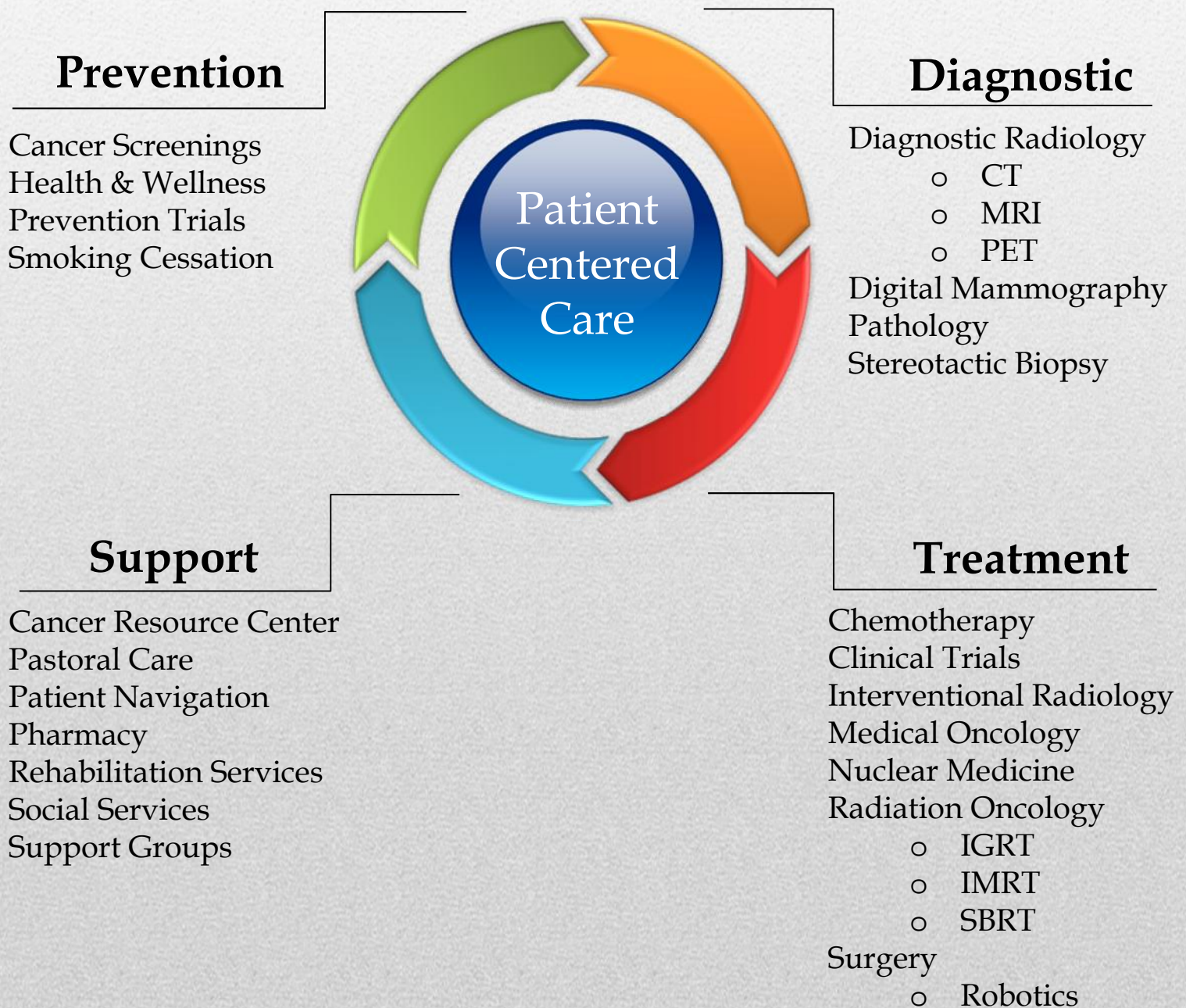




2013 CANCER PROGRAM REPORT

RMC'S CANCER PROGRAM

At a Glance



A LETTER FROM THE CHAIRMAN

Melissa Baird, MD

Dear Friends and Colleagues,

2013 was a big year for the Cancer Program at RMC. We are pleased to share the activities and advances that have taken place over the past year with you.

In April, RMC went through the American College of Surgeons Commission on Cancer survey. This survey is performed every three years to ensure that cancer care is patient-centered and provided to them using evidence-based guidelines. The RMC Cancer Program was awarded Accreditation with Gold-Level Commendation in 2013. This achievement acknowledges the highest quality of services and care given to our cancer patients at RMC.

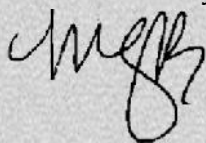
Our affiliation with UAB Cancer Center in 2013 resulted in a Patient Navigation Program that went live with enrollment in June of this year. RMC has three patient navigators who help guide patients through their cancer diagnosis and treatment process. Through this program, we have been able to navigate and assist over 150 patients in just 6 months. Our enrollment goal for 2014 is 300 patients.

