

# DCH Cancer Center 2011 Annual Report

for 2010 data

What

*Hope*

looks like

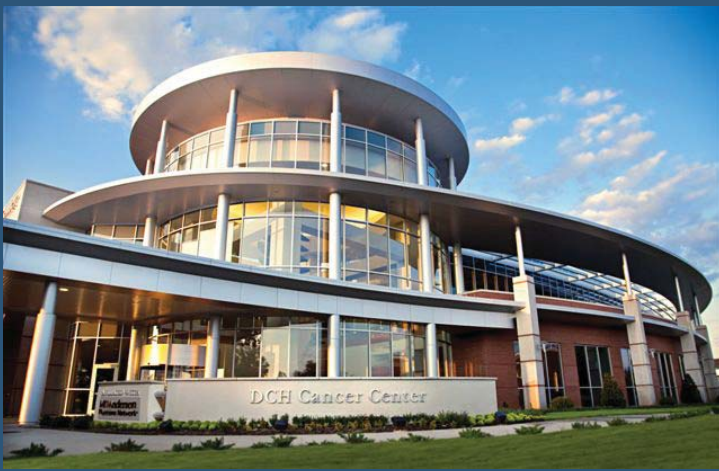
**DCH CANCER CENTER**

The Region's Cancer Center



*Affiliated with*

**MD Anderson  
Physicians Network®**



# 2010 Cancer Committee

Andrew Harrell, MD  
*Surgeon/Cancer Committee Chair*

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*Surgeon/Cancer Liaison Physician*

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John Dubay, MD, Ph.D  
*Medical Oncologist*

Christopher Jordan, DO  
*Medical Oncologist*

Curtis Tucker, MD  
*Radiation Oncologist/Quality Improvement Coordinator*

Melanie Graham, MD  
*Radiation Oncologist/Cancer Conference Coordinator*

Charles Gross, MD  
*Surgeon*

Amanda Henson  
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*Pathologist/Quality of Cancer Registry Data Coordinator*

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*Recording Secretary*

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# From the Chairman

The DCH Cancer Center experienced many exciting advances in 2010. A new affiliation with the MD Anderson Physicians Network® made headlines during the summer months. This association continues to support the DCH goal of remaining the major cancer treatment center in West Alabama and expanding our ability to offer truly world class cancer care in our community.

After all, serving our community is why the DCH Cancer Center exists. In fact, a total of 996 cases were accessioned during 2010. That's almost a 1,000 new cases of cancer.

A new face arrived at the DCH Cancer Center. Dr. Ariel Anguiano joined Dr. David Hinton, Dr. John Dubay and Dr. Chris Jordan to expand our medical oncology/hematology staff. Dr. Melanie Graham and Dr. Curtis Tucker continue as our radiation oncologists. Satellite clinics continue to be offered in Bibb, Fayette and Pickens counties.

The DCH Cancer Center added a new treatment for skin cancer in 2010. Building on existing technology already in use for treatment of our breast cancer patients, DCH now can treat non-melanoma skin cancer with the same technology.

The treatment is only eight days and usually causes much less skin irritation than external beam radiation.

Numerous community outreach programs continued, including three free breast screenings, a prostate screening and a cervical screening in conjunction with the Alabama Department of Public Health for people in our community without the resources to seek preventive care.

Support groups for survivors continue to play an integral role in our holistic approach to patient care. In 2010, three new support groups were added: *Smile a While, Living with Cancer* and *Pet Therapy*.

These programs would not be successful without the continued community support through fundraising with *BBQ & Blue Jeans* and *Nite on the Green*.

Serving residents of West Alabama remains our primary goal. I am excited to be affiliated with such an outstanding cancer center, and I look forward to the continued growth into the coming year.



Andrew G. Harrell, MD,  
FACS

A handwritten signature in black ink, which appears to read "Andrew G. Harrell, MD, FACS". The signature is fluid and cursive.

Andrew G. Harrell, MD, FACS

# DCH Cancer Center Forms Affiliation

*How do you offer the advantage of receiving a higher level of cancer care in the comfort of your own community?*

A cancer diagnosis and resulting treatment can be one of the most frightening and grueling experiences that a family will ever endure. Often compounding these difficult circumstances are financial concerns, from lost income and expensive treatments that could require travel to healthcare facilities great distances from home resulting in valuable time spent away from family and community during this vulnerable period.

How do you offer the advantage of receiving a higher level of cancer care in the comfort of your own community?

