



**RMC**



***2015  
Cancer Program  
Report***



## **Our Mission**

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

## **Our Vision**

Leadership

Community

Quality

Stewardship

People



**The Right Care. Right Here.**

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# About the Cancer Program at RMC

RMC's mission to provide quality state-of-the-art health care with integrity to the people we serve is evident in every aspect of our facilities. At RMC, we strive for excellence in service by treating each patient with respect and compassion.

We have been serving our area's cancer patients with excellent care since 1988 and have been accredited by the Commission on Cancer (CoC) since 1991. We are one of only two hospitals in the state to currently hold the CoC's Outstanding Achievement Award (OAA). The OAA recognizes cancer programs that strive for excellence in quality patient care and requires the program demonstrate a compliance rating in 27 standards and a commendation level of compliance for seven standards. This level of care is made possible through exceptional Oncology Committee leadership, multidisciplinary cancer conferences, exemplary cancer data management and the constant strive to make quality improvements.

RMC's Cancer Support Services play an integral role in the success of our cancer program. Our Cancer Registry has been awarded the Alabama Statewide Cancer Registry Gold Standard for quality, completeness and timeliness of cancer data submission. This data allows our Oncology Committee to complete quality studies and make improvements to our program each year. Cancer Support Services is also home to our Clinical Trials and Patient Navigation programs. The patient navigators are currently participating in the CMS Patient Care Connect Grant. Through this grant, our navigators are able to boost the appropriate use of healthcare resources and help patients make the best choices for treatment which leads to better quality of life for our patients.

At RMC, we are committed to providing the best cancer care geared toward high quality and better outcomes. We look forward to continuing to serve our community and providing the best care in the area.

Sincerely,



**Melissa Baird, MD**

*Oncology Committee Chair*

# Oncology Committee Members

Role	Name
Oncology Committee Chair	Melissa Baird, M.D.
Cancer Liaison Physician	Howard Kitchens, M.D.
Cancer Registry Quality Coordinator	
Medical Oncology	Ellen Spremulli, M.D. Charles Lattuda, M.D. Tatyana Sycheva, M.D.
Pathology	Darrell Sanders, M.D.
Radiation Oncology	Todd Scarbrough, M.D. Georges Hobeika, M.D. Mark Ford, RTT, CMD
Pathology	Darrell Sanders, M.D.
Radiology	Robert Stone, M.D.
Surgery	George Crawford, M.D. Richard Curtain, M.D.
Cancer Program Administrator	Joseph Weaver
Cancer Conference Coordinator	Chad Brown, BS, CTR
Clinical Trials Coordinator	Wendy Watson, RN, OCN
Community Outreach Coordinator	Pam Bolt
Psychosocial Services Coordinator	Suzanne Adams, LBSW
Quality Improvement Coordinator	Cindy James, RN, OCN
Marketing	Kate Van Meter Lagina Fillingim
Oncology Nurse	Wanda Pitts, RN, OCN
Pastoral Care	Jim Wilson
Patient Navigation	Macy Allen Rachel Shelnett
Patient Services	Elaine Davis, RN, MSN
Pharmacy	Brian Jenkins, RPh
Rehabilitation Services	Donna Klabnik, CCC-SLP
Steel Magnolias	Debi Kaufman, RN

# Cancer Conference

Cancer conference, also called tumor board, is an important part of the cancer program at RMC. Our cancer conferences are multidisciplinary in format, meaning doctors and health professionals from various fields attend. This format allows doctors to discuss a patient's diagnosis and what treatment options are available and most appropriate. Eighty percent of our meetings require attendance from physicians specializing in medical oncology, radiation oncology, radiology, pathology, and surgery. We also have regular attendance by several other specialties, a cancer registrar and clinical research coordinator.

At each meeting, the cases discussed include a review of the patient's history, imaging studies, pathology and any previous treatment methods. When applicable, AJCC staging is discussed and National Comprehensive Cancer Network (NCCN) treatment guidelines are reviewed. This review ensures that each patient is being treated according to nationally accepted guidelines. Each case is also screened for possible clinical trials. Recommendations for treatment or further diagnostic workup are then made for each case presented.

