

2013 CANCER PROGRAM / ANNUAL REPORT.



LewisGale Regional Cancer Center
Pulaski

HCA Virginia Health System

CHAIRMAN'S REPORT 2013

STUART H. GOLDSTEIN, D.O.

General Surgery, LewisGale Physicians



As 2013 comes to a close, I am once again able to report that the LewisGale Regional Cancer Center Program continues to take great strides in improving the cancer care of the people of Southwest Virginia. Doing something well means that many people are working effectively together. Every doctor, nurse, technologist, and receptionist plays an integral role in taking care of a cancer patient. In this regard we have continued to improve.

LewisGale Regional Cancer Center is continually improving their facility and quality of care to patients. In 2013 the cancer center added the new Mobius computer software. This software is a second check system for radiation treatment planning. New immobilization devices have been added to improve care for head and neck cancer patients. E-Script has been installed and will make prescription disbursement easier and accurate for physicians. LewisGale Hospital Pulaski has added a new BK Flex Focus 500 Ultrasound machine. This machine is dedicated for prostate imaging to improve the quality of care for prostate cancer patients.

The Cancer Center in itself has taken on a new look. The lobby, exam room and the infusion center have been remodeled and updated to provide a modern and more comfortable atmosphere for our patients. A new design, fresh modern furniture and even new infusion chairs provides patients and their families the cancer center that they deserve.

Once again we continue to reach out to the community in an attempt to help the people of Southwest Virginia to live longer, better, and healthier lives. Our third annual Pulaski Community Health Fair was very well attended in May of 2013. Skin cancer screenings, nutritional counseling, and helpful information on smoking cessation were all provided. A Cancer Awareness Health Fair was held at the LewisGale Regional Cancer Center on September 19, 2013. This health fair offered free cancer screenings to include skin cancer, breast exams, cervical cancer, and prostate cancer. Additional information was available to participants on colon cancer, palliative care, nutrition, and family cancer genetic risk assessment.

We continuously plan on how we can improve. We are actively assessing what new services we can provide not just for 2014, but much further down the road. The forward vision of the administration, physicians, nurses, and all of the staff prove, once again, that residents of Southwest Virginia have no need to travel out of this area to receive the best cancer care available. I can say once again that I am proud to be a part of such a great team and look forward to making it even better.

BREAST CANCER SITE ANALYSIS

JOANNA KOLODNEY, MD

Hematology / Medical Oncology

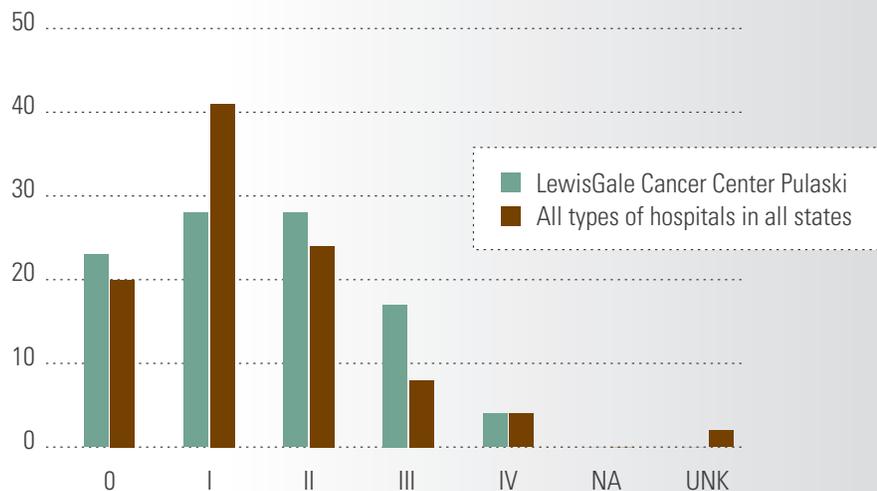


An estimated 232,340 new cases of invasive breast cancer are expected in 2013 to be diagnosed among women in the United States. Breast cancer is the most common cancer among women, accounting for nearly 1 in 3 cancers diagnosed in US women. Men are generally at a much lower risk for developing breast cancer, however, they should report any change in their breast to a physician.

