



Lewis and Faye Manderson Cancer Center 2014 Annual Report

For 2013 data

The Lewis and Faye Manderson
Cancer Center
at DCH Regional Medical Center

MDAnderson
~~Cancer~~ Network™
Certified Member



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2013 Cancer Committee

Andrew Harrell, MD
Surgeon/Cancer Committee Chair

Joseph Wallace, MD
Surgeon/Cancer Liaison Physician

Charles Gross, MD
General Surgeon

James Bankston, MD
Diagnostic Radiologist

David Hinton, MD
Medical Oncologist

Melanie Graham, MD
Radiation Oncologist/Cancer Conference Coordinator

Curtis Tucker, MD
Radiation Oncologist/Quality Improvement Coordinator

John Crew, MD
Radiation Oncologist

John Miller, MD
Palliative Care Specialist

Wesley Spruill, MD
Pain Control Specialist

Donna Marrero
Vice President Outpatient/Ancillary Services

Domingo Valpuesta
Cancer Center Director

Neshelle Hutton, CTR
Certified Tumor Registrar

Sandy Barger, RN
Outpatient Oncology Nurse Manager

Kathy Rainey, RN
Inpatient Medical Oncology Nurse Manager

Berni Dellapenna, ACBSW
Social Worker

Danielle Daniel, RN
Clinical Research Coordinator

Katrina Lewis
Patient Navigator

Becky Greggs, RN
Performance/Quality Improvement

Regina Jackson
Nutrition Specialist

Hind Hamid, Pharm.D.
Oncology Pharmacy Manager

Cathy Goins
Senior Radiation Therapist

Ashley Stripling
Community Outreach Coordinator

Vicki May, CRNP
MDAPN Liaison

Robb Small
Pastoral Care Representative

Kristen Taylor
American Cancer Society Representative

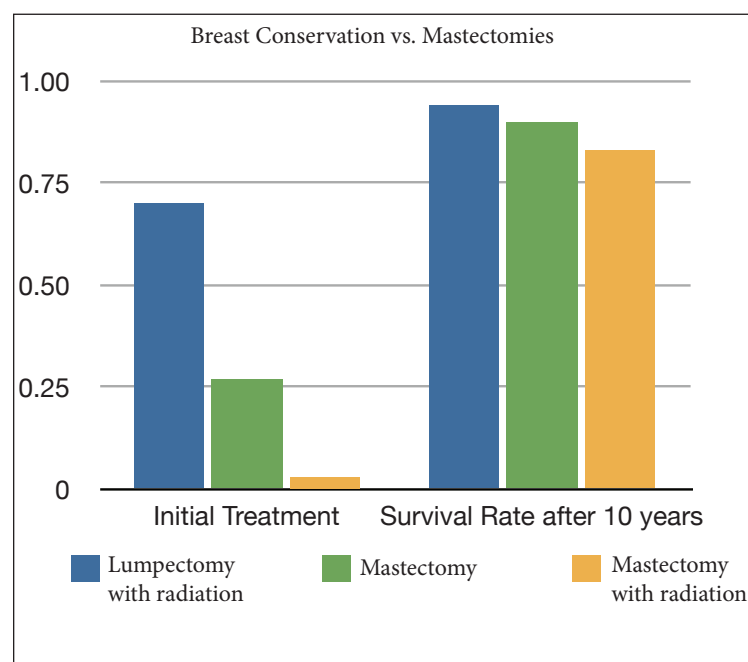
Annetta Kirkman
Tumor Registry

Breast Conservation vs. Mastectomies

As seen in an article in the Tuscaloosa News in February 2014, a study was conducted to review U.S. cancer statistics regarding women who receive breast-conserving surgery and radiation to treat early breast cancer versus those opting to have mastectomies. An article published in the Journal of the American Medical Association Surgery showed that those choosing breast conservation may have better outcomes than those choosing mastectomies. The study reviewed patients diagnosed from 1998 to 2008. Ninety-four percent of women who underwent lumpectomy and radiation treatment survived their cancer after 10 years. Only ninety percent of the women who received a mastectomy with or without radiation treatment survived after 10 years. According to Dr. Curtis Tucker many women are under the impression that the best option for treating breast cancer is a mastectomy, which is not always the case. Dr. Joseph Wallace, a general surgeon at DCH and a chairman of surgery for the college of community health sciences at the University of Alabama, states the best option for each patient varies depending on family history of breast cancer and whether the person carries the breast cancer gene. He also stated that “It also depends on how large the cancer is and the size of the breast.”

