



2014 CANCER PROGRAM

PUBLIC REPORTING OF OUTCOMES

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Northeast Alabama Regional Medical Center is a 338-bed, 501(c) (3) not-for-profit hospital serving northeast Alabama.

RMC Mission:

Providing state of the art medical care with integrity to the people we serve.



2014 saw RMC's Cancer Program receive the Outstanding Achievement Award (OAA) from the Commission on Cancer for the second consecutive survey cycle. The OAA recognizes cancer programs that strive for excellence in quality patient care and requires the program to demonstrate a compliance rating for 27 standards and a commendation level of compliance for seven standards. This award shows RMC's commitment to quality patient care through excellent Oncology Committee leadership, cancer data management, cancer conferences, clinical management, and quality improvements. Our program is one of only two in the state to hold this honor.

One of the Oncology Committee's main goals this year was to implement a pilot survivorship care plan. These plans are an individualized summary of the patient's cancer, treatment, and follow-up recommendations. They also include information on any treatment-related hospitalizations, toxicities to treatment, or side effects that can be expected. The plans are also designed to offer a physician not involved in the patient's cancer care or a new cancer care provider immediate access to the patient's cancer information. This is particularly helpful in case a patient decides to move during or after treatment.

The Oncology Committee also implemented a process to refer all head and neck cancer patients to rehabilitation services at the hospital. RMC's Rehabilitation Services work with head and neck cancer patients undergoing radiation therapy with speech and swallowing exercises. Starting this process at the beginning of treatment can lead to a better quality of life for these patients.

RMC's Cancer Registry continues its diligent work as we saw the most cancer patients diagnosed and/or treated at RMC, since our program's reference date of 2002, last year. The information collected in the registry is used to complete quality studies and make improvements in our cancer care each year.

I look forward to what the future holds for the award-winning Cancer Program at RMC.

A handwritten signature in black ink that reads "Melissa Baird, MD". The signature is written in a cursive, flowing style.