There are many known risk factors for breast cancer such as age, family history, early menarche, and late menopause and are not able to be modified. However, other factors associated with increased breast cancer risk, including postmenopausal obesity, use of combined estrogen and progestin menopausal hormones, alcohol consumption, and physical activity, are modifiable.

Early detection screenings are highly recommended. Guidelines for the early detection of breast cancer vary depending on a woman's age and include mammography and clinical breast exams.

Stage of Breast Cancer Diagnosed in 2011



Source: National Cancer Database/Commission on Cancer

Typically, breast cancer produces no symptoms when the tumor is small and most treatable. As breast cancer grows to a size that can be felt, the most common physical sign is a painless lump in the breast. At times, breast cancer can spread to the underarm lymph nodes and can cause a lump or swelling, sometimes before the original breast tumor is large enough to be felt. Symptoms which are less common include breast pain or heaviness; breast swelling, thickening, or redness of the breast's skin and nipple abnormalities. Any persistent abnormality in the breast should be evaluated by a physician as soon as possible.

The stage of breast cancer is one of the most important factors in evaluating treatment options. Physicians use a variety of diagnostic tests to evaluate breast cancer and develop an appropriate treatment plan for patients.

Treatment varies depending on the stage of the cancer and encompasses surgical intervention, radiation and chemotherapy, and hormone treatment.

BREAST CANCER SITE ANALYSIS, CONTINUED

JOANNA KOLODNEY, MD

Hematology / Medical Oncology



FIRST COURSE TREATMENT OF BREAST CANCER DIAGNOSED IN 2011

FIRST COURSE OF TREATMENT	LGHP	ALL HOSPITALS IN ALL STATES	LGHP %	ALL OTHERS %
Surgery Only	3	39317	5.66%	18.54%
Surgery & Radiation	12	18331	22.64%	8.64%
Surgery & Chemotherapy		15957		7.53%
Surgery, Radiation & Chemotherapy	4	16035	7.55%	7.56%
Surgery, Radiation & Hormone Therapy	23	43946	43.4%	20.72%
Surgery & Hormone Therapy	1	25673	1.89%	12.11%
Surgery, Radiation, Chemotherapy & Hormone Therapy	7	21860	13.21%	10.31%
Surgery, Chemotherapy & Hormone Therapy	1	9853	1.89%	4.65%
Other Specified Therapy	2	14596	3.77%	6.88%
No 1st Course Rx .		6484		3.06%
TOTAL	53	212052	100%	100%

Source: National Cancer Database/Commission on Cancer

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LewisGale Hospital Pulaski evaluated and treated 11 cases of primary site Breast Cancer, Stage 2A in 2012. Stage 2 breast cancer indicates a slightly more advanced form of breast cancer. At this stage the cancer cells have spread beyond the original location and into the surrounding breast tissue. However, at this stage the cancer has not spread to a distant part of the body. In concordance to the NCCN Guidelines, evaluation regarding treatment is as follows: All patients received a physical exam with history, laboratory test to include CBC, platelets, liver function tests and Alkaline Phosphatase. Ten of the eleven patients treated had a diagnostic mammogram with 1 having a screening mammogram only. All patients received a pathology review, ER/PR and Her2 testing. All eleven patients were staged according to AJCC staging guidelines. One of the 11 patients received genetic counseling. In addition, 6 patients received recommended chemotherapy and 8 patients received recommended hormone treatment.

This 2013 Stage 2A Breast cancer evaluation was also compared to the benchmark data from NCDB. LewisGale Hospital Pulaski showed a percentage of 28.3% in comparison to all type hospital's in all states at 23.84%. First course treatment was also compared to hospitals in the United States. Comparison shows that 43% of patients at LewisGale Hospital Pulaski received surgery, radiation and hormone therapy, in comparison to other hospitals at 21%. At LewisGale Hospital Pulaski the percentage of patients receiving surgery, radiation, chemotherapy and hormone therapy was 13% in comparison other facilities at 10%.

In conclusion, LewisGale Hospital Pulaski is in concordance with the NCCN guidelines, and in comparison to other hospitals is providing the best cancer care to its patients with a multispecialty and team approach.