In 2010, the DCH Cancer Center formed a regional affiliation with MD Anderson Physicians Network®, a supporting organization of The University of Texas MD Anderson Cancer Center in Houston, Texas. The outcome is advantageous for patients who are able to receive personalized cancer care in a local, healing

environment combined with additional collaboration with a world-renowned facility.

MD Anderson Cancer Center is one of the world's most respected leaders in cancer care, and has been ranked No. 1 in the nation by U.S. News & World Report's "Best Cancer Hospitals" survey. Since the survey's inception in 1990, MD Anderson has been ranked among the top two cancer treatment center's in the U.S.

The affiliation was initiated with an in-depth clinical due diligence that was completed late summer of 2010. This comprehensive evaluation analyzed DCH's cancer capabilities and practices and encompassed the credentialing of qualified physicians into the MD Anderson Physicians Network. Physicians and DCH Regional Medical Center signed an agreement to use the MD Anderson evidence-based clinical care guidelines for cancer care. Because the process of affiliation involves

collaboration on patient treatment protocols, an alignment between DCH clinical protocols and MD Anderson protocols was required.

A primary advantage for affiliation is that



# with MD Anderson Physicians Network<sup>®</sup>

physicians and patients have access to valuable oncologic resources. DCH Cancer Center oncologists now have expert colleagues who are readily available for consultation. Processes have been put into place for communication and referral information to be easily exchanged. Patients benefit from collaboration regarding basic diagnosis, initial treatment planning and decisions regarding the best location for receiving treatment.

Ultimately, the quality of cancer care is improved and patients who can and should be treated locally are able to be treated in their own community surrounded by their support system.

“The DCH Cancer Center’s affiliation with MD Anderson Physicians Network<sup>®</sup> enhances our mission and commitment to provide the most advanced treatments for cancer patients residing in West Alabama,” said Bryan Kindred, DCH President and Chief Executive Officer.

“We’re proud to be leading the local fight against cancer.”

The diagnosis of cancer can result in overwhelming physical, psychological and economical ramifications for patients and families. The DCH Cancer Center strives to make the ordeal as manageable as possible, striving for optimum outcomes with minimal stress for the patient and his or her loved ones.

“There are many advantages to the DCH Cancer Center and MD Anderson affiliation,” said Dr. Ariel Anquiano, medical oncologist. “At DCH we are improving the quality of care by taking advantage of MD Anderson’s proven tools. They’ve treated cancer patients with much success for many years. Now we can benefit from their experience.”



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# Lymphedema Therapy

Lymphedema may be one of the lesser known sequela of cancer treatment. Lymphedema is a build-up of lymph fluid in the fatty tissues just under the skin and can result from cancer, cancer treatments and other surgical procedures or damage to a healthy lymph system.

Primary lymphedema is caused by a defect present at birth. Secondary lymphedema is caused by damage done during surgery or radiation treatment. A healthy lymphatic system is made up of vessels that help filter and remove excess fluid and proteins from tissue spaces and helps fight infection. When it doesn't work properly, lymph fluid will collect, causing swelling that can be seen and felt.

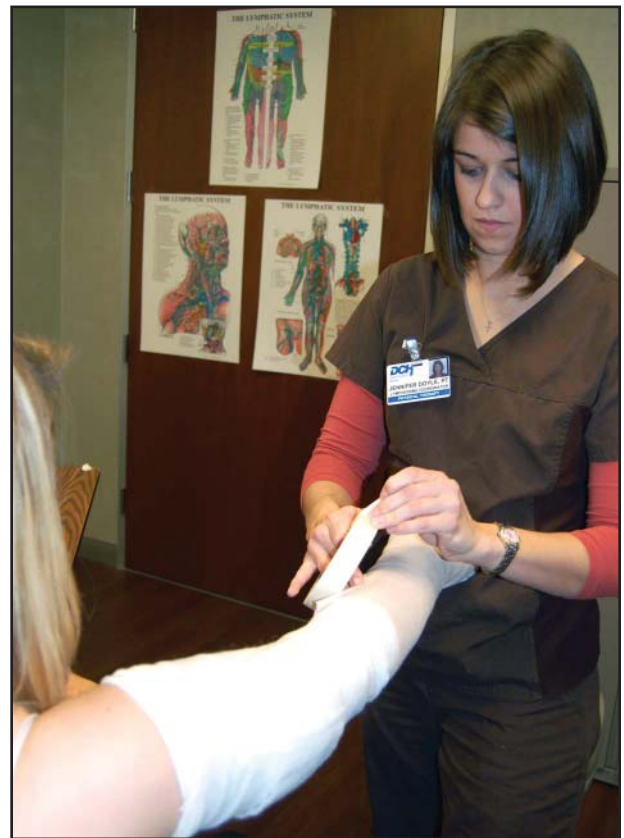
In 2010, Dr. Jennifer Adams, a nationally certified Lymphedema Therapist joined DCH Cancer Center. Dr. Adams provides lymphatic therapy for cancer patients and also treats patients with lymphedema from other causes. Dr. Adams is a graduate of the University of Alabama, holds a doctorate of physical therapy from Georgia State University and is certified by the Academy of Lymphatic Studies.

