

# *The Home for Hope*

Lewis Hall Singletary Oncology Center



**ARCHBOLD**

Annual Report 2014

## 2014: In Review

We continue to find ways to provide some of the most advanced, innovative and sophisticated cancer treatment available anywhere, right here in Thomasville at the Singletary Oncology Center, and 2014 was no exception.

Our Cesium-131 lung mesh protocol study was renewed to continue in 2015. And the replacement of our existing Gamma Knife 4C unit with the newest model from Elekta, the Perfexion, was purchased in 2014, and will be available to patients later this year.

But, perhaps the most brightly shining star of our comprehensive cancer program in 2014 was greatly expanding the clinical research department which has seen its most dramatic expansion and resurgence since the inception of the center in 1988. Spearheaded by Dr. Theresa Coleman, our very advanced medical oncology research team was able to bring more cutting edge systemic therapies to our Southwest Georgia population. Several exciting studies include the Checkmate 153 study performed to a large degree right here in Thomasville which utilized nivolumab, a PD-L1 inhibitor resulting ultimately in FDA approval. Other studies include the ixazomib study which is testing an oral form of velcade for multiple myeloma and a CDK4 and 6 inhibitor study for breast cancers. In addition some of our patients with metastatic pancreatic cancer participated in the Janus 1-18424362 trial, a Phase 3 study of the JAK 1/2 inhibitor ruxolitinib.

Several other very exciting, multi-center trials that began this year and are ongoing at the Center are for patients with cancers of the lung, colon and rectum and kidney as well as for follicular lymphomas and multiple myelomas. Working with world class pharmaceutical companies such as Genentech, Oncyte, Amgen, Takeda, Bristol-Meyers Squibb, Novartis, Pfizer and XBiotech is both exciting and rewarding as we not only gain access to otherwise unavailable medications, we also provide real information and results that help bring these drugs to market for the broader national and worldwide benefit.

The Lewis Hall Singletary Oncology Center team is truly dedicated to providing the very best technology and medical advancements that produce positive and dramatic results for our patients that we love so much. And our accomplishments from this year are a testament to that commitment.



J. Steven Johnson, MD  
Chair, Radiation Oncology  
Lewis Hall Singletary Oncology Center, Archbold Memorial Hospital



# Hope Bell

The two "Hope" bells hanging in the Oncology center are a symbol of victory for our patients. Upon completion of treatment, staff gather with the patient's family members for a ceremony to celebrate their loved ones victory. Each patient reads the poem hanging on the wall beneath the bell, and the patient rings the bell three times. The patient is also given a certificate of completion signed by their entire oncology team.

**Ringling this bell celebrates a victory  
Recognizing your spirit, your courage  
And your unwavering strength.**

**We honor you  
We walk with you  
We remember you.  
In the Home for Hope  
Anything is possible.**

Lewis Hall Singletary Oncology Center Team

# 2014 Cancer Committee Members

The Cancer Committee provides oversight for the Cancer Program at Archbold Memorial Hospital. Under the direction of the members of the Cancer Committee, multidisciplinary cancer conferences were held weekly. The 2014 meetings were open to Archbold medical staff members for case presentation and review. Ancillary and other professional support staff attended cancer conference meetings for diagnosis and treatment planning discussion.

Amanda May, MD  
Chair, Medical Oncology

Teresa Coleman, MD  
Medical Oncology

Edward Wright, MD  
Pathology

John Carico, MD  
Diagnostic Radiology

Pam Myers, RN  
Quality Improvement Coordinator

J. Steven Johnson, MD  
Cancer Liaison Physician  
Radiation Oncology

Mel Hartsfield, MD  
Vice President of Medical Affairs

Seth Sherman, MD  
Diagnostic Radiology

Sheri Walters  
Clinical Manager of Hospice  
Sara Andrews, MSW  
Oncology Social Worker