ONCOLOGY NURSING

VICKI HUBBLE, RN, CEN, OCN

Infusion Center Supervisor



The complex needs of patients with cancer and their families require specialized oncology nursing knowledge and skills to achieve optimal care outcomes. Our oncology nurses are an integral part of our multidisciplinary team. Our Infusion and Radiation Oncology nurses are dedicated to life-long learning and the development of their nurse education and clinical skills.

The Infusion Center has had a "face lift". We have been painted and the walls have received new décor! Also, the patients have received new recliners and the visitors have received new chairs. And, we are color coordinated. Please come by and visit our patients andz their families.

The Infusion Center nursing staff has also experienced changes in this quarter. Michele Keesling, RN, has transferred to the full time position of Palliative Care Nurse -- Best wishes and blessings to Michele! Also, thank you, Michele, for always being so willing to come and assist in the Infusion Center. Norma Baker, RN, has transferred to the Infusion Center as a full time nurse. Welcome Norma! We are so thankful and blessed to have you! Vicki Hubble, RN, OCN and Infusion Center Supervisor serves as the nurse leadership in this center.

Dr. Kolodney, our Medical Oncologist/Hematologist, is now available on site on Tuesday, Wednesday, and Thursday. A new medication that Dr. Kolodney has begun to utilize is Feraheme. This is a relatively new type of iron preparation. The advantage of Feraheme is the administration time of 20 seconds versus the two- hour infusion of Venofer. Also, Feraheme, is tolerated very well by the patients versus the often poor toleration of Venofer. Thank you, Dr. Kolodney! You are always looking out for our patients!

RADIATION ONCOLOGY NURSING

ROBIN WIDELO, RN, OCN

Radiation Oncology Nursing

Quality Improvement Coordinator



The year, 2013, has proved to be an excellent year for the radiation oncology nursing staff at LewisGale Hospital Pulaski. Providing quality care to our patients in the LewisGale Regional Cancer Center is a top priority. Our nursing staff are certified, qualified, and exceptional.

Linda Gill BSN, RN, OCN, has retired after twenty years of oncology nursing at LewisGale Hospital Pulaski. She maintained an Oncology Certification for sixteen years. We have all gained from her wealth of knowledge and she was an asset to our cancer team for many years. We wish her nothing but the best with her future endeavors in the next stage of her life. Shannon Hinton, RN has taken on the role of Radiation Oncology Nurse. Shannon has been working in the Infusion Center for approximately two years and within the Radiation Oncology department when needed. We are happy to have Shannon as part of the LewisGale Regional Cancer Center team. Robyn Widelo, RN has completed a Radiation Oncology Certificate Program through the Oncology Nursing Society. This certificate is specific to Radiation Oncology which indicates increased knowledge in the area of radiation therapy. Sue McGann-Osbourne RN has been added to the Radiation Oncology and Infusion center staff. Sue comes to us with ICU experience and we are excited to have her as part of the Cancer Center team.

Michele Keesling, BSN, has taken on the role of Nurse Navigator for breast cancer patients in 2013. Additional sites will be added to the navigation program in the near future. Michele has also accepted the position of Palliative Care Nurse for LewisGale Hospital Pulaski. We are excited to have her in these roles.

The Radiation Oncology nursing staff at LewisGale Regional Cancer Center completed two research studies in 2013. The first study is "The Incidence of Acute Radiation Skin Reactions during Radiation Therapy in Patients with Smoking as a Risk Factor." The results of this study show that patients who smoke have a potential to have skin reactions to treatments early and have more severe reactions than non-smokers. A poster with conclusion has been developed to be used as a community outreach tool.

The second research study completed by the Cancer Center is on Fall Prevention. The study was conducted with the goal of improving knowledge of the importance of the prevention of patient falls while in our care. The study has been completed and has resulted in increased employee knowledge of fall prevention. Preventing patient falls at LewisGale Hospital Pulaski is top priority to our employees.

INFUSION CENTER NURSING REPORT

MICHELE KEESLING, BSN, RN

Oncology Nurse Navigator

Palliative Care Coordinator

Psychosocial Services Coordinator



PALLIATIVE CARE PROGRAM

Palliative care is a treatment approach which focuses on comfort and quality of life for those associated with life limiting and/or life-threatening illnesses. It involves comprehensive care for the relief of the symptoms or stress associated with a serious illness. Our Palliative Care Team is a specially trained group of nurses, physicians, dietitians, pharmacists, a chaplain, and physical, occupational and speech therapists that provide expert management of pain and other symptoms. This team provides guidance with difficult treatment choices and lends emotional and spiritual support to the patient and the family while navigating the patient and family through the healthcare system. Palliative care supplements primary curative treatment with holistic care throughout the disease process, not just the end of life.