Our healthcare facility also welcomed new physicians and technologies in 2013. Endoscopic ultrasound was brought to us by Dr. Mohamad Eloubeidi. This procedure is used to image the aero-digestive tract, facilitating improved staging of cancers to allow tailoring of multidisciplinary treatment. The images created by endoscopic ultrasound are very detailed and can also allow for biopsy of tumors that may not be accessible by traditional CT scans or ultrasound-guided biopsy; thereby minimizing the need for invasive surgical biopsy.

RMC welcomed Dr. Todd Scarbrough as the facility's Radiation Oncologist. Dr. Scarbrough performed the first stereotactic body radiation therapy at RMC in August. This technology treats the exact location of a tumor with highly precise radiation beams in far fewer treatments than traditional radiation treatment and is appropriate for isolated disease with long term control outcome similar to surgery in many patients.

Digital mammography was brought to RMC in 2013, also. Digital mammography is a newer form of mammography that uses computers and digital images instead of traditional x-ray film. With digital images, radiologists can efficiently manipulate the images to more easily identify areas of concern.

The Cancer Registry continues to work diligently to follow the diagnosis, care, treatment, and progress of our patients at RMC. The data collected allows our physicians to complete studies to assess and improve the quality of cancer care at our facility. This information is invaluable in public health planning for the future; and as Chairman of the Oncology Committee, I look forward to what the next year will bring for RMC's award-winning Cancer Program.



2013 CANCER COMMITTEE MEMBERS

George Crawford, MD
*Chair-Oncology Committee**
Cancer Liaison Physician
General Surgeon

