



# Lewis and Faye Manderson Cancer Center 2015 Annual Report

*For 2014 data*



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

MDAnderson  
Cancer Network  
Certified Member



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## 2014 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*

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*

Jamie Pearson  
*Quality Outcomes*

Robb Small  
*Pastoral Care Representative*

Allison Shirley  
*American Cancer Society Representative*

Annetta Kirkman  
*Tumor Registry*

Danielle Unger  
*Tumor Registry*

# *The Lewis and Faye Manderson Cancer Center a Certified Member of MD Anderson Cancer Network*

As a Certified Member of MD Anderson Cancer Network®, the Lewis and Faye Manderson Cancer Center at DCH Regional Medical Center is bringing a higher level of cancer care to central Alabama.

The University of Texas MD Anderson Cancer Network® program for Certified Members provides quality assurance and best practices for oncology, utilizing evidence-based guidelines developed by MD Anderson, and other quality metrics endorsed by national professional organizations. These are disease-specific guidelines for cancer treatment, supported by the expert opinions of MD Anderson physicians who specialize in treating cancer. In addition to diagnosis and treatment, Certified Members also have access to guidelines for cancer prevention, early detection and follow-up care, along with metrics to evaluate clinical outcomes and quality of life.

Through MD Anderson Cancer Network®, the approved medical oncologists, radiation oncologists, and surgeons at the Manderson Cancer Center use MD Anderson guidelines to plan and deliver cancer care to patients. MD Anderson Cancer Network® also supports enhanced access to MD Anderson for qualified patients whose care cannot be provided in the local community or as directed by patient choice.

The initial affiliation is for three years. During the

first year, a comprehensive study (Concordance and Quality Indicators Assessment Study) is performed to determine the degree to which the practice of oncology in the hospital and clinics adheres to guidelines and other quality indicators and best practice benchmarks in the four major cancer disease sites. The results of the study are provided to the Manderson Cancer Center's Cancer Committee, which has the responsibility to develop and monitor the cancer quality improvement program. At least three in-depth studies are performed during the term of the affiliation. The Manderson Cancer Center Cancer Committee reports the activities and accomplishments of their quality initiatives to MD Anderson Cancer Network Quality Management Committee on an annual basis.

Credentialed oncology physicians at the Manderson Cancer Center are also offered bi-monthly multidisciplinary teleconferences with MD Anderson faculty to review cases and to demonstrate and encourage the use of multidisciplinary treatment planning. If desired, direct discussion between Certified Member physicians and MD Anderson faculty members relating to specific patient issues can be facilitated by the Certified Member advocate physician. In addition, professionals in a variety of fields can visit MD Anderson for specially arranged educational programs.

## *Manderson Cancer Center New Cancer Cases*

The Manderson Cancer Center had a total of 1,139 new cancer cases during 2014. The top five cancer sites are: Breast, Lung, Prostate, Colon, and Kidney. A breakdown of our top 10 prevalent cancers by gender is:

**Breast** - 230 (female)

**Lung** - 182  
123 - male  
59 - female

**Prostate** - 137

**Colon** - 91  
48 - male  
43 - female

**Kidney** - 58  
36 - male  
22 - female

**Urinary Bladder** - 53  
35 - male  
18 - female

**NH Lymphoma** - 30  
14 - male  
16 - female

**Pancreas** - 27  
13 - male  
14 - female

**Lip, Oral Cavity, Pharynx** - 27  
19 - male  
8 - female

**Rectum** - 25  
12 - male  
13 - female

# Spotlight on Nurse Practitioners



From left to right: Traci Morrison, CRNP; Dee Guy, CRNP, OCN; Kristi Acker, DNP, FNP-BC, AOCNP, ACHPN; Jo Anne Miller, CRNP, OCN; Linda Anguiano, CRNP.