"I treat all cancer patients, but most are breast cancer patients," Dr. Adams said. "Lymphedema can appear any time after treatment, but it's usually seen within the first year." Persons with lymphedema will feel tightness in their skin, have a heavy or full feeling in their arms or legs and see the swelling.

Lymphedema is a progressive disease, Dr. Adams explained. "The problems will increase," she said. "The skin will become damaged, and that can lead to serious infection issues."

Dr. Adams is skilled in providing the appropriate therapy for each person she treats. A multi-part treatment program includes manual lymph drainage, which involves a steady, gentle massage to open pathways for excess fluids to drain. Compression garments and bandages also help improve the flow and prevent the arm or leg from collecting excess fluid once it's been removed.

"I teach patients how to exercise properly to remove fluid and how to care for their skin, which is vital to avoid infection," Dr. Adams said. "I also teach patients how to care for themselves at home, make sure they understand what signs to look for and know when to seek help."



**Dr. Jennifer Adams, a nationally certified Lymphedema Therapist, joined the DCH Cancer Center in 2010.**

# Medical Oncologist Joins Staff

*With the addition of Dr. Anguiano to the physician staff, there are three medical oncologists and two radiation oncologists available to provide our patients treatment.*

The DCH Cancer Center added a fourth medical oncologist to its staff in 2010.

Dr. Ariel Anguiano joined Oncology Associates in February 2010, coming to DCH from Durham, N.C.

Dr. Anguiano was born and raised in San Diego, Calif. After high school he joined the United States Marine Corps, serving as a journalist until his honorable discharge. He then attended the University of California San Diego followed by Cornell University School of Medicine.

Upon graduation he returned to San Diego where he completed his internal medicine residency at Scripps Clinic and Research Foundation. It is here where Dr. Anguiano met and married his wife Linda.

They moved to Maine for 10 years, where they lived on a horse farm and had three daughters while he practiced Internal Medicine.

Dr. Anguiano and his family then relocated to Durham, where he completed a

Fellowship in Medical Oncology at the prestigious Duke University Medical School.

He practiced Oncology in North Carolina until moving to Tuscaloosa in 2010.

Dr. Anguiano now lives in Northport on a horse farm with his wife, three daughters, five horses, three dogs, six cats, 12 chickens and one parrot.



**Ariel Anguiano, MD**



**The DCH Cancer Center's medical staff. Front row (L-R): Dr. David Hinton, Dr. Melanie Graham and Dr. Curtis Tucker. Back (L-R): Dr. John DuBay, Dr. Ariel Anguiano and Dr. Christopher Jordan.**

# *eBx: New Treatment Weapon in Cancer Battle*

The DCH Cancer Center has added another weapon in its treatment arsenal in the battle against cancer. A new treatment for non-melanoma skin cancer was initiated in the summer of 2010 at the DCH Cancer Center.

The Axxent Electronic Brachytherapy System (eBx) made by Xoft, uses a miniaturized X-ray source to deliver non-radioactive, electronic radiation therapy directly to cancer sites, while sparing nearby normal tissue.

“Patients with non-melanoma cancer sites on their head and neck are ideal candidates for the new treatment,” Dr. Curtis Tucker, Radiation Oncologist at the DCH Cancer Center, said.

Skin cancer is the most common cancer in the United States, with more than 1 million cases diagnosed annually and results in more than 10,000 deaths each year, according to the National Cancer Institute. If diagnosed and treated early, most cases of skin cancer can be cured.

Non-melanoma skin cancers, such as basal cell carcinoma and squamous cell carcinoma,



represent the majority of all new cases.

With eBx, a radiation oncologist uses a surface applicator that's guided directly to a site, where electronic radiation is delivered directly to the tumor.