Melissa Baird, MD
*Chair- Oncology Committee**
Medical Oncologist

Ellen Spremulli, MD
Medical Oncologist

Todd Scarbrough, MD
Radiation Oncologist

Robert Stone, MD
Diagnostic Radiologist

Darrell Sanders, MD
Pathologist

Howard Kitchens, MD
Cancer Liaison Physician
Urologist

Charles Lattuada, MD
Medical Oncologist

Tatyana Sycheva, MD
Medical Oncologist

Christopher Randolph, MD
Psychiatrist

Keith Smith, MD
General Surgeon

Richard Curtin, MD
General Surgeon

Brian Greene, MD
General Surgeon

Joe Weaver, COO
Cancer Program Administrator

Nisha Madhavan, RN, MIS, CCRN
Vice President-Patient Services

Brian Jenkins, RPh
Director-Pharmacy

Mark Ford, RTT, CMD
Manager-Radiation Oncology

Wendy Watson, RN, OCN
Manager-Cancer Support Services

Cindy Justice, RN, OCN
Manager-Oncology Unit

Wanda Pitts, RN, OCN
Oncology Nurse

Suzanne Adams, LBSW
Social Services

Ruthie Whiddon, CCRC
Coordinator-Clinical Trials

Chad Brown, BS, CTR
Coordinator-Cancer Registry

Silvia Ramsey, CTR
Certified Tumor Registrar

Jim Wilson
Chaplain

Debi Kaufman, RN
Steel Magnolias

Alison Shirley
American Cancer Society

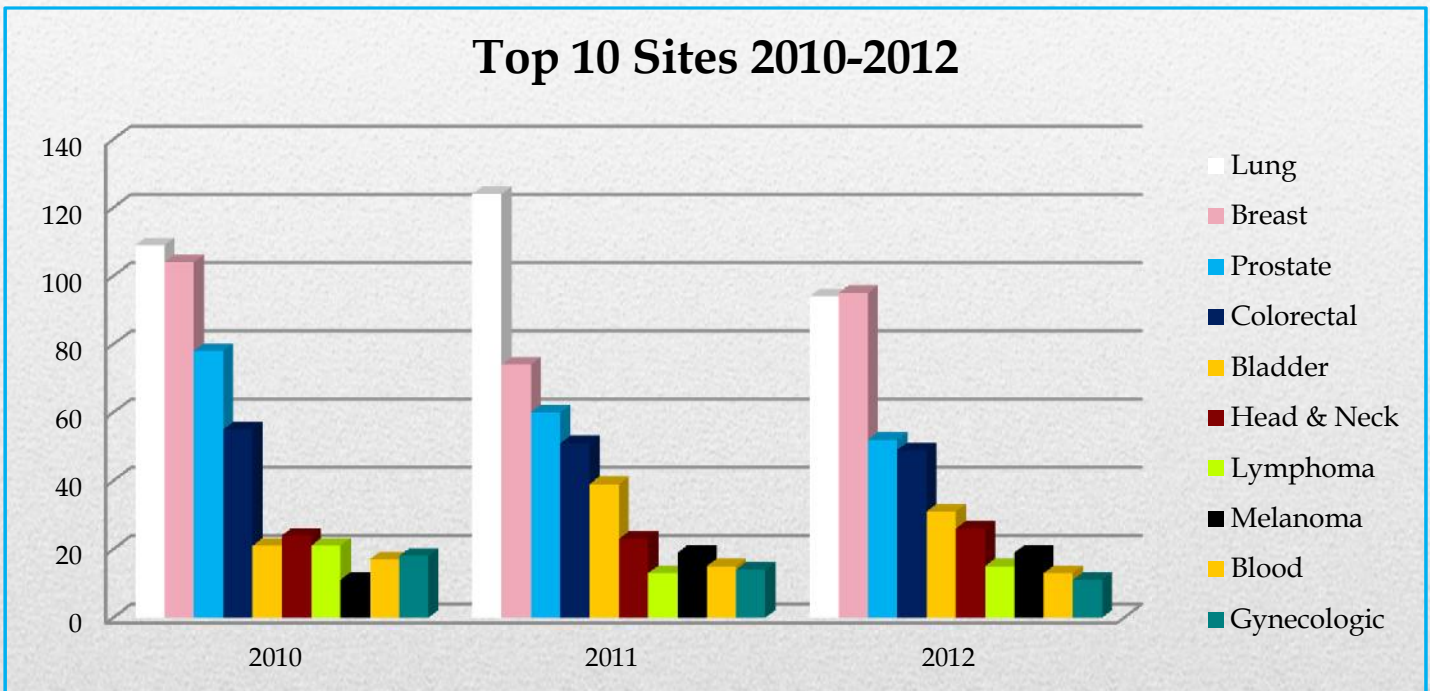
**Dr. Melissa Baird took over as Oncology Committee Chair effective Oct. 28, 2013.*

REGIONAL MEDICAL CENTER CANCER PROGRAM

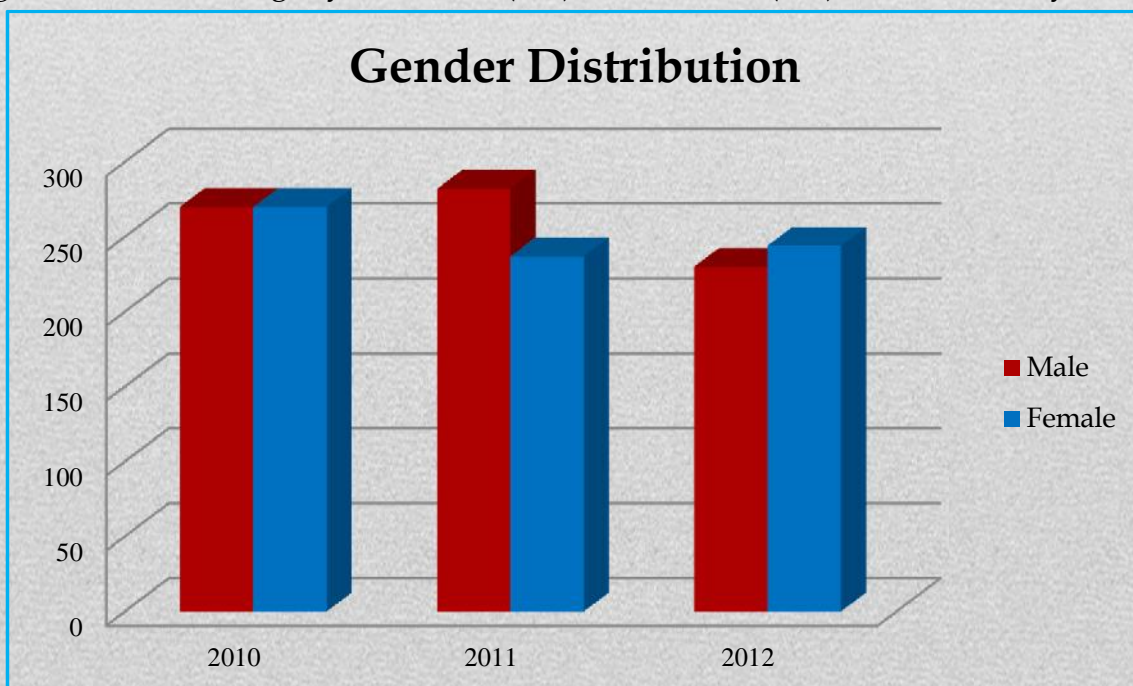
Who We Treat

Our Cancer Program serves the needs of Calhoun County and surrounding counties. Over the last 3 years, we have served over 1,500 patients.