## **Kristi Acker, DNP, FNP-BC, AOCNP, ACHPN**

After working at the Lewis and Faye Manderson Cancer Center for more than 16 years, Ms. Acker currently practices part time in the Fayette clinic collaborating with Dr. Ariel Anguiano and Dr. Ajay Tadepalli. During her time away from the center, Ms. Acker serves as Co-coordinator of the MUW Doctor of Nursing Practice program. Ms. Acker also serves on the Alabama Board of Nursing Advance Practice Advisory Council, and in August she was appointed by State Health Officer Dr. Donald Williamson to serve on the State Advisory Council on Palliative Care. Ms. Acker looks forward to joining The University of Alabama Capstone College of Nursing in the spring as an assistant professor in the graduate nursing department.

## **Jo Anne Miller, CRNP, OCN**

Ms. Miller collaborates with Dr. John Dubay at the Manderson Cancer Center. Working as nurse practitioner for the past seven years, Ms. Miller

provides exemplary care to the patients in her charge. She also assists Dr. Dubay in caring for patients in the Bibb County Clinic. Prior to entering advanced practice, Ms. Miller served as an infusion room registered nurse for nine years at Manderson Cancer Center.

## **Linda Anguiano, CRNP**

Ms. Anguiano serves as an advanced practitioner in Radiation Oncology. Working closely with Dr. Curtis Tucker and Dr. Melanie Graham, Ms. Anguiano has been with the center for four years. During her tenure, she has built an excellent rapport with the patients and other practitioners. Prior to joining Dr. Tucker and Dr. Graham, Ms. Anguiano served as an adult nurse practitioner at the Good Samaritan Clinic in Northport, Alabama.

## **Traci Morrison, CRNP**

Ms. Morrison assists Dr. Ariel Anguiano and Dr. David Hinton at the Manderson Cancer Center. For more than three years, she had provided excellent care to all of her patients and diligently maintains the additional duties of practicing with two physicians. Prior to receiving her advanced practice certification, Ms. Morrison served as a PACU registered nurse at Northport Medical Center.

## **Dee Guy, CRNP, OCN**

Ms. Guy recently joined our team after receiving her masters of nursing and advanced practice certification in 2014. Collaborating with Dr. Susan Bostick, Ms. Guy has demonstrated a wonderful practice of patient care in her short tenure as a nurse practitioner with the Lewis and Faye Manderson Cancer Center. Prior to her advancement, Ms. Guy served as an RN in the cancer center for 10 years.

# *Oral Chemotherapy Emerges as New Option for Patients*



Oral chemotherapy is emerging as a new option for cancer patients.

Oral chemotherapy drugs have been available for decades; however, the last four years have seen an accelerating expansion of oral chemotherapy agents. Experts anticipate that more than one quarter of the 400 antineoplastic agents now in the pipeline are planned as oral drugs<sup>1</sup>, including oral cytotoxic agents, small molecule inhibitors directed at the cell surface receptors and other proteins, and other agents targeted at the tumor microenvironment.

Patient preference for oral chemotherapy agents has been one of the main drivers for its current popularity<sup>1</sup>. If a patient has a choice between oral chemotherapy or IV chemotherapy, the patient usually opts for oral chemotherapy, because it gives him/her more control over his/her cancer and because of the greater convenience and flexibility in the location and scheduling of medication administration.

Based on data collected from Oct. 1, 2014 until July 30, 2015 for Manderson Cancer Center patients receiving oral chemotherapy, 21.2% of the patients received oral chemotherapy only, 5.6% received both oral and IV chemotherapy, and 73.2% received IV only. This information indicates that the number of patients receiving oral chemotherapy is subject to increase over the next few years.

There are some concerns associated with oral chemotherapy such as an increase of medication error, drug-drug interaction, patient non-adherence, toxicity profiles of new agents, safe handling of oral agents, and cost. These concerns led the American Society of Clinical Oncology (ASCO) and the Oncology Nursing Society (ONS) to update their guidelines. In 2009, ASCO/ONS developed a set of standards that addressed prescribing, preparing, and administering IV chemotherapy. However, these standards had minimally addressed the use of oral chemotherapy, even though oral chemotherapy is often administered in a complex schedule of varied days of dosing. That's why in 2013 ASCO/ONS expanded their safety standards to include oral agents. A new standard, Standard 18, states the practice/institution must maintain a plan for ongoing and regimen-specific assessment of each patient's oral chemotherapy adherence and toxicity. The policy includes, at minimum, patient assessment for adherence and toxicity at each clinical encounter at the practice/institution, as well as a plan for clinical staff to address any issues identified<sup>2</sup>.