Patients being treated by the eBx system typically have to make fewer visits to the DCH Cancer Center compared to the number of sessions using conventional radiation treatments.



# Pet Therapy

From time to time, Scottie, a two-year-old Golden Retriever, drops by the DCH Cancer Center to visit patients during their treatment sessions. He doesn't come alone. He and his owner Jackie Jackson of Tuscaloosa are a registered animal-assisted therapy team who visit patients at the DCH Cancer Center.

They stop by for visits with the patients undergoing chemotherapy treatment who have requested to see Scottie on the days he visits. Scottie gives many doggie smiles and kisses and receives many pats on the head in return. He relaxes on the floor at the feet of some; sometimes he sits erect, facing his human friend. For all the world, he looks like he understands every affectionate word said to him.

"When the new DCH Cancer Center opened in May 2009, I felt it was the right time to seriously look into offering such a program," said Ashley Stripling, Outreach Coordinator for the DCH Cancer Center.

DCH Cancer Center Nurse Manager Sandy Barger, Infection Prevention Manager Beth Goodall, and Mrs. Stripling completed the research on animal-assisted therapy by observing an animal-assisted therapy team that was visiting patients at Children's Hospital

in Birmingham. "We liked what we saw, so I contacted Hand In Paw to start the process for a team for the Cancer Center," Mrs. Stripling said.



Mrs. Jackson and Scottie completed animal-assisted therapy with Hand In Paw, a nonprofit group in Birmingham that trains teams of handlers and their animals, about the time a decision was made to have animal-assisted therapy at the DCH Cancer Center. They are certified through the Delta Society, an international resource for animal-assisted therapy.

As an empty nester, Mrs. Jackson said she was eager to get involved by working with others. She got Scottie when he was less than a year old,

and he started training when he was 12 weeks old. Mrs. Jackson and Scottie are members of the Volunteer Auxiliary at DCH Regional Medical Center and started volunteering at the DCH Cancer Center in December 2010.

Scottie visits with patients undergoing radiation treatment on the main floor after he visits with staff and patients on the first floor. While he's onsite, a DCH Cancer Center staff member or a volunteer accompanies Scottie and Mrs. Jackson.

Mrs. Jackson sanitizes her hands before and after each patient visit. Patients must sanitize their hands also.

"Our first consideration in evaluating this program for the DCH Cancer Center was to ensure that a patient's health would never be compromised by a pet visit," Mrs. Goodall said. "It's very gratifying to be able to incorporate visiting pets into the therapeutic setting as a way to provide emotional support to our patients and their family."

Studies have shown that animals help decrease anxiety and stress, Mrs. Barger noted. "While Scottie's here, he helps patients undergoing chemotherapy by distracting them from the time the therapy may be taking or by reducing the stress they may be having about their treatment."

# Colorectal Cancer Presentation



Andrew G. Harrell, MD,  
FACS

Colorectal cancer is the third most commonly diagnosed cancer in the United States, excluding skin cancer. It remains the second leading cause of cancer death in both men and women. According to the Alabama Cancer Facts and figures, there was an expected 2,300 new cases and 950 deaths related to colorectal cancer in the state of Alabama in 2010. The incidence of colorectal cancer in Alabama is slightly higher than the national rate; however, the state mortality rate is slightly lower than the U.S. average.

Risk factors for developing colorectal cancer include inherited genetic mutations, personal or family history of colon cancer, adenomatous polyps or inflammatory bowel disease. Potential risk factors include obesity, smoking and excessive alcohol consumption.

The risk of colorectal cancer increases with age; 91 percent of cases are diagnosed in patients over 50 years old.

Early detection is crucial in the treatment of colorectal cancer. When detected at an early stage, the relative five-year survival rate is approximately 91 percent. Once the cancer has spread regionally and involves lymph nodes, the five-year survival rate falls to 70 percent, and with distant disease present at diagnosis, the five-year survival falls to 11 percent.

The American Cancer

Society screening guidelines suggest a flexible sigmoidoscopy every five years or a colonoscopy every 10 years for men and women over the age of 50.

Surgery remains the definitive therapy for colorectal cancer. An essential principle of surgical therapy is appropriate lymph node resection. Lymph node involvement assists in proper staging of disease and directs postoperative adjuvant therapy. We elected to review the number of lymph nodes in colon and rectum resections and compare to the current AJCC 7<sup>th</sup> edition recommendations of obtaining at least 12 lymph nodes. The criteria for the study included men and women older than 18 at time of diagnosis with a primary tumor of the colon or rectum, Stage I to Stage III treated with colon resection with lymph node removal without neo-adjuvant therapy. All first course of treatment was performed at DCH. Patients with a recurrence or multiple cancers, insitu and metastatic cancer were excluded.