Conferences are held on each Tuesday, except the second Tuesday, each month. Cancer from any site can be discussed during the meetings and there is no limit on the number of times a specific case can be discussed. Eighty percent of the cases discussed must be considered prospective. Prospective cases include: 1) newly diagnosed cases with treatment not yet started, 2) newly diagnosed cases and treatment started, but discussion of additional treatment is needed, 3) previously diagnosed with initial treatment completed, but discussion of treatment for recurrence of disease progression is needed, or 4) previously diagnosed and discussion of supportive/palliative care is needed.

In 2015, 121 cancer cases were presented at Cancer Conference. 99% of these cases were presented prospectively. The average physician attendance was 12 per meeting with 95% attendance for the required physician specialties.

Cancer Conference cases can be scheduled by physicians or their staff by contacting the Cancer Registry at (256) 235-5044.

# Accountability and Quality Measures

The Commission on Cancer (CoC) established several measures, known as CP3R, which assesses the quality of care given at accredited facilities. The Oncology Committee at RMC works to ensure and monitor that patients treated here receive care according to nationally accepted measures. Performance rates are set by the CoC and used to evaluate the quality of patient care in the established areas. In the event that too few cases are reported for a specific measure, a \*confidence interval (CI) is used to assess performance. Below is a table that summarizes that performance of RMC for the latest data release of 2013.

Measure	RMC Rate/CI	Required Performance Rate
Image of palpation-guided needle biopsy of the primary site is performed to establish diagnosis of breast cancer	88.5%	80% or upper bound of 95% CI
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90.5%	90% or upper bound of 95% CI
Radiation therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes	50% *CI = 99%	90% or upper bound of 95% CI
Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	95.2%	90% or upper bound of 95% CI
Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0, or stage IB-III hormone receptor negative breast cancer	100%	90% or upper bound of 95% CI
Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC stage III colon cancer (lymph node positive)	100%	90% or upper bound of 95% CI
At least 12 lymph nodes are removed and pathologically examined for resected colon cancer	66.7% *CI=97.5%	85% or upper bound of 95% CI

\*Of the two measures falling below the required performance rate, RMC falls into the upper bound of the 95% confidence interval. This ensures compliance on all measures.

# Study of Quality

## Monitoring Treatment Summaries for Patients Undergoing External Beam Radiation Therapy

The American College of Radiology (ACR) recommends that a treatment summary be completed within one month of treatment completion for patients who undergo brachytherapy or external beam radiation therapy for cancer. A radiation treatment summary, according to the ACR, “accurately describes the treatment process, the doses delivered to the target/tumor volume and other key organs, relevant assessment of tolerance to and progress towards the treatment goals and the subsequent care plan.”

Treatment summaries are important because many receive multimodality treatments. The summary can provide information to other physicians involved in the patient’s diagnosis and treatment. Different modalities of treatment may also be given in multiple facilities. One facility may provide surgery while chemotherapy is given in a separate facility. Treatment summaries allow for timely communication between all medical providers involved in a patient’s cancer care.

The Oncology Committee reviewed radiation treatment summaries for patients treated with external beam radiation at RMC in 2014. All charts reviewed included a treatment summary that was completed within one month of the end of treatment and contained the following information: the site treated, total dose delivered, patient tolerance and a follow-up plan. We also reviewed the results from a national assessment to see how our performance rated against other facilities. The American Society for Therapeutic Radiology and Oncology’s (ASTRO) Performance Assessment for the Advancement of Radiation Oncology (PAAROT) observed an average performance rating of 92% on this standard.