Oncology Committee Members

Melissa Baird, MD

Chairman

Medical Oncology

Ellen Spremulli, MD

Medical Oncology

Todd Scarbrough, MD

Radiation Oncology

Robert Stone, MD

Radiology

Darrell Sanders, MD

Pathology

Howard Kitchens, MD

Urology

Liaison Physician

Charles Lattuada, MD

Medical Oncology

Tatyana Sycheva, MD

Medical Oncology

George Crawford, MD

Surgery

Richard Curtin, MD

Surgery

Brian Greene, MD

Surgery

Christopher Randolph, MD

Psychiatry

Joe Weaver, COO

Cancer Program Administrator

Elaine Davis, RN, MSN

VP- Patient Services

Brian Jenkins, RPh

Director-Pharmacy

Wendy Watson, RN, OCN

Manager-Cancer Support Services

Clinical Trials

Cindy Justice, RN, OCN

Manager- Oncology Unit

Chad Brown, BS, CTR

Coordinator- Cancer Registry

Suzanne Adams, LBSW

Social Services

Mark Ford, RTT, CMD

Manager-Radiation Oncology

Macy Allen

Patient Navigator

Pam Bolt

Patient Navigator

Rachel Shelnett

Patient Navigator

Ashley Strickland

Patient Navigator

Wanda Pitts, RN, OCN

Oncology Nurse

Jim Wilson

Chaplain

Donna Klabnik, CCC-SLP

Rehabilitation Services

Debi Kaufman, RN

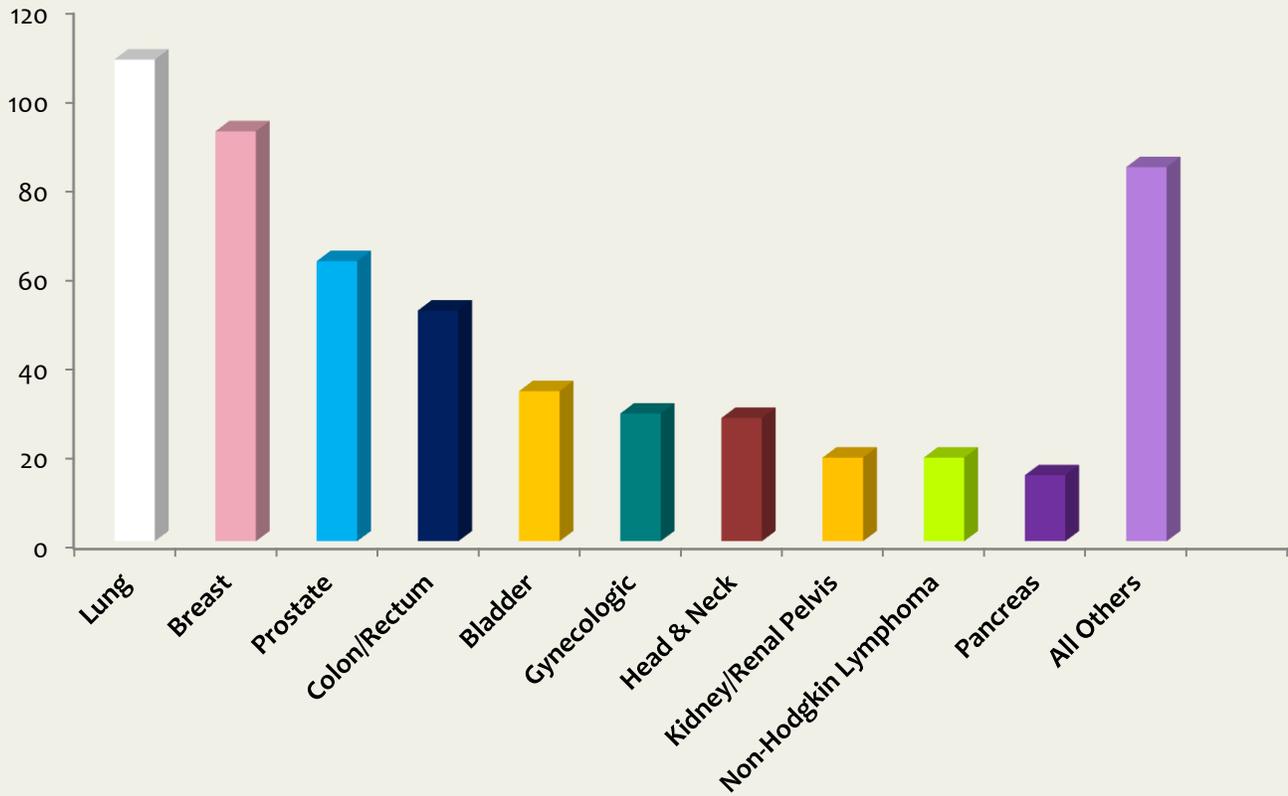
Steel Magnolias

Kristi Lovell

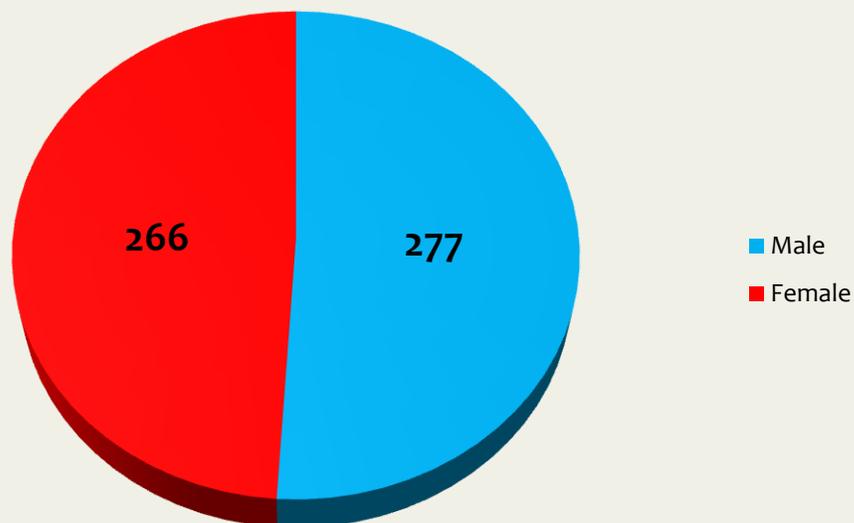
American Cancer Society

Cancer Registry Data

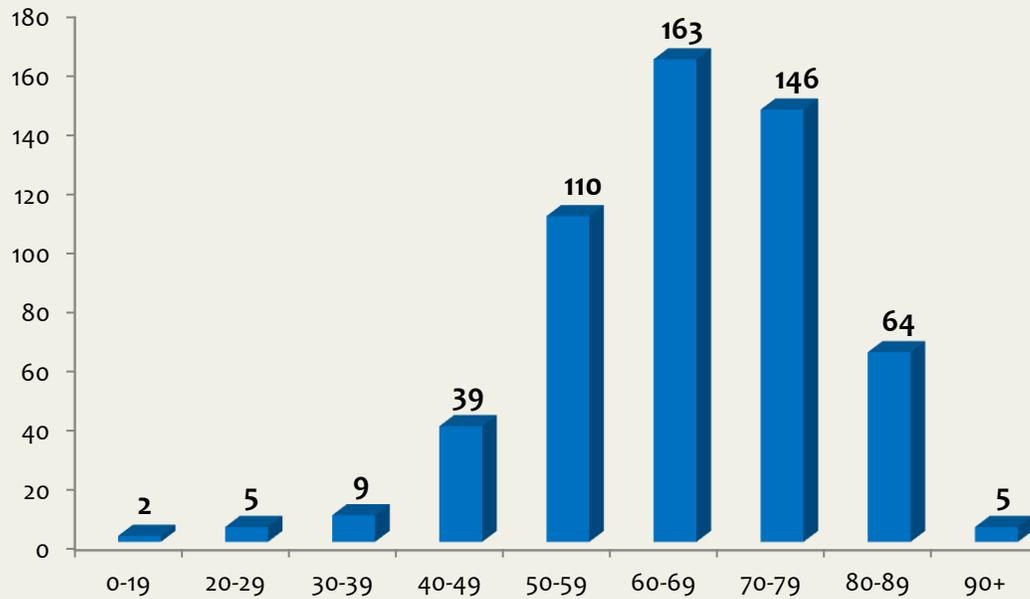
2013 Primary Sites



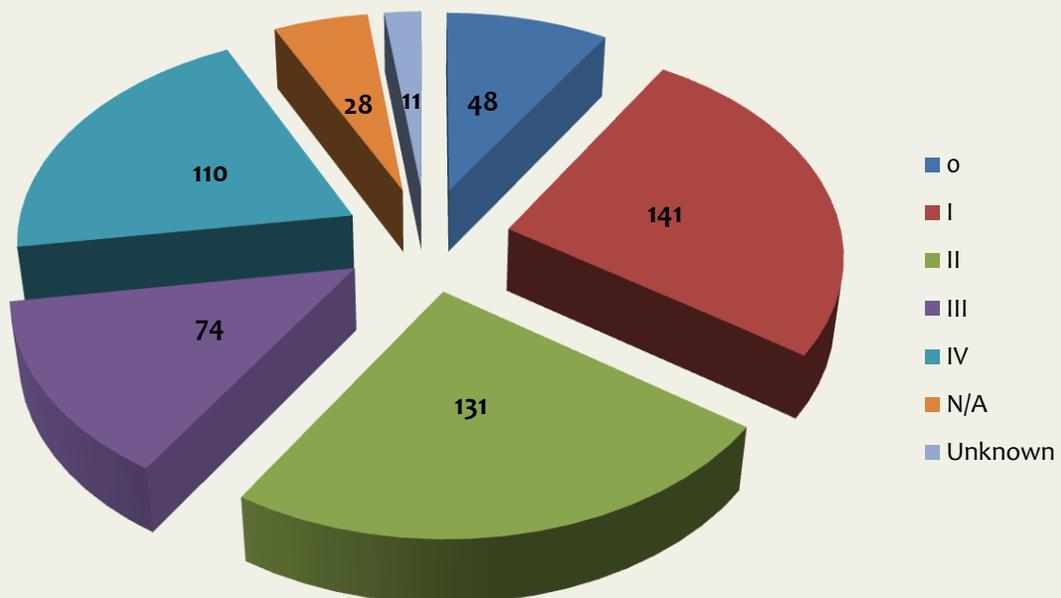
2013 Gender Distribution



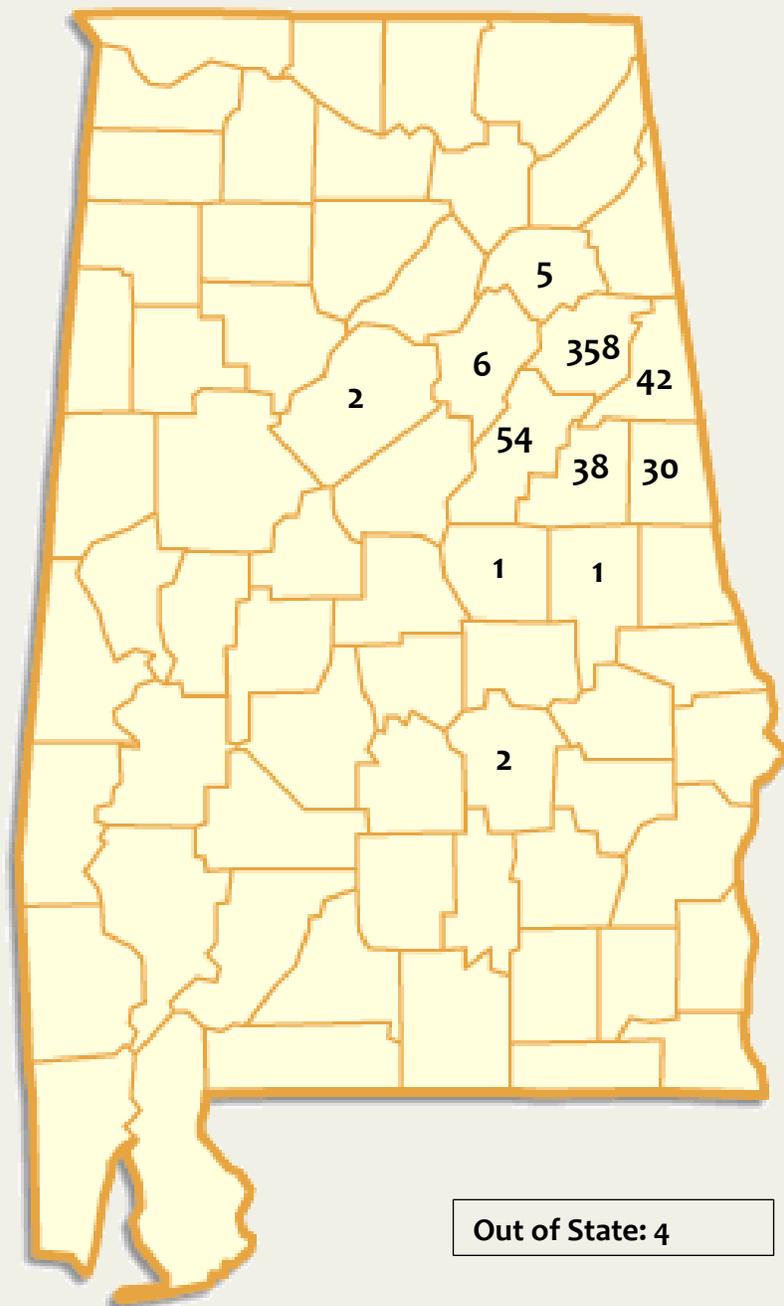
2013 Age at Diagnosis