David Saunders, M.D.  
Radiation Oncology

Lorraine Williams, MD  
Surgery, ENT

John A. Mansberger, MD  
Integrative Medicine/General Surgery

John D. Pham, MD  
Pathology

Chris Newman  
Pharmacy

Debbie Beeson, MC  
Oncology Breast Navigator

Yvette Thomas, RN, BSN  
Oncology Nurse Navigator

Dawn Bishop, RN, MSN, AOCNS  
Director of Nursing

Ken Brooker, RN, MHA  
Vice President of Clinical Services

Jessica White  
Quality Improvement Director

Cheryl Wunsch, CNA  
Social Services

Jami Stephenson  
Rehabilitation

Colette Hilliard  
Clinical Research Coordinator

Paula White, RN, OCN  
Nursing

William Tustin  
Administrator of Oncology Services

Tiffany Woolum, RN, BSN, OCN  
Oncology Research Coordinator

Mark Lowe  
Assistant Vice President of  
Marketing and Public Relations

Megan Powell  
Director of Marketing and Public Relations

Brooke Wright  
American Cancer Society

Frances Turner, RHIA, CPHQ, CCS, BA, TR, Director  
of HIM

Vicki Bennett, CTR  
Oncology Data Supervisor

Janet Washington  
Cancer Conference Coordinator

Leslie Swords, RN, OCN  
Oncology Nurse Navigator

Barbra Crumpacker, RD  
Nutrition Services

Todd Bennett  
Community Outreach Coordinator

# Oncology Support Programs

In addition to medical and radiation oncology treatment, we offer comprehensive services for the mind, body, and spirit. Nutritional, psychological and spiritual support are conveniently located under one roof at the Singletary Oncology Center. The convenience of having all the resources in one location is helpful for patients, medical professionals, family members, and caregivers.

## Cancer Support Group for Women

This group offers emotional support and educational information to all women who are cancer survivors. The group meets at Lewis Hall Singletary Oncology Center the second Wednesday of every month from 11:30am to 1pm. Lunch is provided.

## HOPE Program

A collaboration between the Lewis Hall Singletary Oncology Center, Archbold Outpatient Rehabilitation, and the YMCA, the HOPE (Helping Oncology Patients Exercise) program is free and designed to help cancer patients improve the quality of their lives with an exercise regimen. Patients must be referred by the oncology center in order to start the program.

## Look Good, Feel Better

The Look Good, Feel Better program is a free hands-on group workshop dedicated to helping female cancer patients cope with and combat appearance-related side-effects of chemotherapy and radiation. Patients learn skin care and make up applications and hair/wig techniques. A free gift of name-brand cosmetics is given for use during and after the workshop. The meetings are held the fourth Monday of each month from 2-4 pm. This program is sponsored by the American Cancer Society.

## Reach to Recovery

Reach to Recovery is a program that offers patients one-on-one support to help them cope emotionally with a breast cancer diagnosis and to offer support as they consider treatment options. The program is sponsored by the American Cancer Society.

## Chaplain Services

At the Singletary Oncology Center, we recognize that meeting our patients' spiritual and religious needs is often an important part of caring for the whole person. Ministry is available to people of all faiths, as well as those of no religious affiliation. Our oncology chaplain specializes in and is familiar with the unique needs of those with cancer. The chaplain visits patients at the Singletary Oncology Center twice weekly and is available 24/7 for patients or caregivers in distress.





# Oncology Support Programs

## Pet Therapy

Animal assisted therapy, also known as pet therapy, is a form of therapy that uses animals to help people cope with health problems, including cancer. Visiting with our certified dogs can provide patients and their families relaxation and a distraction from pain, discomfort and stress, while improving mood and energy. During a visit from a therapy dog, the dog's handler walks the dog through center, stopping to greet people who would like a visit. The visits can vary in length, but generally last anywhere between five to 15 minutes. Pet Therapy occurs every other Thursday morning.

## Yoga Therapy

Gentle yoga poses for cancer can help dissipate tension and anxiety and enable cancer patients to reduce stress and settle into a greater sense of ease and well-being. Yoga stimulates muscles, increases blood flow, and enhances the lymphatic flow in the body, all of which boost the body's natural internal purification processes. The deep, relaxing breathing also increases the current of oxygen-rich blood to the cells, delivering vital nutrients to tired cells and further clearing out toxins. Yoga is offered weekly at the Singletary Oncology Center.

## Massage Therapy

Studies show that massage may reduce many side effects of cancer treatment, such as pain, fatigue, nausea, anxiety, and depression. Massage therapy can improve sleep, mental clarity, scar tissue, lymphedema, and range of motion. Massage is offered on Wednesday mornings at the oncology center, and is performed by a licensed massage therapist.

## Art Therapy

The art therapy program uses visual arts to improve and enhance well-being. Patients and caregivers are encouraged to join every Wednesday from 10am-12pm to participate in collaborative art projects.