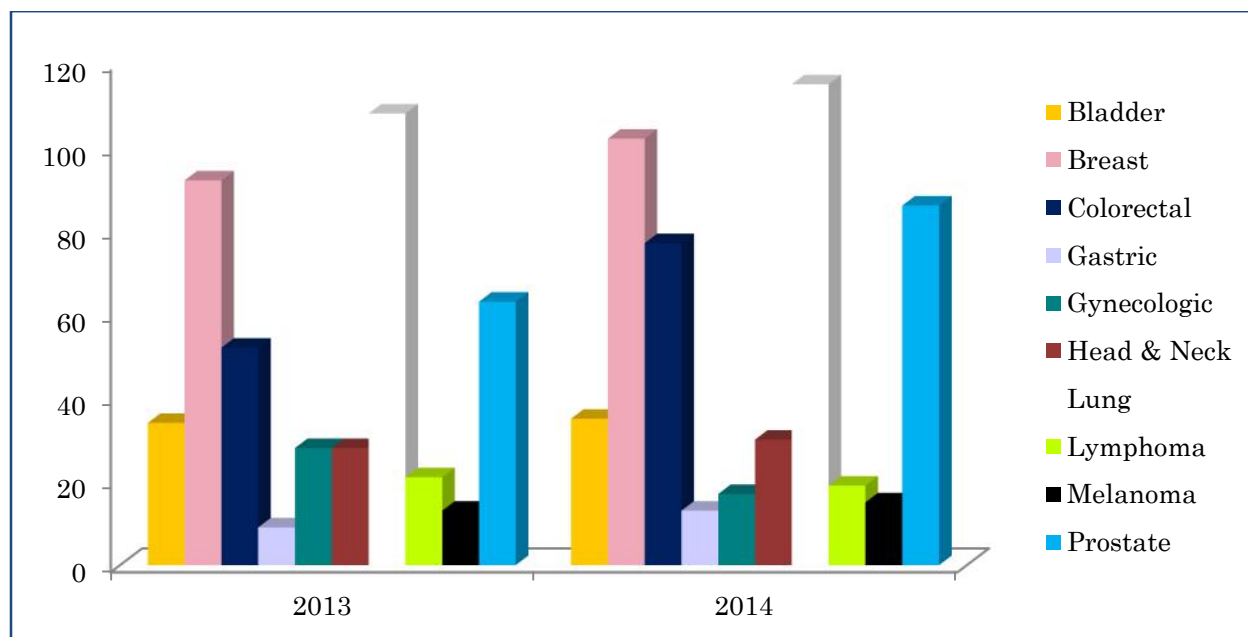
The results of this study serve as proof and encouragement to our cancer patients that our physicians know the importance of treatment using best practice measures. The treatment summaries completed at RMC provide other health professionals vital information on the treatment and condition of their patients.