Stage at Diagnosis



2013 Diagnoses by County



Patient Navigation

The Patient Navigation program at RMC is part of Patient Care Connect, a grant funded project awarded by the Center for Medicare and Medicaid Innovations. The aim of the project is to save as much as 49.8 million dollars in cancer care costs over a three year period.

Our patient navigators have been trained to facilitate appropriate use of healthcare resources, eliminate barriers across the healthcare continuum, empower patients, and ensure timely delivery of services. In addition, they have recently begun assisting patients with advanced care planning and supplying helpful resources on pain and fatigue and diet and exercise (some of the most common causes of distress among cancer patients).

In 2014, the team introduced its fourth patient navigator, Macy Allen, to our cancer program. This addition has allowed us to increase the number of patients receiving assistance. Since the program began in 2013, 488 patients have been part of the navigation program with 326 patients actively receiving assistance.

Our patient navigators are available to patients with primary traditional Medicare who are 65 years of age or older with a cancer diagnosis. The team has partnered with local physicians and clinical staff for referrals and to ensure effective communication and understanding of each patient's needs.

Each year, a physician member of RMC's Oncology Committee performs a study to monitor compliance with evidence-based guidelines. This year's study reviewed the primary surgical treatment of bladder cancer and if the secondary surgical or adjuvant intravesical treatment chosen was concordant with NCCN guidelines.

NCCN guidelines for bladder cancer indicate whether secondary surgical treatment, observation, or adjuvant intravesical treatment should be considered or performed. These recommendations are based on the clinical stage and grade of the patient's bladder cancer. Non-invasive bladder cancer can be treated with transurethral resection of bladder tumor (TURBT) followed by observation, Bacillus Calmette-Guérin (BCG) immunotherapy, or Mitomycin chemotherapy. Invasive bladder cancer is usually treated with cystectomy, radiation therapy, and/or chemotherapy but in certain cases a patient can be followed with observation.

In 2013, there were 31 bladder cancer cases diagnosed and/or treated at RMC. Of those 31, 23 were non-invasive and eight were invasive. Of the 23 non-invasive cases, 20 were followed with observation, two received BCG immunotherapy and one received intravesical chemotherapy with Mitomycin. For the eight invasive cases, two were followed with observation, one patient was treated with radical cystectomy alone, one with radiation therapy plus chemotherapy, one had radical cystoprostatectomy followed by radiation therapy and chemotherapy, and three had radical cystectomy/cystoprostatectomy followed by chemotherapy.