NAVIGATION SERVICES

Patient navigation is a process by which a Patient Navigator guides patients through and around barriers in the complex cancer care system ensuring timely diagnosis and treatment. Barriers to good quality care can fall into many categories such as: financial and economic barriers, language and cultural barriers, communication barriers, transportation barriers, and fear and emotional barriers. Patient Navigators are trained to anticipate, address and overcome barriers to care while guiding patients through the health care system. It has been suggested that "patient navigation programs may help extend or save patients' lives" (Patient Navigation, 2013). LewisGale Regional Cancer Center Pulaski's navigation services are managed by an RN with specialized oncology training.

CANCER SUPPORT SERVICES

LewisGale Regional Cancer Center Pulaski offers cancer support services. Our comprehensive resource library contains information regarding radiation treatments, chemotherapy, various cancer diagnoses and palliative care information. LewisGale Regional Cancer Center Pulaski provides a bi-monthly Look Good Feel Better program in conjunction with the American Cancer Society where women can attend and receive a free hair and cosmetics. This program teaches the participants how to care for their skin during cancer therapy. Cancer support groups are open to all cancer survivors as well as those patients that are actively undergoing treatment. For 2013, our program has expanded to include newly diagnosed patients.

Additional information regarding these programs can be obtained from Michele Keesling, BSN, RN at 540-994-8545 or Michele.Keesling@hcahealthcare.com.

CANCER REGISTRY REPORT

SANDY RODABAUGH, CTR

CAROLYN HOWELL, CTR

Cancer Registrars



The Cancer Registry at LewisGale Hospital Pulaski (LGHP) has been collecting cancer data for all patients diagnosed and/or treated at our facility since 2000. The cancer registry is an essential component of the Commission on Cancer (CoC) accredited cancer program. Data collected by the cancer registry is an invaluable tool in the fight against cancer. As an accredited CoC facility the registry collects demographic and disease specific data elements on each cancer patient presenting for diagnosis or treatment. The information collected is utilized by physicians, administration, and other healthcare professionals.

Among the many uses are:

- measuring quality outcomes
- tracking community outreach initiatives
- supporting clinical, diagnostic, and treatment research
- evaluating the effectiveness of current treatment modalities
- presenting data for individualized patient treatment planning
- submitting to local and national databases for incidence and outcome comparison



As mandated by law, cancer data is submitted monthly to the Virginia Cancer Registry (VCR). LGHP also participates in the CoC National Cancer Data Base (NCDB) on a yearly basis. Each year, NCDB issues a call for data to approximately 2,000 participating hospitals nationwide. All analytic cases for the previous year are sent along with several other years of data used for survival statistics and quality of care measurements.

Benchmark and survival reports are prepared by the NCDB using this data and made available on the American College of Surgeons website (www.facs.org). Please contact the registry for assistance if you would like to access these reports.

The Cancer Registry accessioned 268 new analytic cases in 2012. Meaningful survival and outcome measures require reliable tracking of disease, recurrence and vital status for the lifetime of each patient record. Accurate follow-up data enables LGHP to compare outcomes with regional, state, or national statistics. The successful follow-up rate at LGHP for the last 5-years is 94%, and the rate since the established registry reference year (2000) is 84%. Both rates are well within the CoC requirement of 90% and 80% respectively.

LGHP Cancer Committee's teamwork approach is actively monitoring outcomes data generated from site analysis studies using LGHP data to gauge trends occurring in treatment modalities and quality measures.

In response to the increased demand of quality registry data, national and international standard setters are revising and expanding the level of data elements collected by the cancer registry.

The Cancer Registry is committed to collecting quality data for our Cancer Program, the State of Virginia and the NCDB and appreciates the support of LGHP to achieve this goal.