To address these concerns, the Manderson Cancer Center organized a multidisciplinary team consisting of physicians, pharmacists, and nurses to discuss the impact of using oral chemotherapy and what needed to be done to maximize efficacy of oral chemotherapy

agents. As a result, new processes that incorporated the main concerns in handling chemotherapy were developed.

First, all oral chemotherapy prescriptions are forwarded to the Pharmacy Oncology Services Coordinator to coordinate the filling of the prescriptions and to help patients with the cost of the medications. Second, the patient is counseled by a pharmacist before he/she starts the medication. The pharmacist evaluates the order for appropriate indication, dose, and frequency, then screens the patient's medication profile for drug interactions. The counseling addresses the dose, frequency, timing of dosing, what to do if a dose is omitted, side effects, and how to handle adverse effect if encountered. Furthermore, the patient is provided with written documentation on the diagnosis and the adverse effects of the medication. Third, a nurse makes a follow-up call to assess patient adherence, and toxicity is performed by a nurse using the adherences and toxicity assessment tools. The nurse documents findings in the patient electronic medical record.

Follow-up is critical for optimal patient adherence. Non-adherence or over-adherence can be dangerous and can lead the Medical Oncologist to modify doses or change therapeutic regimens. Apparent non-responsiveness or unexpected adverse effects can compromise disease outcomes by decreasing time to relapse and decreasing survival<sup>3</sup>. Non-adherence can also lead to increased costs to the health care system, including increased physician visits, increased hospitalization rates, and longer hospital stays.

Patients receive other tools created to support the new developments, including:

- A share folder for documentation of compliance by the different disciplines;
- Regimen-specific consent that contains goal of therapy, planned duration of the chemotherapy, drugs and schedule, and information on possible short- and long-term adverse effects;
- Information about regimen- or drug-specific risks or symptoms that require notification and emergency contact information;

Monitoring and counseling tools;  
An education packet that includes a diary.

Monitoring outcome and reporting are important steps in determining treatment effectiveness. Thus, the Cancer Committee incorporated as programmatic goals the documentation of education, signed consent, and assessment for adherence and toxicity at each clinical encounter for patients receiving oral chemotherapy.

The optimal outcomes of the development of the oral chemotherapy process are to improve patient safety, improve quality of care, improve patient satisfaction, reduce medication errors, increase patient adherence, and to be compliant with ASCO/QOPI and MD Anderson standards.

**Programmatic 2014 Goal: Documentation of patient assessment for adherence and toxicity at each clinical encounter at the practice/institution.**

**YTD: 169 of 179 (94%) of the patients have had documentation of adherence and toxicity at each clinical encounter. The goal is 90% or greater.**

**Programmatic 2014 Goal: Documentation of education and signed consent for oral chemotherapy.**

**YTD: 193 of 196 (99%) had documentation for consent and 193 of 196 (99%) had documentation of education. The goal is 90% or greater.**

#### References:

1. Weingart SN, Brown E, Bach PB et al. NCCN task force report: Oral chemotherapy. J Natl Compr Canc Netw. 2008;6(suppl 3):S1-14.
2. 2013 Updated American Society of Clinical Oncology/ Oncology Nursing Society Chemotherapy Administration Safety Standards Including Standards for the Safe Administration and Management of Oral Chemotherapy, JOP (2013) - <http://www.instituteforquality.org/asco-ons-standards-safe-chemotherapy-administration#sthash.0ffTenpw.dpuf>
3. Osterberg L, Blaschke T. Adherence to medication. N Engl J med. 2005; 353(5):487-497.

# Patient Appreciation Day



Patients undergoing chemotherapy and radiation therapy struggle with many physical and emotional stressors. Using items of positive distraction has been shown to help with positive physiological and psychological outcomes (Ziqi et al., 2013).

At the Lewis and Faye Manderson Cancer Center, the chemotherapy and radiation therapy nurses and staff members host an annual Patient Appreciation Day to help decrease the anxiety their patients are experiencing.