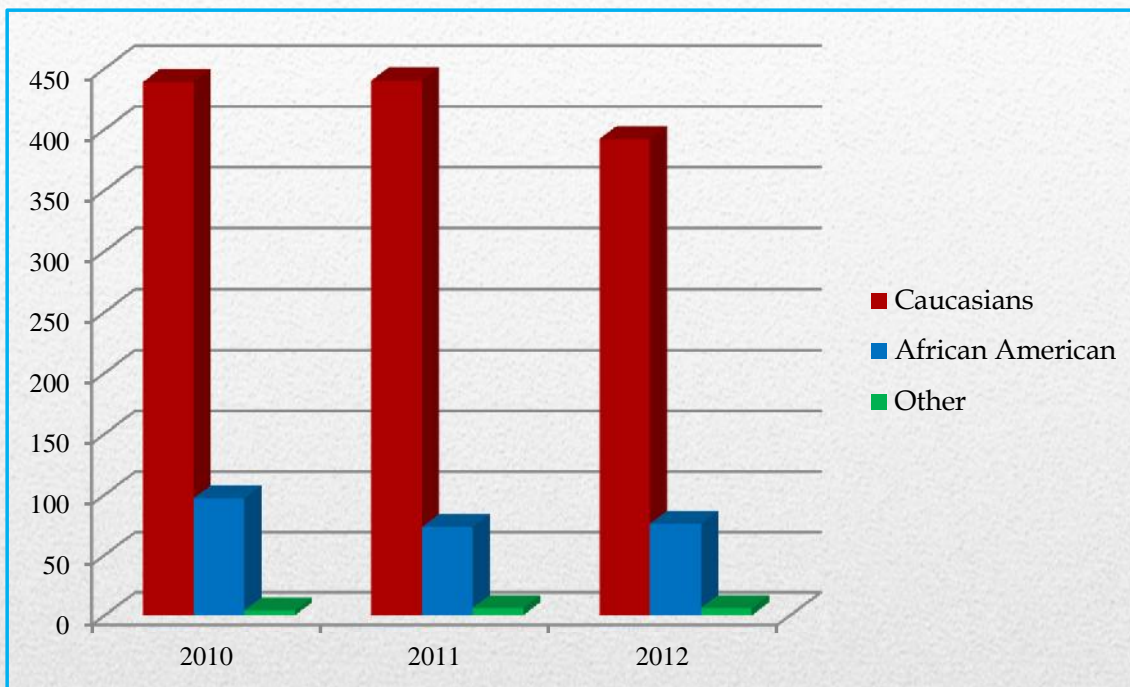
The chart below represents our top 10 sites over the last 3 years. All cancer cases included were diagnosed and/or treated at RMC between 2010 and 2012.



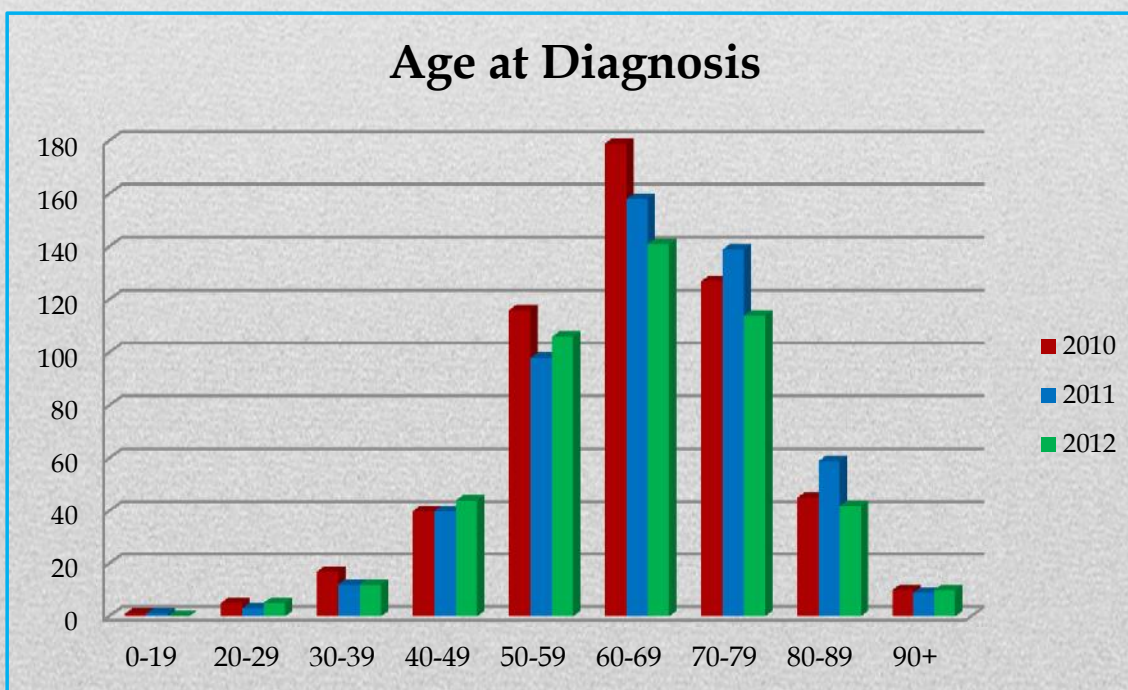
Our program has treated slightly more men (782) than women (751) over the last 3 years.