LEWISGALE HEALTH SYSTEM DEPARTMENT OF CLINICAL GENETICS

MISTI WILLIAMS, MS, LCGC

Genetic Counselor



The Department of Clinical Genetics with LewisGale Regional Health System offers patients with a personal and/or family history of cancer an opportunity for a consultation with a certified genetic counselor. All cancer is genetic, but only a small percentage (5-10%) is inherited. An individual with a hereditary cancer syndrome may develop cancer at younger ages and have an increased risk for additional or different cancer types. Treatment options and managing subsequent cancer risk may differ for individuals with hereditary cancer syndromes compared to those without, and clinical trial eligibility may differ. Family members are at risk for cancer(s) if they have inherited the disease causing mutation(s). Genetic testing is complex and there may be many genes to consider for analysis. We work with many laboratories throughout the United States to find the most appropriate test for each individual.

A typical genetic counseling visit includes the following:

- A personalized risk assessment based on medical and family history for hereditary cancer syndromes.
- Genetic testing (if indicated) and interpreting results.
- Discussing ways to reduce and/or manage risks for cancer.
- Discussing the genetic testing/screening for close relatives.
- Psychosocial assessment/counseling and resources including patient advocacy and clinical trials if indicated.

Patients can be seen at LewisGale Hospital Pulaski by appointment, Tuesday-Friday, 9 am-4 pm. Please call the Department of Clinical Genetics 540-776-4963 to schedule an appointment or if you have questions about a referral. Physician order is required and can be faxed to 540-725-5018. The Department of Clinical Genetics also offers genetic counseling at LewisGale locations in Salem, Montgomery, and Allegheny.

NUTRITIONAL SERVICES

GINNY FOX, R.D.

Clinical Dietitian



Nutrition interventions in cancer patients have been proven to help manage patients potential side effects from treatments, promote faster healing times, and provide an overall sense of comprehensive care. Here at LewisGale Regional Cancer Center Pulaski, patients are seen by the registered dietitian (RD) for a variety of causes ranging from sore throat to end of life nutrition decisions. It has been noted that patients with cancers that are located close to or in the GI tract place them at an increased risk for treatment induced side effects such as swallowing difficulty, malabsorption, diarrhea, nausea/vomiting, xerostomia, mucositis, and anorexia. These symptoms can be managed effectively through proper oral intake, nutrition education, generalized encouragement/support, and specific modifications to the patient's current diet. All patients have the option to meet with the dietitian as needed during their treatments. Patients with cancers that are located closer to the GI tract are deemed to be at higher risk for nutrition complications during treatments and are followed on a weekly basis for potential symptom management and generalized support during patients' course of care. Physicians, nursing, and radiation/ infusion staff can consult the dietitian when side effects are noted or on an as needed basis. The registered dietitian works very closely with the doctors, nursing, and staff to ensure that our patients are receiving the most up to date and comprehensive cancer care offered in the New River Valley.

For more information on our nutrition services please contact our registered dietitian at 540-994-8593.

PHARMACY REPORT

MICHELLE POORE, MS, PHARM.D, BCPS

Pharmacy Clinical Manager



The LewisGale Hospital Pulaski Pharmacy Department works integrally with the Cancer Center to ensure safe and effective medication use. The department's goal is to optimize outcomes by providing evidence-based, patient-centered medication therapy as part of an interdisciplinary team.

Pharmacists perform independent double checks to ensure appropriate medication dosage and order entry. A pharmacy technician works under the supervision of a pharmacist to assist with preparing medications (including chemotherapy drugs) for dispensing, performing pharmaceutical calculations, managing inventory, and ordering stock. The pharmacy department is involved with the proper use of Smart pumps, an important patient safety mechanism that contains safety limits that prevent medications from being infused too quickly. A component of the 2013 patient safety initiative was establishing a standardized IV pump library for oncology medications. The library for the Smart pumps was finalized, approved and uploaded to the IV pumps in October.

The pharmacy department ensures safe handling and disposal of chemotherapy agents to protect employees, patients and the environment. Proper handling of chemotherapy is an integral part of the facility's hazardous waste plan. Chemotherapy is disposed in the appropriate pharmaceutical waste stream bins available throughout the facility. Charts detailing what should be placed in each pharmaceutical waste stream bins are posted in each area as a reminder to staff. The facility had a successful HCA audit of the pharmaceutical waste process in August.