As patients came for treatment, they found the Manderson Cancer Center had been redecorated in a super hero theme using costumes, props, decorations, and treats. The staff even made treat bags for the patients. The dietician gave ideas about items that would be beneficial to the patient based on their disease site.

Patients and families enjoyed the event, as evidenced by the smiles and laughter throughout the center. Studies show that patients appreciate and use humor as a way to help with stressful situations (Christie & Moore, 2005). In addition to showing the patients how much they appreciate taking care of them, the staff enjoyed the day as well.

With the success of the first Patient Appreciation Day, the planning committee is already making preparation to continue this yearly for our patients, families, and employees.



# Education and Prevention

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

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.

Two separate screenings were held in October at the Manderson Cancer Center in conjunction with Breast Cancer Awareness Month. On Oct. 6, 2014, the Manderson Cancer Center breast screening was held. Clinical breast exams and education on breast health and early detection were also offered. One hundred and ten women were screened and educated. Ninety-two women received mammograms; five received mammogram and ultrasound. Qualified women were scheduled for mammograms and follow-up services.

On Oct. 20, 2014, the Manderson Cancer Center offered its Hispanic Breast Cancer Screening. One hundred and seven women were screened with clinical breast exams and educated on breast health and early detection. Seventy-

two women received mammograms, and 10 received mammogram and ultrasound. Qualified women were scheduled for mammograms and follow-up services.

## Support Programs

The Behind the Ribbon program began at the Manderson Cancer Center on Nov. 10, 2014, with new volunteer training held on Jan. 5, 2015. Newly diagnosed breast cancer patients are matched with specially trained breast cancer survivors to provide educational resources and information. The patients are provided with peer-to-peer support and answer non-medical questions. The goal is to provide every newly diagnosed breast cancer patient at DCH with a visit from a program volunteer prior to surgery, with the exception of patients who have surgery prior to receiving an official cancer diagnosis. The program began with 10 program volunteers and 22 patient referrals by the end of 2014.

The Leukemia and Lymphoma Support Group was established in April 2014 by Manderson Cancer Center Social Workers Berni DellaPenna and Jennifer Walker at the request of a patient who wanted to gather with others with a similar diagnosis. The group is open to patients and their caregivers who have been diagnosed with blood cancers such as leukemia, lymphoma and/or multiple myeloma. The meeting features open discussions as well as requested presentations that provide valuable information for the patient regarding their cancer diagnoses. The group has 17 participants and meets the third Tuesday of each month from noon to 1 p.m.

## Community Outreach

The Manderson Cancer Center participated in numerous events promoting cancer awareness and prevention in 2014. Cancer Center staff attended health fairs at Shelton State Community College, the University of Alabama, McAbee Construction, and the City of Tuscaloosa.