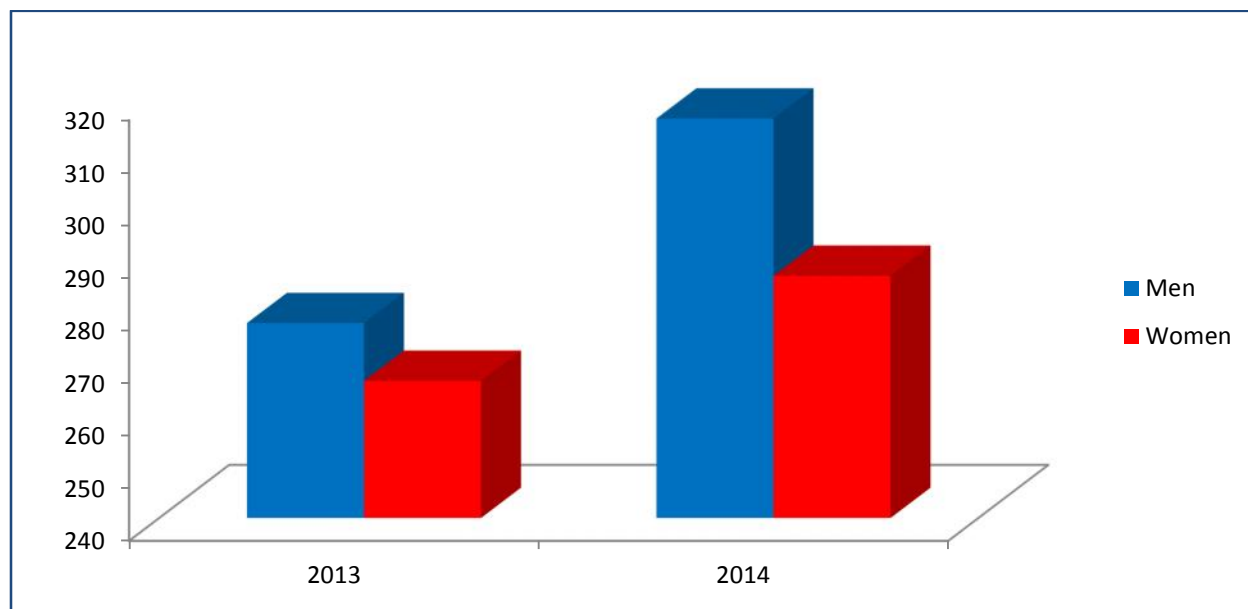
# Who We Serve

RMC's Cancer Program serves the needs of Calhoun County and surrounding areas. In 2014, we diagnosed and/or treated 602 patients, an increase of 11% over 2013.

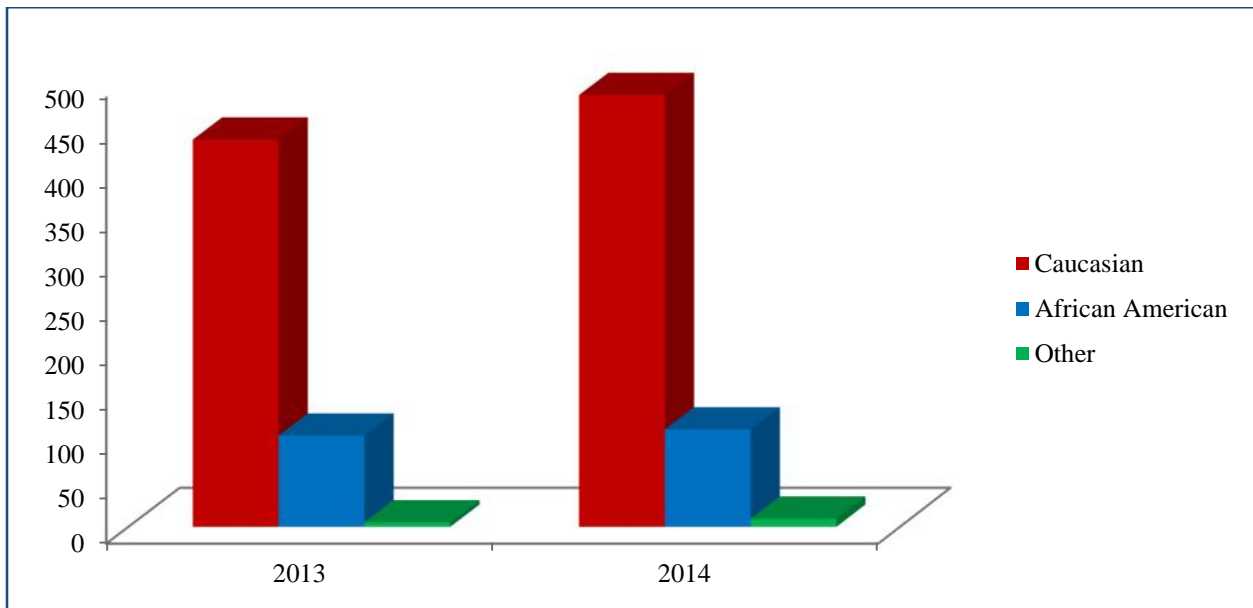
The chart below shows the top 10 sites from 2014 and a comparison of those sites in 2013.



