



Carole Miller, M.D.

## Cancer Receives Accreditation with Commendation

Saint Agnes Hospital is proud to announce that the Commission on Cancer (CoC) of the American College of Surgeons has awarded the Cancer Institute at Saint Agnes three-year Accreditation with Commendation, which is the highest level of accreditation for a cancer program.

A facility receives a three-year Accreditation with Commendation following the on-site evaluation by a physician surveyor during which the facility demonstrates it has exceeded the standard level of compliance with all of the CoC standards that represent the full scope of the cancer program including cancer committee leadership, cancer date management, clinical services, research, community outreach, and quality improvement.

“The Cancer Institute at Saint Agnes strives to provide the highest level of cancer care to our patients,” said Dr. Carole Miller, director of the Cancer Institute. “Receiving the highest level of accreditation from the CoC reinforces our team approach of using the most advanced techniques and clinical expertise along with compassionate care that allow cancer patients to take control of their illness.”

The American Cancer Society estimates that 1.5 million cases of cancer will be diagnosed in 2011. Currently only about 25 percent of all hospitals in the United States and Puerto Rico are accredited by the CoC—and only 14 percent of that 25 percent have attained accreditation level of three-year with Commendation.

## Gift Shoppe OPEN FOR BUSINESS

In October, Saint Agnes opened its new and redesigned Gift Shoppe, which has been enhanced and updated to include a wide selection of Raven’s products, men’s items, customized Saint Agnes merchandise and more, all offered at competitive prices.

The Gift Shoppe, now hospital-owned, is located off of the new Main Entrance at the entrance to Heritage Hallway, and its central location and smoked glass design makes it visible and accessible for associates, physicians, patients and their families who are shopping for anything from flowers to higher-end gifts such as handmade ceramic and

glass art, according to manager and buyer Mary Sherron.

“In the spirit of the hospital’s core values, the gift shop is a unique space within, with the purpose of serving the temporal needs of those who visit in an atmosphere that exemplifies a particular peace, joy and healing in an extraordinary way,” said Sherron. “The Gift Shoppe has been a tremendous success due to the efforts of many, and I am honored to be part of Team Saint Agnes!”

She added that each register is equipped with a request book, specifically as a means to enable each customer the ability to add their own personal touch. “I tell every employee who enters, ‘This is your shop now!’,” she said.

The Gift Shoppe will feature many promotions to build excitement among customers, including a weekly “Fun Friday” event which will offer patrons a chance to win prizes or receive substantial discounts from future purchases.

### Gift Shoppe Hours:

Mon-Thurs 9am - 7pm  
Friday 9am - 6pm  
Saturday 11am - 4pm  
Sunday 12pm - 4pm

## Cancer Surgery in the Elderly

Due largely to increased life expectancy in the most privileged parts of the world, cancer is a common illness among the elderly. Although the medical definition of “elderly” is elusive—and increasingly lacks meaning as physiologic age becomes recognized as more relevant than chronologic age—still, cancer is about ten times as common in the “elderly” as in younger individuals. The lifetime risk of developing any invasive cancer is nearly 40% for women and nearly 45% for men.

There are many issues specifically relevant to the elderly as they face increasing risk of cancer, including but not limited to: under-representation in randomized clinical trials, the importance of social connections, the possibility for increased perioperative morbidity and mortality, and a tendency toward ageism (prejudice based on age alone) among health care professionals.

One way to avoid the pitfalls of ageism is to ignore the chronological age of the patient, and think instead in terms of physiologic age when assessing an individual’s risk/benefit ratio for cancer surgery. Consider, for example, that that a 40-year-old with multisystem

organ failure has a greater perioperative risk than a very healthy 90-year-old. Tools available to assist in the objective analysis of physiologic age are available and known in the oncogeriatric literature as PACE (Preoperative Assessment of Cancer in the Elderly). PACE includes instruments such as Comprehensive Geriatric Assessment, Satariano’s Index of Co-morbidities, Mini-Mental State inventory, Activities of Daily Living, Geriatric Depression Scale, Brief Fatigue Inventory, ECOG Performance

Status, and the ASA grade—all designed to help assess risk based on a patient’s functional status and comorbidities, rather than years lived.

### Avoid Ageism with Testing

In the thoracic surgery literature, studies on elderly patients undergoing pulmonary and esophageal resections have supported the importance of physiological age over mere chronological age. Similarly, in the pancreatic and hepatobiliary surgery literature, logistic regression modeling has been used to isolate the contribution of chronologic age to perioperative outcome and age alone was found to contribute less than 1% to morbidity and mortality, whereas comorbidities had up to a 5-fold increased impact.

In addition to physiologic fitness, however, patients and providers must consider patient preferences and goals, as not every elderly patient would choose a curative-intent operation and the concomitant recovery period over the risk of declining operation. The elderly patient’s decision to accept the risks of leaving a malignant or premalignant lesion within the pancreas, for example, versus the risks of removing it, is one that is best made jointly by the patient, the patient’s social support members, and the patient’s doctors.

From the Desk of  
Steven  
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