# Genetic Counseling

Our patients are referred, as needed or requested, to Dr. Lea Kristin Parsley, a physician who is board-certified in Pediatrics and Clinical Genetics and Metabolism. Dr. Parsley's genetic counseling services compliment our team approach to patient-centered care.

# Nutritional Support

The presence of cancer and the impact of cancer treatment can have a profound effect on nutritional status. We offer individualized nutrition services through a registered dietitian to assist oncology patients with management of nutrition-related treatment side effects that may arise during their treatment. The dietitian also helps with nutrition-related management of accompanying chronic conditions such as diabetes, use and care of feeding tubes, appropriate use of pancreatic enzymes, and guidance with weight management.



# Community Outreach

One of the most appropriate ways for us to reduce mortality in the communities we serve is through early detection, most often performed through community screenings. To maximize our impact and operate efficiently, we determine the health needs in our communities through analysis of quantitative federal, state and local data, as well as seeking qualitative input from members of the community. In 2014, cancer, heart disease, stroke, obesity and diabetes were among the diseases we screened for in our communities.

In 2014, Archbold gave  
free screening tests to **2,591** screening participants during  
**93** free screening opportunities at  
**56** locations.

**DOES YOUR FAMILY HISTORY, SUN EXPOSURE OR TOBACCO USE HAVE YOU AT RISK FOR SKIN, HEAD OR NECK CANCER?**

**Free Skin, Head and Neck Cancer Screenings**  
Friday, May 23, 2014 • 3-5pm  
Lewis Hall Singletary Oncology Center  
919 S. Broad Street  
Thomasville, GA 31792

**GET SCREENED. FREE.**

Open to the public • Free • Walk-ins only

- Head, neck, oral and skin cancer screenings
- Kidney function testing (blood sample)
- Blood pressure/Height/Weight/BMI
- Cholesterol and glucose screenings (Blood sample)\*

\* For best results, do not drink sweetened liquids or eat for at least 8 hours prior to screening.

The care you need.  
The compassion you deserve.

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**MEN—YOU MAY BE AT RISK FOR PROSTATE CANCER.**

**GET SCREENED. FREE.**

**Free Prostate Cancer Screening**  
Tuesday, September 30, 2014  
3:30-5pm  
Archbold-Mitchell Specialty Clinic  
259 US 19 North  
Camilla, GA 31730

Open to the public • Free • Walk-ins only

The care you need.  
The compassion you deserve.

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**IF YOU ARE A CURRENT SMOKER OR HAVE EVER SMOKED, YOU MAY BE AT RISK FOR LUNG CANCER.**

**GET SCREENED. FREE.**

**Lung Cancer Screenings**  
Wednesday from 8:30am to 11am\*  
Hall Singletary Oncology Center  
Broad Street, Thomasville, GA 31792

Screenings will offer free low dose CT scans to screen for lung cancer. Screenings are available to individuals ages 55-74 who are smokers or who have quit smoking within the last 15 years.

\* By appointment only.  
Call 225-345-5454 to schedule your appointment today.

You need compassion you deserve.

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**IF YOU ARE 50 YEARS OF AGE OR OLDER, YOU MAY BE AT RISK FOR COLORECTAL CANCER.**

**GET SCREENED. FREE.**

**Colorectal Cancer Screening**  
March 21, 2014 • 3-5pm  
Hall Singletary Oncology Center  
Broad Street, Thomasville, GA 31792

**Free Available:**  
• Free Home Colorectal Cancer Screening Kit\*\*  
• Blood and Glucose screenings (Blood sample)\*\*  
• Blood pressure/Height/Weight/BMI

\*\* For individuals that have a personal history of polyps, history of colorectal cancer or are 50 years of age and older. Results do not drink sweetened liquids or eat for at least 8 hours prior to screening.

No appointment necessary.  
The care you need.  
The compassion you deserve.

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# Cancer Registry Department



**Vicki Bennett, CTR**  
*Oncology Data Supervisor*



**Cherie Avery**  
*Cancer Conference Coordinator*



**Victoria Patrick**  
*Tumor Registrar*

The Cancer Registry Department at the Singletary Oncology Center collects information on cancer diagnoses for internal use, and handles public reporting to state and federal agencies. The information collected is used to develop strategies and policies for prevention, control, and treatment of different cancers, and also helps in determining where early detection, educational, or other programs should be directed. In addition, the collection of cancer diagnoses and practice information allows us to compare our cancer center with many across the state and country for patterns of care, compliance with national published standards and outcomes.