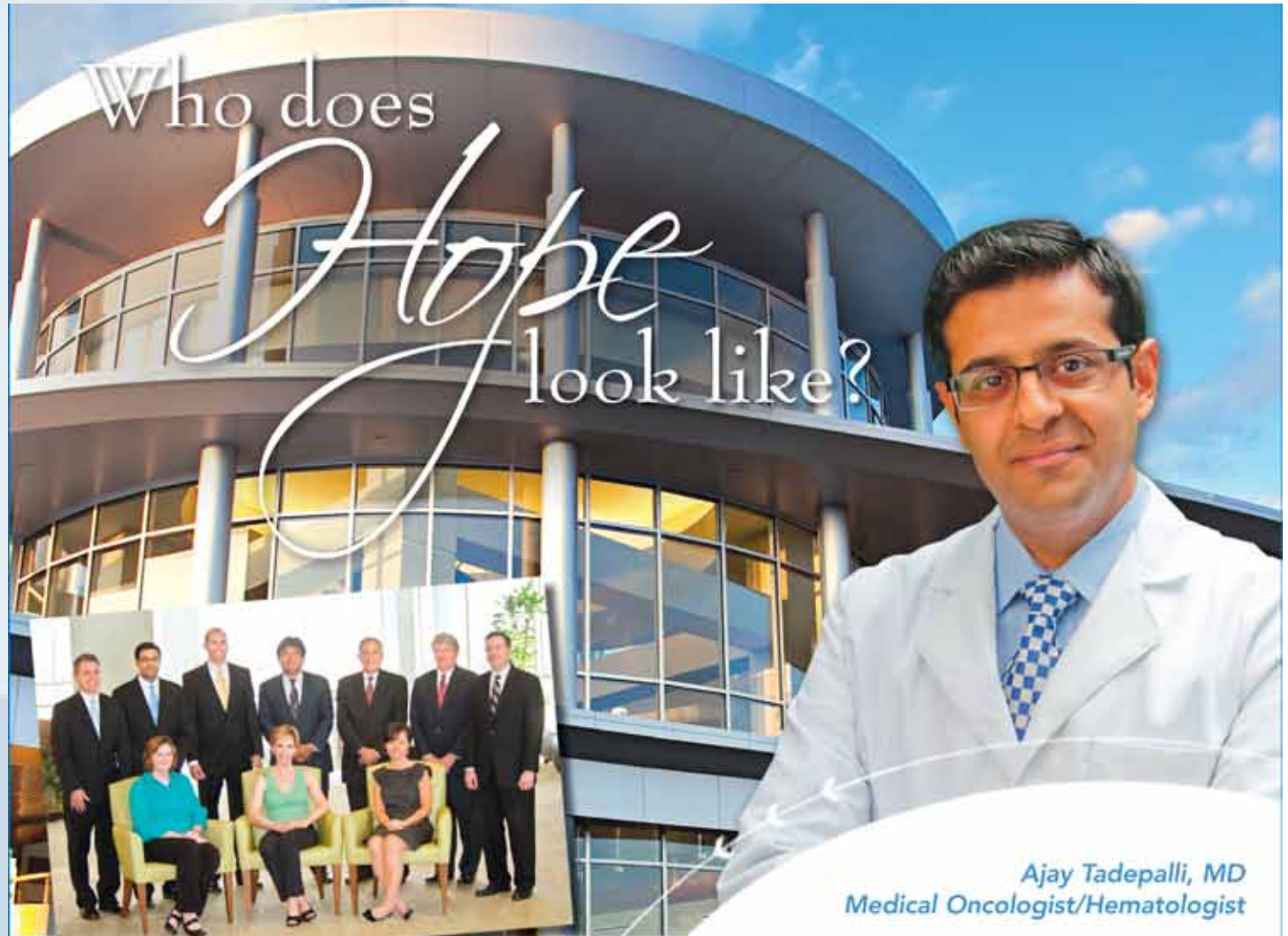
On May 8, 2014 Relay for Life was held at Government Plaza in Tuscaloosa. More than 400 participants and more than 100 survivors came out to celebrate, remember, and fight back. The survivors' dinner was hosted by the Manderson Cancer Center. Over \$58,000 was raised for the fight against cancer.

The Manderson Cancer Center also participated in the Making Strides Against Breast Cancer event in November 2014. This is a powerful event to raise awareness and funds to end breast cancer. It is the largest network of breast cancer awareness events in the nation, uniting nearly 300 communities to "finish the fight." Making Strides raises more than \$60 million in the U.S. each year. Since 1993, more than 100 million walkers have raised over \$594 million across the nation. In 2014, Making Strides Against Breast Cancer of Tuscaloosa welcomed more than 1,200 participants and raised over \$65,000.

The Manderson Cancer Center staff also supported fund-raising events geared toward cancer education and prevention, including the The DCH Foundation's Bras for a Cause, BBQ and Blue Jeans, and Nite on the Green and Golf Classic.