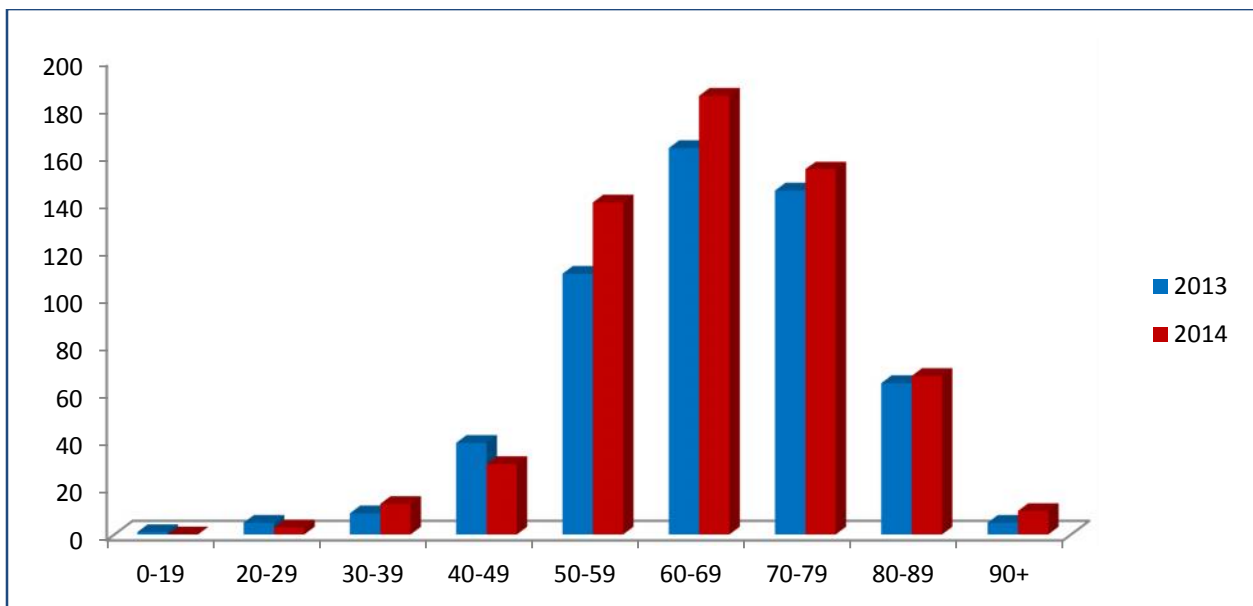
The gender distribution chart below shows that our program has treated more men than women over the last two years.



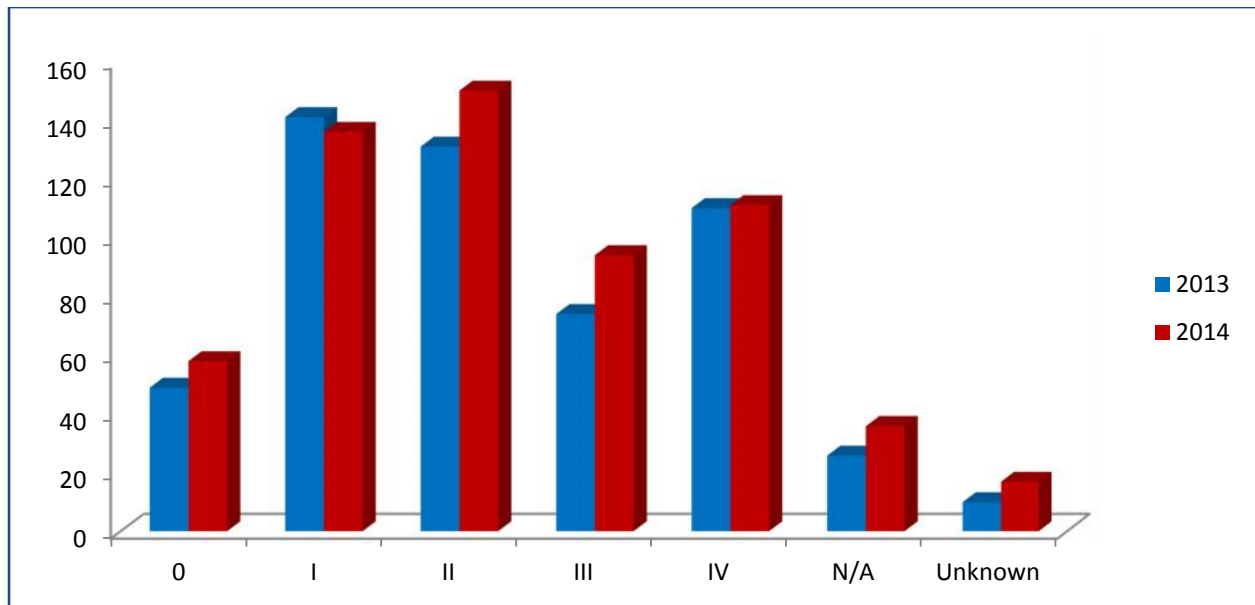
Caucasians continue to make up the largest race and ethnicity group treated at RMC, making up about 80% of the patients served the last two years. African Americans are the next largest group at about 18%.