Each patient was found to have a primary surgical evaluation and secondary/adjuvant treatment concordant with NCCN guidelines.

Cancer Prevention and Screening

Each year, RMC host cancer prevention and screening programs for our local community. These programs are designed to offer education about certain types of cancer and free screening opportunities.

Colorectal Cancer Early Detection and Prevention

In Alabama, colorectal cancer is the second leading cause of cancer deaths. On March 29, RMC provided a health fair with free FIT (fecal immunochemical test) kits during the Anniston Runners Club Canyon Climb Road Race. These kits offer a non-invasive, private way for patients to be screened for colorectal cancer. Participants were given a kit with a mailing envelope and the choice to return these to the RMC Cancer Registry or to a physician of their choice. This event allowed our Cancer Support Services staff an opportunity to provide information on the importance of colorectal cancer screenings to hundreds of attendees.

Skin Cancer Screening

RMC also hosted a skin cancer screening during the Canyon Climb Road Race health fair. Alabama is among the national leaders in melanoma incidence and mortality rates. During the health fair, Dr. Cherice Greene offered screenings to patients with five participants accepting. Cancer Support Services staff passed out sunscreen and pamphlets on skin cancer to 75 individuals.

Breast Cancer Awareness

On October 11, RMC hosted Pampered & Pink. This was a morning of pampering and breast health awareness. RMC's Radiology Department hosted the event in the Tyler Center. Information on the importance of mammogram screenings and self-screenings was provided along with refreshments. Massages were also provided by Gadsden State Community College and Dillard's put on a fashion show.

Monitoring the Administration of Hormonal Therapy to High-Risk Prostate Cancer Patients Receiving Radiotherapy

American Cancer Society, Cancer Facts & Figures 2014 estimated that 233,000 men will be diagnosed with prostate cancer in 2014. This represents 27% of all cancer cases diagnosed in men and would make prostate cancer the most diagnosed cancer in America (not including basal and squamous cell carcinoma of skin).

While prostate cancer is a very prevalent disease, survival rates can be very high. 99% of prostate cancer patients survive five years. Prostate cancer that has spread to other organs, bones, or distant lymph nodes sees a drop to only 28% 5-year survival.

Prostate cancer can be broken down to three risk groups: low risk, intermediate risk, and high risk. Men with “high-risk” prostate cancer have a greater risk of cancer spreading. For the purpose of this study, high-risk is defined as having: PSA > 20 mg/dL; or Gleason’s score 8-10; or clinical stage T3a disease.

Several studies and clinical trials have been done to evaluate the best treatment options for men with prostate cancer. For men with high-risk prostate cancer, one of the best options is radiotherapy plus hormonal therapy. The American Urologic Association’s Measure #104 states: “If receiving external beam radiotherapy as primary therapy, prostate cancer patients with a high risk of recurrence should also be prescribed hormonal therapy, which has been shown to increase the effectiveness of the radiotherapy. High risk patients who are considering specific treatment options should be informed of findings of recent high quality clinical trials, including those considering radiotherapy, use of hormonal therapy combined with conventional radiotherapy may prolong survival.”

While hormonal therapy with radiotherapy is highly recommended a study by The American Medical Association-Physician Consortium for Performance Improvement shows that physicians in the 90th percentile have a performance rate of only 50% on this measure. The performance rate at RMC is 96% on this measure. These results put RMC physicians well ahead of the curve on this important measure.

Quality Care for Northeast Alabama

RMC's mission to provide quality care with integrity to the people we serve is evident in every aspect of our facilities. From accreditation by the Joint Commission and being awarded the Outstanding Achievement Award by the Commission on Cancer to our designation as a Baby-Friendly Hospital, RMC's commitment to quality in Northeast Alabama is far-reaching.



Designated as a



Knee & Hip Replacement



RMC Numbers

Regional Medical Center.....	256.235.5121	Human Resources.....	256.235.5217
Business Office.....	256.235.5475	Cancer Resource Center.....	256.235.5400
Cancer Registry.....	256.235.5044	Medical Records.....	256.235.5215
Cancer Support Services.....	256.235.5877	Nursing Service Office.....	256.235.5244
Chaplain Services.....	256.235.5146	Patient Information.....	256.235.5000
Clinical Trials.....	256.235.5084	Physician Finder.....	256.231.8880
Gift Shop.....	256.235.5378	Radiation Oncology.....	256.235.5089
Centralized Scheduling.....	256.235.5141	Social Services.....	256.235.5265