# Who does Hope look like?



**Ajay Tadepalli, MD**  
Medical Oncologist/Hematologist

Front row, left to right:  
Dr. Susan Bostick and Dr. Pamela L. Hughes, Hematology/Oncology, and Dr. Melanie Graham, Radiation Oncology

Back row, left to right:  
Dr. John W. Dubay, Hematology/Oncology  
Dr. Ajay Tadepalli, Hematology/Oncology  
Dr. John B. Crew, Radiation Oncology  
Dr. Ariel Anguiano, Jr., Hematology/Oncology  
Dr. David L. Hinton, Hematology/Oncology  
Dr. Steven W. Copeland, Oncology Hospitalist and Dr. James Curtis Tucker, Radiation Oncology

**Our cancer specialists are among the best trained and most experienced physicians in the country.**

**Lewis and Faye Manderson Cancer Center is pleased to welcome Dr. Ajay Tadepalli to its team of specialists.**

After receiving his medical degree from NTR University, India, Dr. Tadepalli completed his internal medicine residency at Winthrop University Hospital in Long Island, New York. During his residency, he served as an associate chief resident. Dr. Tadepalli completed his fellowship in hematology/oncology at Hofstra University, North Shore Long Island Jewish Health System in New Hyde Park, New York, where he served as a chief fellow. He also has experience in clinical and basic research.

Dr. Tadepalli is boarded by the American Board of Internal Medicine and is board eligible in hematology-oncology. He is a member of the American College of Physicians, the American Society of Hematology and the American Society of Clinical Oncology.

## Lewis and Faye Manderson Cancer Center

at DCH Regional Medical Center



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# Quality Certification



In 2014, Manderson Cancer Center was recognized by the Quality Oncology Practice Initiative (QOPI®) Certification Program, an affiliate of the American Society of Clinical Oncology (ASCO). The QOPI Certification Program provides a three-year certification for outpatient hematology-oncology practices that meet the highest standards for quality of cancer care.

QOPI is a voluntary, self-assessment and improvement program designed to help practices

assess the quality of care they provide to patients. The seal of certification designates Manderson Cancer Center as a facility that scored high on key quality measures and meets rigorous chemotherapy standards. We are extremely proud to have received this certification, which underscores our commitment to excellence for our patients.

QOPI Certification for outpatient oncology practices is the first program of its kind for oncology in the United States. At this time, Manderson Cancer Center is the only cancer facility within the state of Alabama to achieve this honor.

## *Goins Excellence Award winner*

Congratulations to Cathy Goins, who received the DCH Excellence Award in 2014. She has worked at DCH Regional Medical Center since 1985 and has worked as a radiation therapist at the Lewis and Faye Manderson Cancer Center since 1989.

The Excellence Award is given to employees who exemplify the highest standards of excellence in attitude, job performance, dependability, appearance and contributions to DCH beyond the call of duty.

The letter nominating her for the award said, “She has always gone above and beyond in the care of her patients during their daily treatments. For example, she has purchased gifts for patients’ birthdays and to celebrate their graduation from radiation treatments. Many times the gifts have been bought out of her own pocket.”

Ms. Goins started a “graduation ceremony” for patients who complete their radiation treatment, and she has been known to buy sweets and drinks for patients if there is a delay. She has attended all of the American Cancer Society Relay For Life events, setting up and decorating for the cancer survivors’ meal.



# *New IV Software*



Providing accurately compounded IV medications is a safety imperative at every hospital, as the consequences of improperly prepared IV drugs can be deadly. To ensure that IV chemotherapy agents are prepared to the highest safety standards, the Lewis and Faye Manderson Cancer Center at DCH Regional Medical Center decided to add IV workflow software to the compounding process.

Many IV workflow software products are available, such as DoseEdge, ScriptPro, and I.V. Soft. Workflow software is recommended by best practice guidelines to assure the safe preparation of chemotherapy drugs by the pharmacy. Additionally, workflow software is used to augment manual processes whenever possible.

ScriptPro was chosen because it's a well-known vendor that supplies several products used in institutional and community pharmacies. This technology allows real-time video/audio/desktop connections and electronic inspection of compounded sterile products. This allows the pharmacist to maintain accountability and control over all chemotherapy agents compounded in the "clean room."

Improved patient safety has been the central and most significant benefit of implementing IV workflow. With appropriately designed and implemented IV workflow, the risk of error could be almost entirely eliminated and patient safety maximized. ScriptPro without a doubt has substantially

increased patient safety, increased cost savings, and decreased cost associated with adverse events. An additional benefit of this technology is improved operational efficiency by prioritizing the sequence of chemotherapy agents that need to be compounded based on the time of administration. This has led to decreased patient wait time, decreased "chair time," increased revenue, increased patient satisfaction, and improved tracking order processing.