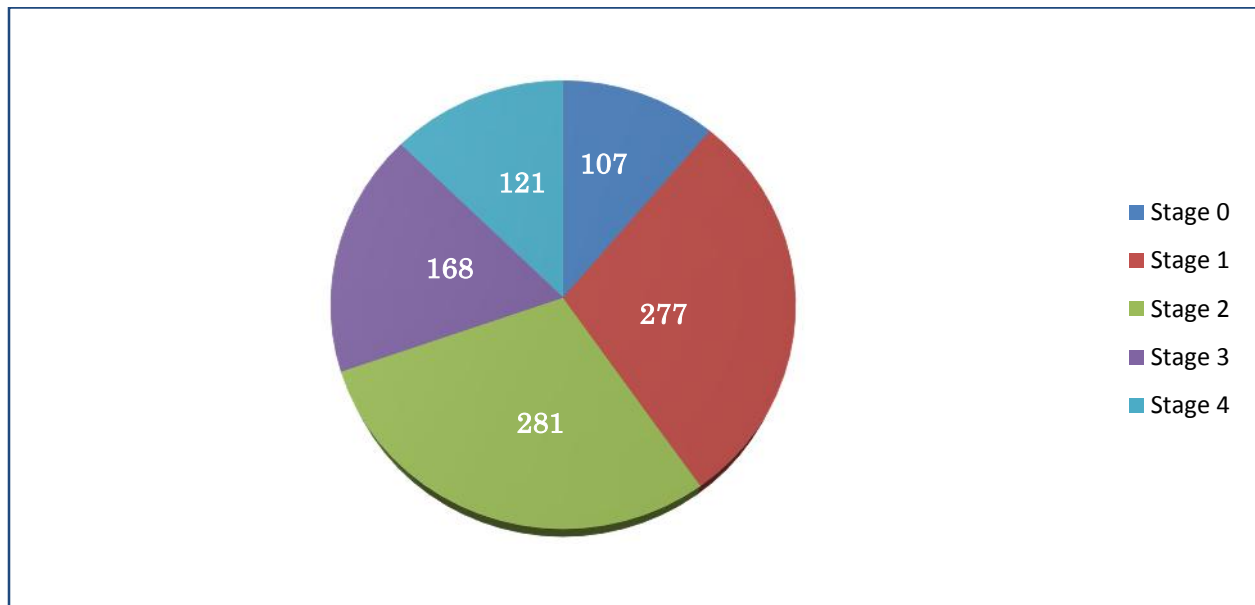
The majority of cancer cases diagnosed and/or treated in 2013 and 2014 were in patients between the ages of 50 and 79.