Breast conservation may include a lumpectomy, where the surgeon removes the breast cancer and tests the outer tissue to determine if all cancerous tissue is extracted. They also test the lymph nodes. Radiation treatment usually follows with treatment lasting between five to seven weeks consisting of about 25 to 35 treatments. A mastectomy generally consists of one surgery, but the recovery period can be difficult.

According to the study, 70% of the women had undergone lumpectomy with radiation, 27% had a mastectomy, and 3% had a mastectomy followed by radiation. After a decade 94% of those who had lumpectomy and radiation had not died of breast cancer, compared to 90% of women who had mastectomy, and 83% of women who had mastectomy and radiation.



Crew Joins Manderson Cancer Center Medical Staff

John B. Crew has joined the medical staff of the Lewis and Faye Manderson Cancer Center at DCH Regional Medical Center as a radiation oncologist.

A Sylacauga native, Crew graduated from Birmingham Southern College in 2003. He received his medical degree from The University of Alabama School of Medicine in 2008, graduating Magna Cum Laude. He completed his internship at Evanston Northwestern Healthcare in Evanston, Ill., in 2009 and his radiation oncology residency at James Graham Brown Cancer Center at the University of Louisville in Louisville, Ky., in 2013.

Crew is board eligible with the American Board of Radiology in radiation oncology. He is a member of the American Society for Radiation Oncology, American Brachytherapy Society and the Radiological Society of North America.

He and his wife, Allie, have two sons. Crew joins radiation oncologists J. Curtis Tucker and Melanie Graham at the Manderson Cancer Center. The Manderson Cancer Center offers a range of radiation therapy using linear accelerators to deliver precise and powerful doses of high-energy X-ray to tumors. RapidArc™ radiotherapy technology improves tumor targeting and shapes the radiation dose so that it conforms closely to the three-dimensional shape of the tumor. This means more dose to the tumor and less to surrounding healthy tissue.



Education and Prevention

The Lewis and Faye Manderson Cancer Center at DCH Regional Medical Center is an integral part of the West Alabama community. By being good stewards of health care, the physicians and staff at the Manderson Cancer Center strive to promote wellness and health to the community they serve.

Breast and prostate cancer are two of the top five cancer sites treated at DCH Regional Medical Center. During 2013, these two were addressed through screening programs, educational programs, and community outreach.

Breast Cancer Screenings and Education

The Manderson Cancer Center reaches out to the uninsured or underinsured segment of our community by offering ways for these women to receive mammograms. On May 18, 2013 The Manderson Cancer Center sponsored a Cervical and Breast Screening/Educational Event with 34 Latinas being reached and educated.

Two separate screenings were held in October at the Manderson Cancer Center in conjunction with Breast Cancer Awareness Month. On October 14, 2013 The Manderson Cancer Center General Breast Screening was held. Clinical breast exams and education on breast health and early detection were also offered. 109 women were screened and educated. Qualified women were scheduled for mammograms and follow-up services. On October 28, 2013 The Manderson Cancer Center offered Hispanic Breast Cancer Screening. 97 women were screened with clinical breast exams and educated on breast health and early detection. Qualified women were scheduled for mammograms and follow-up services.

The Mammogram Assistance Line is an ongoing screening program to help women who are underinsured or uninsured and in need of a mammogram. During 2013, 407 women were assisted by this service. This service included any diagnostic

services needed up to the point of diagnosis.

Several breast support groups and educational groups are provided on an ongoing basis by the Manderson Cancer Center on-site, or in conjunction with the American Cancer Society. These support groups include STRETCH, IMPACT, Reach to Recovery, Look Good....Feel Better, Staying Strong, HeArt, Music Therapy, Smile A While and Pet Pals.

Prostate Cancer Education

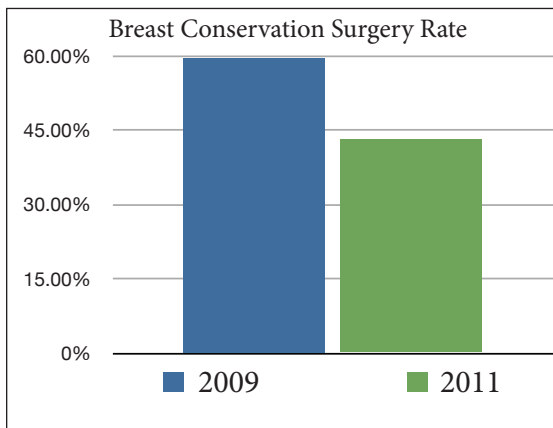
In 2013, the Man-to-Man Prostate Cancer Support Group continued to meet bi-monthly. Nutritional seminars were offered monthly.