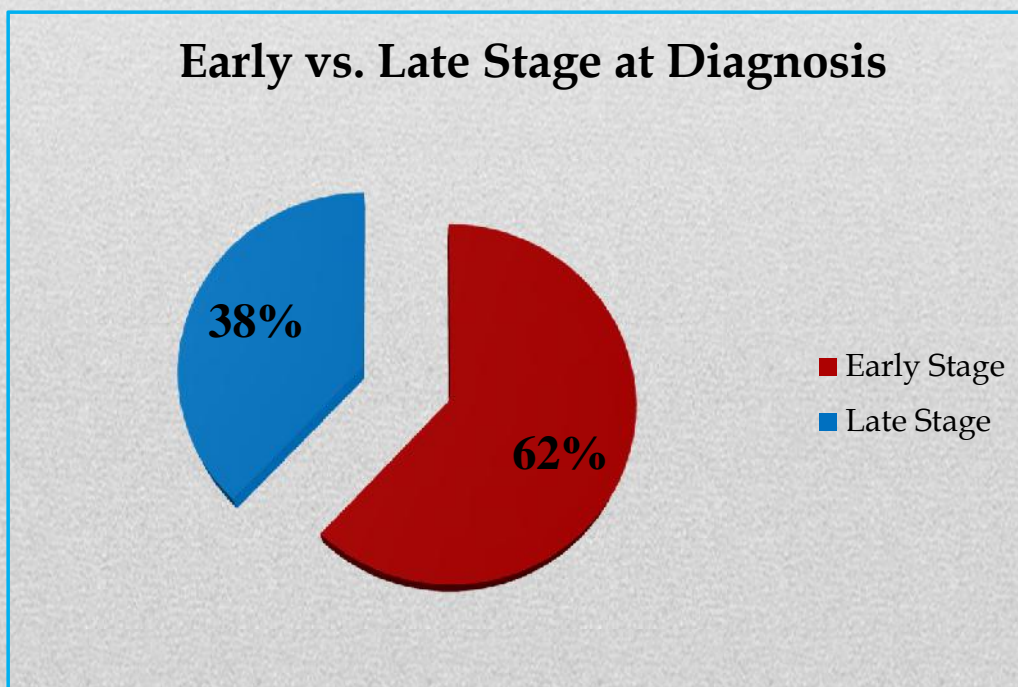
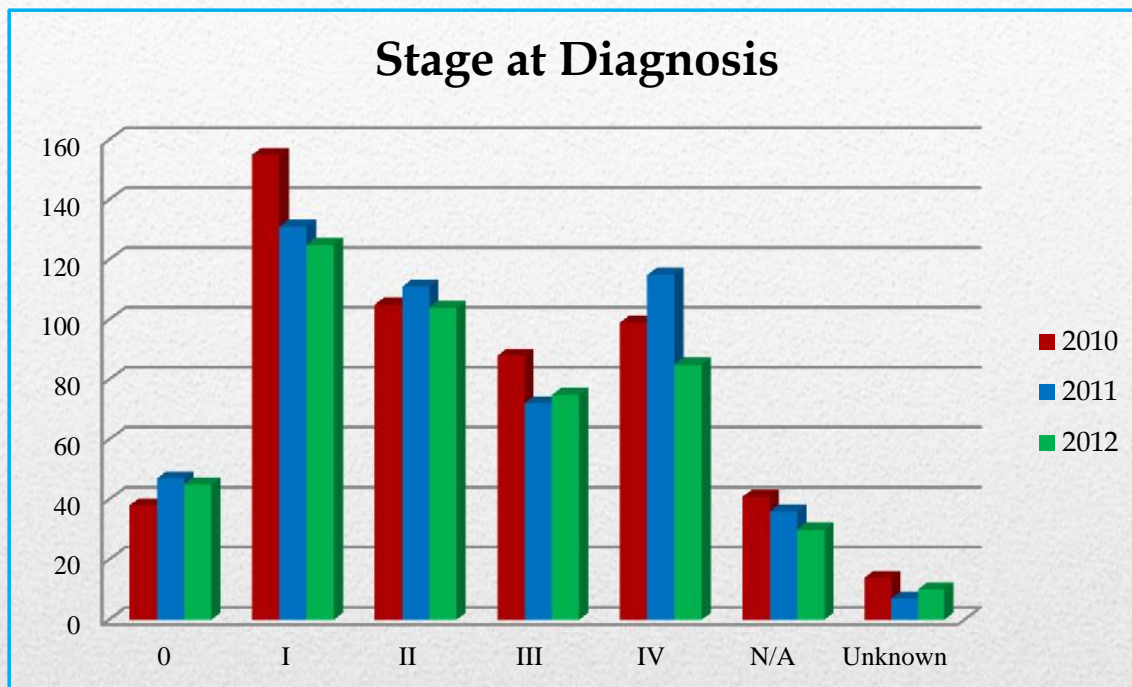
Caucasians are consistently the largest group treated for cancer at RMC, making up 83% of patients over the last 3 years. African Americans are the next largest group, accounting for 16% of patients treated each year.