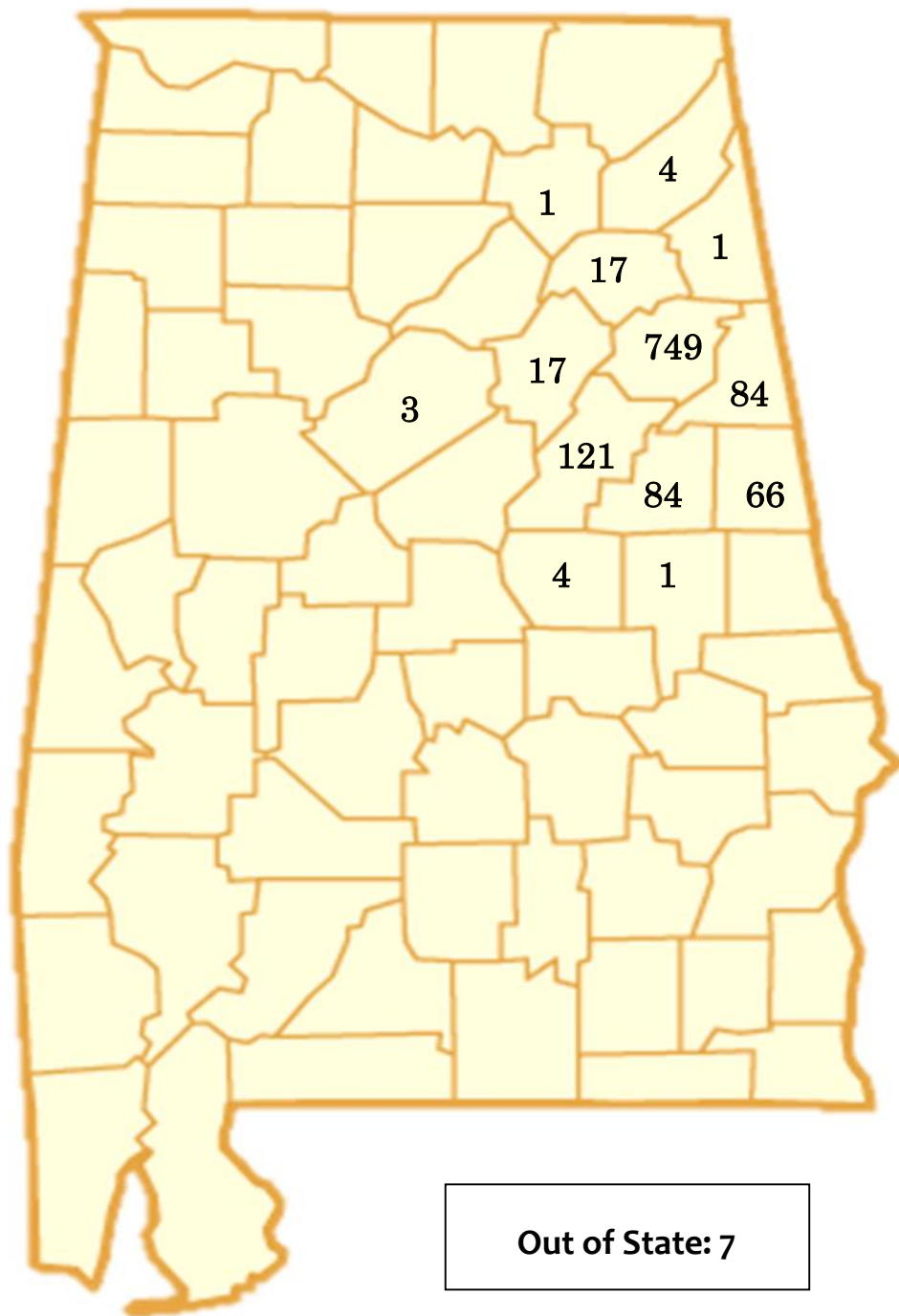
The chart below shows AJCC stage group at diagnosis. 59% of cases in 2013 were diagnosed between stages 0-II. In 2014, 57% of cases were diagnosed between stages 0-II.



The pie chart below shows AJCC stage group at diagnosis for 2013 and 2014 cases combined.



The map below demonstrates the county of residence for patients served at RMC in 2013 and 2014.



# Quality Care for Northeast Alabama



A **QUALITY PROGRAM**  
OF THE AMERICAN  
COLLEGE OF SURGEONS

## RMC Numbers

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

**The Right Care. Right Here.**

**Blue  
Distinction®  
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**A Baby-Friendly™  
Facility**

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