Community Outreach and Support Programs

On November 12, 2013 men in West Alabama had the opportunity to be Champions of Health at the DCH Men's Health Fair at Hotel Capstone. Physicians from West Alabama Urology Associates offered presentations to 54 participants on prostate cancer, erectile dysfunction and incontinence. In addition, 17 vendors provided other health related information and health care professionals were on hand to perform blood pressure and body mass index tests. The Champions of Health DCH Men's Health Fair was sponsored by West Alabama Urology Associates, The DCH Foundation and the Lewis and Faye Manderson Cancer Center at DCH Regional Medical Center.

The Manderson Cancer Center staff also supported fund-raising events that are geared toward cancer education and prevention, including the American Cancer Society's Relay for Life and The DCH Foundation's Bras for a Cause, BBQ and Blue Jeans, and Nite on the Green and Golf Classic. It also participated as the Flagship Sponsor and as a team for the Making Strides Against Breast Cancer Walk through American Cancer Society in 2012 and 2013.

Accountability Measures



There has been a slight decrease in the breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancers. The rate has dropped from 59.6% in 2009 to 43.1% in 2011. The comparison of DCH rate to state, region and all CoC program rates indicated that in 2011, the DCH rate is slightly below. The Cancer Committee members felt that the Patient Navigator would help in improving the conservation rate. In addition, it was felt that genetic testing and the use of MRI could be affecting the breast conservation rate.

Assessment of Evaluation and Treatment Planning

Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in cancer committee minutes.

Study of Status of Colorectal Cancers and Compliance with M.D. Anderson Physician's Network testing and treatment guidelines. Colorectal patients

with behavior code of 3, ICD-O Site Codes of C180 – C209, newly diagnosed with first cancer diagnosis, excluding metastatic disease and/or recurrence. The study involved 31 randomly selected charts from November 1, 2011 – September 30, 2012. The following were reviewed:

- Diagnostic evaluation
- Staging accuracy
- Multidisciplinary planning
- Therapy delivered compared to MDACC guidelines
- Quality indicators

The Manderson Cancer Center was correct in evaluating multidisciplinary planning, staging accuracy and concordance for treatment. Areas for improvement consisted of:

- Pre and post-surgical CEA
- CT scan of chest prior to treatment
- Colonoscopy 12 months post treatment
- CEA post treatment (chemo and/or radiation)

Studies of Quality

Each year, based on category, the quality improvement coordinator, under the direction of the cancer committee, develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer.



A study was requested by the DCH Oncologists to Increase the documentation of the patient's emotional well-being assessment by the second office visit. The baseline was 74.15%

from the 2012 QOPI Review. The goal was a minimum of 90%. 100% of patients reviewed had their emotional well-being assessed by the second office visit.

QOPI End of Life Study – The Manderson Cancer Center met the guidelines for: Pain assessments made last two visits before death, documentation of a plan for moderate/severe pain, and not administering chemotherapy in last two weeks

of life. Areas for improvement were: Dyspnea assessed and addressed last two visits before death, documentation of hospice or palliative care discussion within last two months of life, and enrolling patients in Hospice earlier (more than seven days prior to death).

Quality Improvements

Annually, the quality improvement coordinator, under the direction of the cancer committee, implements 2 patient care improvements. One improvement is based on the results of a completed study that measures cancer patient quality of care and outcomes. One improvement can be identified from another source or from a completed study. Improvements are documented in the cancer committee minutes and shared with medical staff and administration.

As a result of the self-concordant study, based on the 2012

M.D. Anderson Physician Network® guidelines, Non-Hodgkin Lymphoma and CLL Cancer Study the following quality improvement study was conducted: Consultation of path by specialized hematopathology center or comprehensive cancer center. The baseline from the self-concordant study was 66.7%. The goal was a minimum of 90%. 100% of Non-Hodgkin Lymphoma patients have had appropriate consultation of path.

As a result of the self-concordant study, based on the 2012 M.D. Anderson Physician Network®

guidelines, Non-Hodgkin Lymphoma and CLL Cancer Study the following quality improvement study was conducted: Referral of all patients with Stage I or II NHL to Radiation Oncology. The baseline from the self-concordant study was 24% seen by a radiation oncologist. The goal set by the Cancer Committee was a minimum of 90%.