Figure 1

DCH Colon Cancer Cases 2010  
Stage at Diagnosis

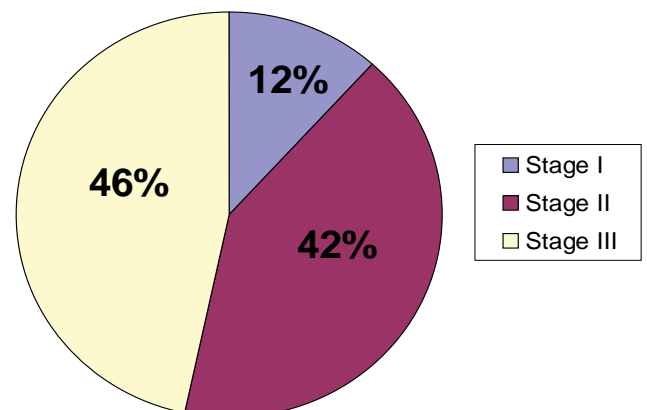
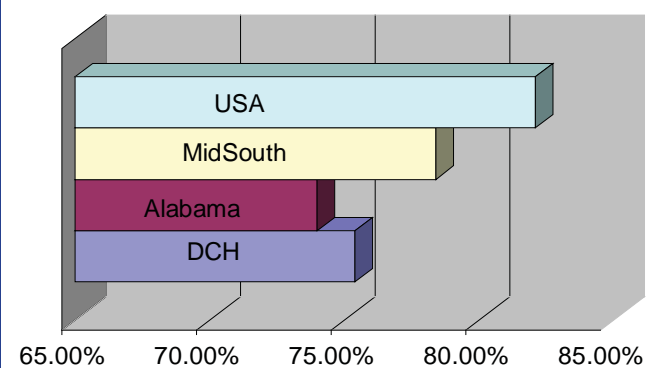


Figure 2

### 2008 Lymph Node Removal Compliance Rates



In 2010, 96 analytic cases of colorectal cancer were identified. Of those, 43 were included in our study. The stage at diagnosis of the 43 cases: 11.6 percent, stage I; 41.8 percent, stage II; and 46.5 percent, stage III (Figure 1). Of the 43 cases, 42 (98 percent) had 12 or more lymph nodes removed. In 2008, 57 cases were identified using the same criteria. Of those, 43 (75 percent) had 12 or more lymph nodes removed.

Data provided by the National Cancer Data Base (NCDB) for 2008 showed average percent of cases attaining the AJCC recommended 12 lymph nodes. Compliance was 74 percent in the Alabama Statewide Cancer Registry (ASCR), 78 percent in the Mid-South region of the U.S. and 82 percent for the entire U.S. (Figure 2).

The importance of adequate lymph node removal in colorectal surgery for cancer has gained notoriety in recent years. Treatment and prognostic decisions rely upon accurate staging information. Colorectal resections for cancer performed by the surgeons at DCH Regional Medical Center meet current national guidelines for lymph node removal. The combination of surgical technique and pathologic diligence in identification of these lymph nodes make these procedures highly effective in achieving this guideline.

The providers at DCH remain committed to maintaining the highest standard for the care of our community.

## GLOSSARY

Accessioned

Cases entered into the DCH Regional Medical Center database

ACoS

American College of Surgeons

ACS

American Cancer Society

AJCC

American Joint Committee on Cancer

Analytic

Cases diagnosed and/or receiving first course of treatment at DCH Regional Medical Center

Alabama Statewide Cancer Registry

Agency within the Alabama Department of Public Health where all reportable cases at DCH Regional Medical Center are required to be sent.

Neo-adjuvant Therapy

Treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery.

## REFERENCES

Alabama Cancer Facts and Figures 2010

ACS

(American Cancer Society)

ASCR

(Alabama Statewide Cancer Registry)

FORDS

(Facility Oncology Registry Data Standards)

AJCC 7th Edition

(American Joint Committee on Cancer)

NCI (National Cancer Institute)

NCDB (National Cancer Data Base)

## CREDITS

The DCH Cancer Center would like to express its gratitude to the following for their efforts in producing the annual report:

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