Patients between the ages of 50 and 79 make up the majority of cancer cases diagnosed at RMC between 2010 and 2012.



The chart below shows AJCC stage at diagnosis. 56% of cancer cases between 2010 and 2012 were diagnosed at early stage (Stage 0, I, or II).



Patient Navigation

In 2013, RMC welcomed a ground-breaking integration into our Cancer Program. A grant funded project created by the UAB Comprehensive Cancer Center, through the Center for Medicare and Medicaid Services, was introduced at RMC in hopes to save millions of dollars in cancer care costs. This project is known as Patient Care Connect.

Patient navigators were trained to facilitate appropriate use of healthcare resources, eliminate barriers across the healthcare continuum, empower patients, and ensure timely delivery of services. They are available to patients with primary traditional Medicare who are 65 years of age or older with a cancer diagnosis. The navigation team has partnered with the local physicians and clinical staff for referrals and to ensure effective communication and understanding of each patient's needs.

There are currently around 150 patients being "navigated". Our patient navigators meet with the patient at their doctor visits, take an assessment of their needs and barriers, and work diligently to meet their needs and overcome any obstacles. This is achieved by: acting as a source of support, educating the patient and their families on how to effectively communicate with their providers, coordinating appointments and resources at the right time, and stressing the importance of good nutrition. The navigators provide assistance with filling out paperwork, financial needs, social support, end of life decisions, and information on disease, treatment, and resources.

A cancer diagnosis is a very difficult thing to face. It often comes with overwhelming challenges, difficult decisions, confusion, and fear. At Regional Medical Center, we recognize that our patients have needs and we want to ensure that they have the help they need to get the top quality treatment they need, when they need it.

Meet our Patient Navigation team: pictured from left to right:



Wendy Watson, RN, OCN- Cancer Support Services Manager, Rachel Shelnett- Patient Navigator, Ashley Strickland- Patient Navigator, Pam Bolt- Patient Navigator

Accountability and Quality Improvement Measures

The American College of Surgeons Commission on Cancer established six measures (CP3R) that must be met by each accredited cancer program. Performance rates and confidence intervals are set by the CoC and used to evaluate the quality of patient care in these areas.

RMC's Cancer Program meets or exceeds the required performance rate on all measures, with the lymph node removal measure falling into the confidence interval set by the CoC.

Select Breast & Colorectal Measures	2011 Performance Rates RMC	Required Performance Rates
Radiation therapy is administered within 1 year of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.	92.9%	90% or upper bound of 95% confidence interval
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.	100%	90% or upper bound of 95% confidence interval
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.	91.7%	90% or upper bound of 95% confidence interval
Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under age 80 with AJCC Stage III colon cancer.	100%	90% or upper bound of 95% confidence interval
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.	58.3%**	80% or upper bound of 95% confidence interval
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under age 80 with clinical or pathologic AJCC T4N0M0 or Stage III receiving surgical resection for rectal cancer.	100%	80% or upper bound of 95% confidence interval

**This percentage falls into the upper bound of the 95% confidence interval assuring compliance for this measure.

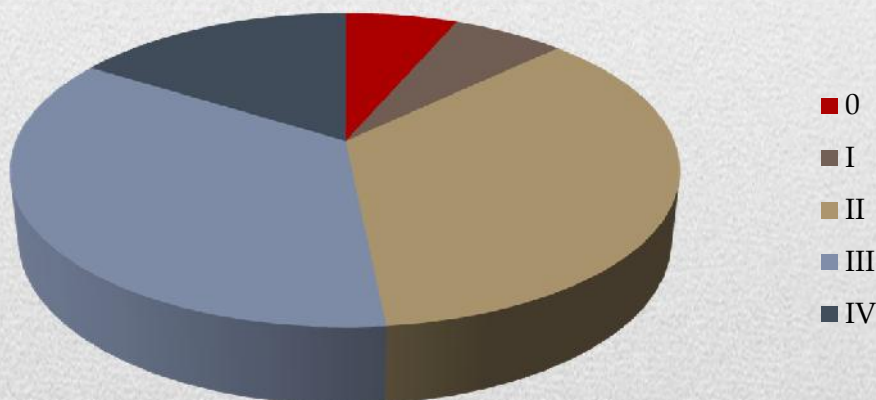
Monitoring Compliance with Evidence-Based Guidelines

Dr. George Crawford performed a study to assess colon cancer patient evaluation and treatment. The review was done to determine if RMC's patients are evaluated and treated according to NCCN guidelines. The study looked at patients with colon cancer who were diagnosed and/or treated at RMC during 2012.