The pharmacy clinical manager—

- Serves as a member of the interdisciplinary Palliative Care Team.
- Serves as a member of the Medication Safety Team.
- Completes a clinical review of new chemotherapy regimens for the medical oncologist, including attention to appropriate medications to prevent nausea and vomiting associated with chemotherapy.
- Participates in the HCA Central Atlantic Division Clinical Oncology Conference calls monthly to collaborate on educational and patient safety initiatives.

2013 CANCER COMMITTEE MEMBERS

Stuart Goldstein, DO

General Surgery LewisGale Physicians
Chairman

Karanita Ojomo, MD

Radiation Oncology Blue Ridge Cancer Care

Joanna Kolodney, MD

Hematology / Medical Oncology LewisGale Physicians

John Boswell, MD

Pathology Mountain View Pathology

Alan Knull, MD

Radiology

Knotresha Stewart, MD

Internal Medicine New River Internal Medicine
Physician Liaison

Robyn Widelo, RN, BSN, OCN

Oncology Nursing
Quality Improvement Coordinator

Robin Thompson, RT(T)

Radiation Therapy
Outreach Coordinator

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Clinical Trial Coordinator

Mike Abbott, PharmD, MBA

Vice President of Oncology Services

Linda Shepherd, RN, MBA

Administration

Tiffany Hughett, MC, CCC-SLP

Rehabilitation Services

Sandy Rodabaugh, CTR

Regional Cancer Registrar
Quality of Cancer Registry Data Coordinator

Carolyn Howell, CTR

Cancer Registrar
Cancer Conference Coordinator

Jane Johnson

American Cancer Society

Michele Keesling, RN, BSN

Oncology Nurse Navigator
Palliative Care Coordinator
Psychosocial Services Coordinator

Bob Suddarth, CPRHM

Director Quality Resource Management

Carlin Barbatti, RPH

Assistant Pharmacy Director

Misti Williams, MS, LCGC

Genetics Counselor

Virginia Fox, RD

Dietary

MEET YOUR CANCER CARE TEAM / LEWISGALE REGIONAL CANCER CENTER PULASKI.



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RANDAL O. HESS, MD
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**KARANITA M. OJOMO,
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SAVANNAH MABRY, LPN
Oncology Nurse



**ROBYN WIDELO, BSN,
RN, OCN**
Oncology Nurse



**VICKI HUBBLE, CEN,
RN - SUPERVISOR**
Infusion Center Nurse



MICHELE KEESLING, RN
Infusion Center Nurse
Palliative Care Nurse



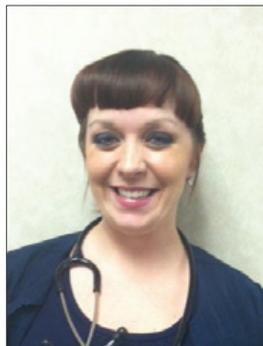
SHANNON HINTON, RN
Radiation Oncology/
Infusion Center



SUE MCGANN-OSBORNE, RN



NORMA HOWARD, RN
Infusion Center Nurse



KRISTI POSILICO, RN
Infusion Center Nurse



**AIMEE BARRETT,
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Radiation Therapist



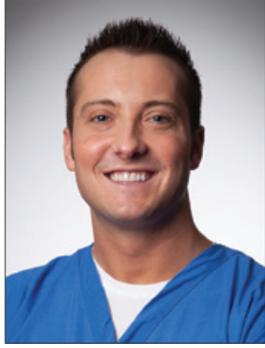
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**AMBER HARMAN,
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Radiation Therapist



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JAMES NUNN, MS, CHP, DABR
Medical Physicist



KAREN HANNAH, CMD, BS, RT(T)
Medical Dosimetrist



HEATHER THOMAS, CMD, RT(T), BS
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GINNY FOX, RD
Dietitian/Nutritionist



MISTI WILLIAMS, MS, LCGC
Genetic Counselor



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WENDY GROSE
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VP, Oncology Services
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4 HOSPITALS / 2 CANCER CENTERS / 6 OUTPATIENT CENTERS / 700 AFFILIATED PHYSICIANS



LewisGale Regional Cancer Center
Pulaski

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