Two additional SP central (Datapoint) terminals have been placed at the pharmacy dispensing windows. The terminals can be accessed by nurses to determine a patient's infusion status or where it is in the production process. This greatly improves the flow process and at the same time reduces interruptions for nurses, pharmacy technicians, and pharmacists. (Fewer interruptions = fewer errors.) It also provides time-stamped documentation of the nurse accepting delivery of the infusion along with the time of pick-up. Pharmacy and nursing are now partnering together to improve efficiency, accuracy, and staff relationships. In addition, pharmacist and nursing satisfaction have increased as a result of the confidence that each IV chemotherapy agent has been produced correctly in a timely manner and is error-free.

# *New Radiation Technology*

The DCH Health System Board of Directors approved the purchase of a device in June 2014 that will allow physicians at the Lewis and Faye Manderson Cancer Center to deliver highly concentrated doses of radiation over a shorter period of time than a conventional course of radiation treatment.

The BrainLab ExacTrac system is used to deliver stereotactic radiosurgery to treat tumors in the brain or spine and stereotactic body radiotherapy to treat small tumors in the chest, abdomen, or pelvis. The equipment will cost \$450,000, and construction costs to install the equipment will be \$102,000.

"Precision is of the utmost importance in this technology because higher doses of radiation are delivered over a shorter period," said Radiation Oncologist Dr. Curtis Tucker. "The BrainLab ExacTrac platform is a technology investment that will allow certain patients in our community to be treated here as opposed to referring them to UAB."

# Research and Clinical Trials

*“As appropriate to the cancer program category, the required percentage of patients is accrued to cancer-related clinical trials each year.”*  
– Standard 1.9, American College of Surgeons Commission on Cancer.

Below is a list of clinical trials that were offered at Lewis and Faye Manderson Cancer Center at DCH Regional Medical Center during 2014.

For any questions or to learn if you or a patient of yours qualifies for a trial, please contact Clinical Research Coordinator Danielle Daniel at (205) 759-6237 or by email at [cancer.research@dchsystem.com](mailto:cancer.research@dchsystem.com).

The website [www.clinicaltrials.gov](http://www.clinicaltrials.gov) is a searchable database that provides patients, family members, and the public with information about ongoing clinical research studies. We have attached the link for each study available at Manderson Cancer Center underneath the study title for ease in finding detailed information regarding these studies.

## Multiple Myeloma

Connect MM: The Multiple Myeloma Disease Registry  
<https://clinicaltrials.gov/show/NCT01081028>

The purpose of this study is to learn more about multiple myeloma and its treatments. Researchers also want to better understand how multiple myeloma impacts the life of people living with myeloma. Connect MM is an observational study designed to explore the history and real world management

of patients with newly diagnosed multiple myeloma and to provide insight into the management of multiple myeloma. Another purpose of the study is to understand the effectiveness of drugs used in the treatment of multiple myeloma. The differences in treatment between community and academic cancer centers as well as different geographic regions in the United States will be studied.

APL-C-001-09 – (ADMYRE: Aplidin – Dexamethasone in Relapsed/Refractory MYeloma). Randomized, Multicenter, Open-label, Phase III Study of Plitidepsin in Combination with Dexamethasone vs. Dexamethasone Alone in Patients with Relapsed/Refractory Multiple Myeloma  
<https://clinicaltrials.gov/show/NCT01102426>

The main aim of this clinical trial is to know the effects (good or bad) that investigational antitumor drug Aplidin® (plitidepsin), given together with dexamethasone, has on patients diagnosed with relapsed/refractory multiple myeloma.

## Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML)

Connect MDS and AML: The Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML) Disease

## Registry

<https://clinicaltrials.gov/show/NCT01688011>

The purpose of this study is to observe and collect data for people with myelodysplastic syndromes (MDS) or acute myeloid leukemia (AML). The information collected will help researchers better understand patterns for diagnosis, treatment, and outcomes, including disease progression and survival. Information will be collected to help better understand patterns for the quality of life in patients newly diagnosed with MDS or AML. The results of this study will provide information to help better understand the effect different treatments have on a patient's disease and on their quality of life.