The Cancer Registry provides data management services to meet mandatory state reporting regulations and data needs of clinicians, administrators and other users.

Statistics can be retrieved from the Cancer Registry upon request to be used to study treatment outcomes, evaluate patient care and assist in administrative planning and cancer research. Data is reported annually to, and used for comparison with, the Georgia Comprehensive Cancer Registry (GCCR) and the National Cancer Database (NCDB) for cancer case incidence and cancer.

# 2014 Breakdown of New Cases

In 2014, there were 752 new cancer cases entered into the cancer registry—681 of which were newly diagnosed and/or treated at The Lewis Hall Singletary Oncology Center (analytical cases). The other cases (non-analytic cases) were new to LHSOC and the patients were treated for a recurrence or progression of their disease.

The Lewis Hall Singletary Oncology Center saw **752** new cases.

**681**

Analytical cases

**71**

Non-Analytical cases

Of the analytical cases, the following were the top sites seen in 2014:

**BREAST**

130 CASES

**LUNG**

110 CASES

**PROSTATE**

74 CASES

**COLON**

43 CASES

**BLADDER**

34 CASES



## Clinical Trials

Clinical trials are highly structured studies that let patients try new medications under the close care of a physician. The Singletary Oncology Center conducts these studies under strict guidance and rules, with oversight from a sponsor and the Federal Drug Administration.

The clinical trials program began at the Singletary Oncology Center in 1990, and was designed to provide patients access to cutting-edge treatment opportunities locally, and eliminating the need to travel to a larger city to receive the best level of cancer care.

Under the leadership of medical oncologist Teresa Coleman, MD, the Singletary Oncology Center's clinical trials program has grown

tremendously in the past three years. One of the team's most exciting accomplishments was the involvement in the study of a drug called Nivolumab, a human IgG4 anti-PD-1 monoclonal antibody that was developed by Ono Pharmaceutical and Medarex for the treatment of cancer. The drug, which was largely tested by patients in Thomasville, ultimately received FDA approval for treatment of patients with unresectable or metastatic melanoma who no longer respond to other drugs. In addition, the drug was approved for the treatment of squamous non-small cell lung cancer.

Another example of how trials have proven to benefit patients at the Singletary Oncology Center is the success the Center has seen in

prolonged survival rates for patients with metastatic lung cancer, a diagnosis that is typically accompanied by a life expectancy of six months. In comparison, metastatic lung cancer patients that enrolled in clinical trials at the Singletary Oncology Center have seen prolonged survival of up to 23-months after the metastatic diagnosis.