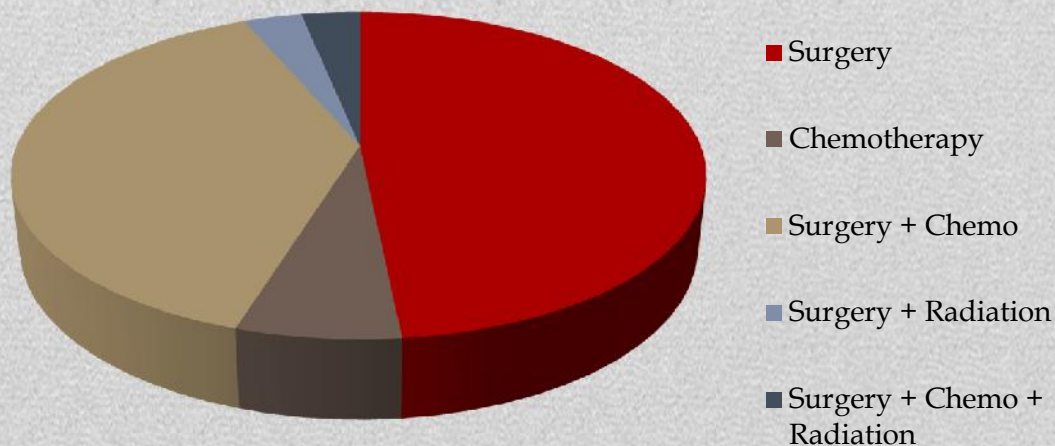
The National Comprehensive Cancer Network (NCCN) sets guidelines to help regulate the diagnostic evaluation and treatment of patients depending on their type of cancer and stage. For this study, NCCN guidelines on colon cancer were reviewed. This review included guidelines for diagnostic workup and treatment.

The study shows that in 2012, 31 patients presented with colon cancer. Twenty-six of those cases were non-metastatic and 5 patients had metastatic colon cancer. Dr. Crawford reviewed how the patient presented to our facility and if they had the proper diagnostic workup. All 31 patients had been properly evaluated according to NCCN guidelines. The study also shows that each patient received proper treatment (surgery, chemotherapy, radiation, or a combination) based on the stage of their cancer.

Stage at Diagnosis



First Course of Treatment



Cancer Prevention and Screening

Cancer prevention and screening is very important at RMC. Each year, we host early detection and prevention events, as well as skin cancer screenings. These events are held to raise awareness of the different types of cancer that are prevalent in our community. Participants are also educated on how these cancers can be prevented and detected at early stages.

Colorectal Cancer Prevention

Colorectal cancer is the second leading cancer killer in Alabama. In March, for Colorectal Cancer Awareness Month, RMC took place in FITWAY screenings. The FITWAY program, sponsored by the Alabama Department of Health, is designed to increase colorectal cancer screening rates to 80% among those 50 years of age and older. The FIT (fecal immunochemical test) is a test done once a year that can detect hidden blood in the lower bowel. This test can be done at home with no need for any pre-test prep by the patient and mailed back to the doctor within a few days. Participants who have positive test results are then contacted by the physician to schedule a colonoscopy.

The FIT packages were given out at the Quintard Mall in Oxford during a health fair and by Dr. Brian Greene at his office. A total of 21 kits were given out.

Skin Cancer Screening

In May, RMC hosted its annual skin cancer screening. This screening is held based on the fact that Alabama is among the nation's leaders in melanoma incidence and mortality rates. According to the CDC, the national average incidence rate is 19 cases per 100,000 people. Alabama has a rate of 20.4 cases per 100,000 people. This results in an estimated 1,300 people from Alabama that will be diagnosed with melanoma this year. Basal and squamous cell skin cancers are even more prevalent. While these cases are far less deadly, around 3.5 million cases are diagnosed in the United States each year.

Dr. George Crawford, Dr. Lewis Sellers, and Tim Barnes, P.A., screened patients for skin cancer at the Tyler Center in May. They were able to screen 28 people.

Breast Cancer Awareness and Prevention

On October 7, a breast cancer awareness and prevention event was held at the Tyler Center with around 60 attendees. This event gave women a chance to ask local physicians questions regarding breast cancer. Dr. Todd Scarbrough, a radiation oncologist at RMC, talked about treatment options and the role of radiation oncology in treating breast cancer. Drs. David Chandler and Kendrick Urquhart, plastic surgeons, spoke about the role of reconstructive surgery and the techniques currently being used during reconstruction. Dillard's then put on a fashion show for those attending while refreshments were served. The night was closed out by Dr. George Crawford. He spoke about surgical techniques and the different options for women undergoing surgery for breast cancer and breast cancer prevention trials that are currently open at RMC. The attendees were encouraged to schedule an appointment for a digital mammogram during the month of October.

