidates, an alternative option includes bladder-sparing treatment with concurrent chemoradiation. Patients with metastatic disease are typically treated in the first-line with platinum based chemotherapy (either cisplatin or carboplatin), and radiation is used to palliate metastases. Second-line and beyond therapies can include additional single-agent chemotherapy or the newer immune checkpoint inhibitors. Clinical trials should also be considered.

From 2005-2014, 48.73% of patients at Cooper received only surgical intervention for their urothelial carcinomas. The use of surgery plus chemotherapy was performed in 17.72% of patients, consistent with national trends. Chemotherapy alone was used in 4.75% of patients, notably higher than the national average of 0.87%. The use of radiation therapy (either alone, or in combination with surgery and/or chemotherapy), was used in 8.87% of patients. Since the introduction of the use of immunotherapy in metastatic bladder cancer patients, MD Anderson Cooper has administered an immunotherapy agent to 22 patients.

Comprehensive Care at MD Anderson Cooper

MD Anderson Cooper remains South Jersey’s leading provider for the management of urothelial carcinoma. The Genitourinary Oncology Team at MD Anderson Cooper is a multidisciplinary team comprised of medical oncologists, surgical oncologists, radiation oncologists, nurse navigators, interventional radiologists, palliative care physicians, pathologists, radiologists, nurse practitioners, nutritionists, and social workers, working together to provide state-of-the-art care to patients. Our multidisciplinary Genitourinary Oncology Team meets four times a month to discuss patient cases in a comprehensive fashion and to develop individualized treatment plans. When applicable, recommendations for clinical trials are considered. MD Anderson Cooper offers its patients a full spectrum of treatment options, from advanced surgical and radiation techniques to the newest systemic chemotherapies, targeted therapies, and immunotherapy. MD Anderson Cooper unites the international expertise and experience of MD Anderson Cancer Center, the nation’s number one cancer center in the U.S., with the regional strength of Cooper University Health Care, enabling the region’s patients to have access to unparalleled cancer care.

MD Anderson Cancer Center at Cooper Welcomes Our New Physicians and Surgeons

Christopher M. Barlana, DO
Thoracic Surgeon

Danielle M. Behrens, DO
Hematology/Medical Oncology

William C. Cody, MD
Colon and Rectal Surgery

Miguel L. deLeon, MD
Colon and Rectal Surgery

Christopher C. Derivaux, MD
Thoracic Surgery

Howard I. Kesselheim, DO
Hematology/Medical Oncology

Lauren Krill, MD
Gynecologic Oncology

Duane R. Montieth, MD
Thoracic Surgery

David J. Mulvihill, MD
Radiation Oncology

Kamyar Nadir, MD
Hematology/Medical Oncology

Stephen Oh, MD
Radiation Oncology

David D. Shereran, MD
Thoracic Surgery

Jay M. Steinberg, DO
Thoracic Surgery

Faith (Fay) Young, MD
Hematology/Medical Oncology

Christopher C. Derivaux, MD
Thoracic Surgery

Howard I. Kesselheim, DO
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