## Biomarker Tissue Sub-Study - Connect MDS and AML: The Myelodysplastic Syndromes (MDS) and Acute Myeloid Leukemia (AML) Disease Registry

The purpose of this sub-study is to collect, store, and test bone marrow, blood, and mouth tissue (oral epithelial cells) samples of participants with MDS or AML. Biomarkers are substances such as proteins, genes, or cells that tell us how a person's treatment is working in his or her body. The samples will be checked to see if and how the chemical (or genetic) makeup of bone marrow, blood, and mouth tissue (oral epithelial cells) plays a role in disease and a person's response to treatment.

# Research and Clinical Trials cont'd

Breast

National Breast Cancer and Lymphedema Registry

<https://clinicaltrials.gov/show/NCT01580800>

This registry will provide documented support for the potential importance of pre-emptive strategies for breast cancer-associated lymphedema. This problem arises in 15-60% of breast cancer survivors. There is early evidence to suggest that pre-emptive diagnosis may reduce the severity or eliminate the problem. Historically, breast cancer-associated lymphedema has been relatively ignored, with mis-diagnosis, late diagnosis, and failure to treat. The condition has a measurable, substantial impact on patient function and perceived quality of life. Recent pilot studies suggest that interventions designed to facilitate early diagnosis and preventive strategies have a major impact on the incidence and severity of disease burden. This registry is designed to prospectively capture the relevant data to document the impact of pre-emptive diagnostic and treatment strategies.

Paroxysmal Nocturnal Hemoglobinuria (PNH) Registry: Paroxysmal Nocturnal Hemoglobinuria Registry

<https://clinicaltrials.gov/show/NCT01374360>

This registry is a prospective, multi-center, multi-national, non-interventional study designed to

capture safety and effectiveness data for Soliris®, as well as to compile data on the natural history and management of patients with PNH.

All New Cancer Diagnoses Who Are Currently Smoking  
*Quality of Life and Effectiveness of a Smoking Cessation Program for Individuals with Cancer: Implementation of an Extra Agency Intervention*

This study is being done to determine if participation in a smoking cessation program will be effective in helping individuals treated for cancer stop smoking and if participation in the program improves the individual's perceived quality of life. The results of this study will help researchers understand better ways to help individuals with cancer who smoke. This study is specific to our patient population and the Alabama Tobacco Quitline.

Clinical Research Staff Training and Conferences – 2014  
Association of Clinical Research Professionals 2014 Global Conference and Exhibition

Clinical Research Nurse Danielle Daniel attended this conference in San Antonio, Texas. The mission of this global conference is to promote integrity and excellence for the clinical research profession. Ms. Daniel successfully completed 16 different continuing education

sessions, resulting in 27 continuing education contact hours.

Training Community Nurses and Administrators to Implement Cancer Clinical Trials

Clinical Research Nurse Danielle Daniel and Nurse Manager Sandy Barger attended this training in Monrovia, California. The primary aim of this program is to increase patient enrollment in cancer clinical trials at American College of Surgeons Commission on Cancer-accredited community hospital cancer programs. Ms. Daniel and Ms. Barger were two of 50 competitively selected nurse/administrator teams from community cancer settings across the United States to attend this course. The principal goal of the course is to provide hands-on training in fundamental aspects of clinical research so that nurses and administrators can implement or augment cancer clinical trials within their institutions and increase their knowledge, skills, and growth of clinical research activities including screening, accrual, and maintenance of patients on cancer clinical trials. They each established goals for implementing cancer clinical trials at Manderson Cancer Center. These goals were established and continue to be evaluated. Evaluations take place six months post-course, 12 months post-course, and 18 months post-course.

Information Contributors:  
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Ashley Stripling, Community Outreach Coordinator  
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NeShelle Hutton, CTR, Tumor Registry Supervisor  
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Jamie Pearson, RN, Quality Outcomes