Study of Quality- Timeliness of Lung Cancer Treatment

According to the National Cancer Institute, lung cancer was expected to be the third most prevalent cancer diagnosis, excluding basal and squamous cell skin cancer, in the United States for 2013. It was estimated that there would be 228,190 new cases diagnosed in 2013 alone. This represents 13.7% of all cancer cases in the United States. The NCI also estimated 159,480 deaths caused by lung cancer for 2013.

National data from 2003-2009 shows that only 16.6% of people diagnosed with lung cancer survived 5 years. Stage I and II lung cancer survival rates increase dramatically, however. This makes early detection and timely treatment key to survival.

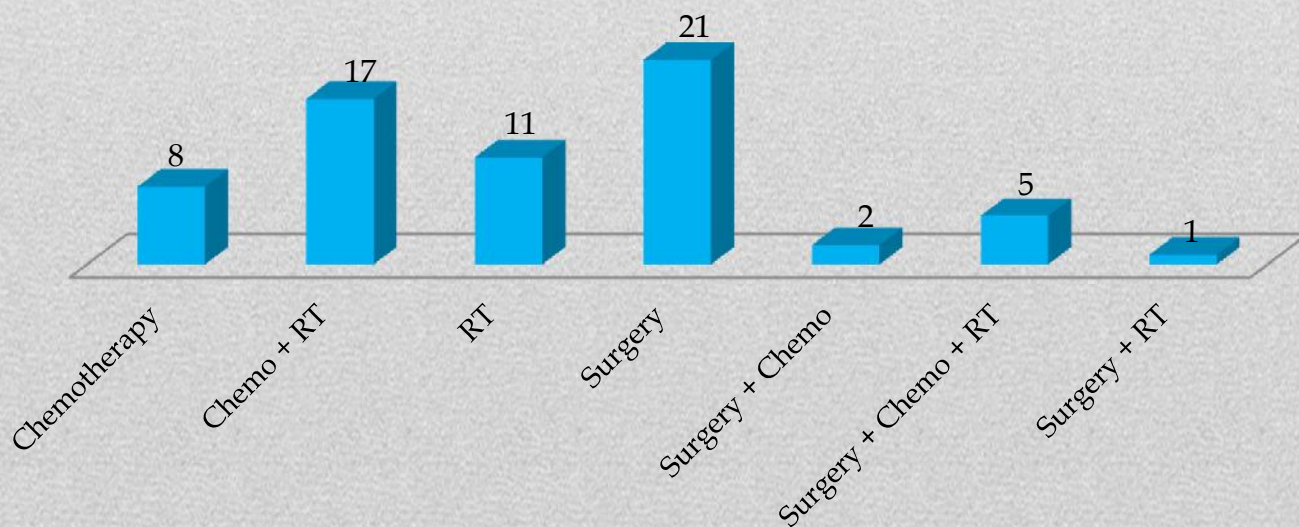
The Advisory Board Company- Oncology Roundtable performed analysis on the timeliness of treatment for non-small cell lung cancer. They observed the time a patient presented to the time treatment was given. The observed performance from imaging to treatment showed the following:

- 25th percentile received treatment in 34 days.
- 50th percentile received treatment in 59 days.
- 75th percentile received treatment in 93 days.

Using data from RMC's Cancer Registry, a review was done on the time from imaging to treatment for patients diagnosed and treated for non-small cell lung cancer at RMC between 2011 and 2012. The results showed 74 patients that were diagnosed and treated at RMC in 2011 or 2012. The average time from imaging to treatment was 34 days. This puts RMC patients in the top 25th percentile for receiving timely treatment for non-small cell lung cancer.

Patients were treated with chemotherapy, radiation (RT), surgery, or a combination of those treatments. Nine patients were not treated based on a decision to go on hospice, the patient expired before treatment could be given, or refusal by the patient. Of the 74 patients reviewed for this study, 36 were early stage (I or II) and 38 were late stage (III or IV).

Method of Treatment



Quality Counts In Northeast Alabama

RMC's commitment to quality is evident in a variety of ways- from our physicians and well-trained staff to our services and technology. From accreditation by The Joint Commission, being awarded Gold-Level Commendation by the Commission on Cancer, and our designation as a Baby-Friendly Hospital to being ranked in Modern Healthcare's Best Places to Work, RMC's commitment to quality in Northeast Alabama is far-reaching.



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REGIONAL MEDICAL CENTER

400 E. 10TH Street; P.O. Box 2208, Anniston, AL 36207

Phone: 256.235.5121 • Fax: 256.231.2690

www.rmccares.org