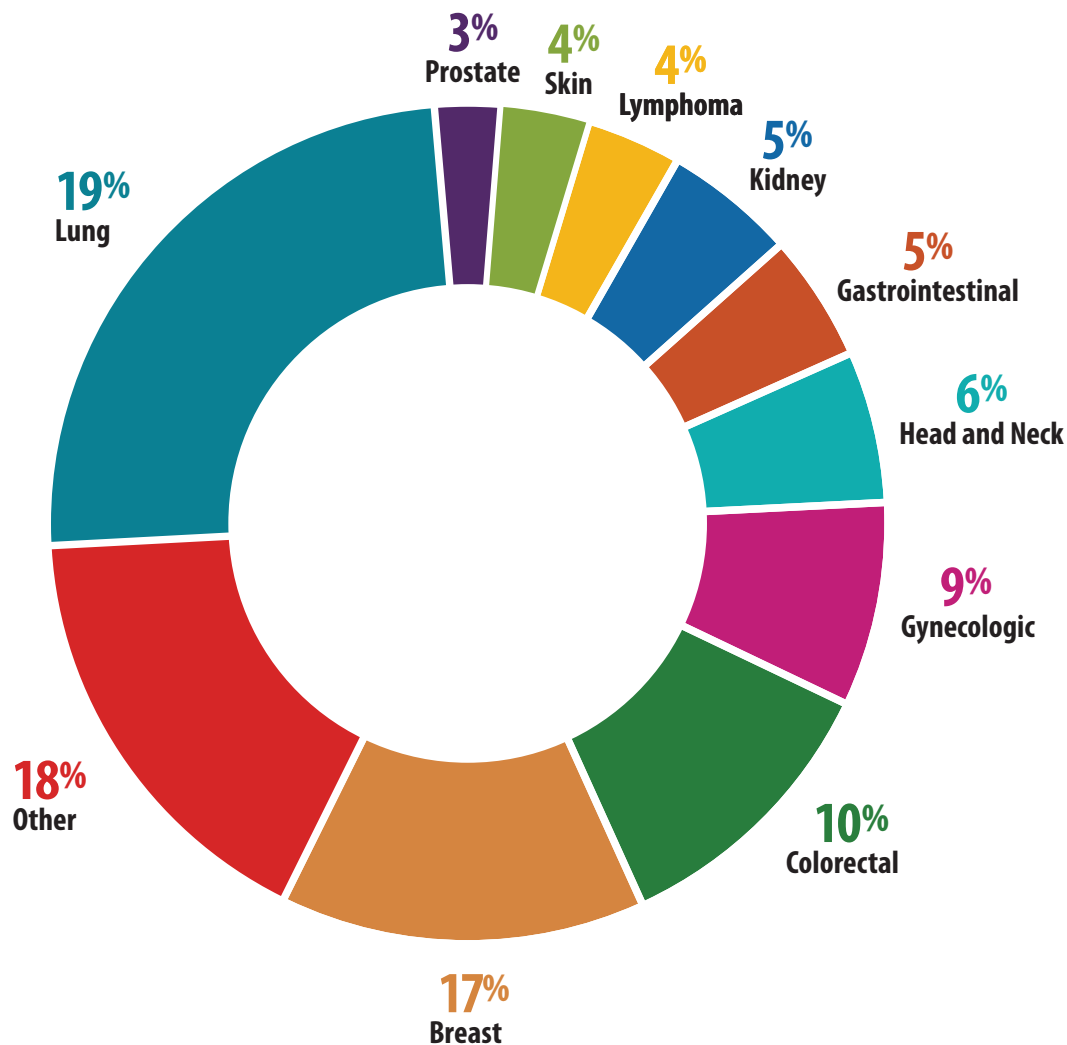
Patients that participate in a clinical trial get more than just cutting-edge medicine. They also receive a remarkable level of highly personalized care and play an important part in discovering treatment options that benefit patients world-wide.



# 2014 Cancer Conferences

Weekly tumor board conferences allow patients to have the expertise of a multidisciplinary team of physicians without having to schedule individual appointments. Surgeons, medical oncologists, radiation oncologists, pathologists, radiologists, and many other providers and practitioners participate. Cases are discussed in great detail and the opinions of multiple professionals are gathered to provide the best possible clinical pathway of care for each patient presented.

The following chart illustrates, by anatomical site, the cases that were presented at cancer conferences throughout the 2014 year.



# Adherence to NCCN Staging Guidelines in Early Stage Breast Cancer

## A Study at the Singletary Oncology Center

Per the National Comprehensive Cancer Network (NCCN) Staging Guidelines, the recommended work up for early stage breast cancer includes a history and physical, a CBC, liver function tests, bilateral mammography, breast ultrasonography if necessary, and pathologic determination of ER/PR status and Her 2 Neu status. The use of MRI in women considering breast conservation therapy is optional.

A study was conducted at the Lewis Hall Singletary Oncology Center to determine local rates of adherence to the NCCN practice guidelines, and the incidence of under- and over-staging early stage breast cancer.

Results from the study concluded that 88 patients were diagnosed with early stage breast cancer

at LHSOC between 2012 and 2014 as identified through use of the tumor registry. Radiographic staging studies were evaluated for each patient diagnosed by ordering physician and indication for order. Patients were excluded from the study if their stage was higher than Stage IIB, their chart had missing or incomplete data, or if their work up was done at an outside hospital and did not allow for source verification of data.

Of the initial 88 patients identified, 50 cases with complete data for analysis were selected from the tumor registry based on alphabetical order. All patients had mammography and breast ultrasound. Three patients (6%) had breast MRI, 19 patients underwent CT scans of the chest

abdomen and pelvis (38%), 12 patients underwent a PET CT (24%), nine patients (18%) underwent brain imaging, and 11 (22%) patients had bone scanning.

Based upon this study of early stage breast cancer treated between 2012 and 2014, we can conclude that all patients received appropriate work up in adherence with standards of the NCCN. The favorable results demonstrated by this study demonstrate our physician's commitment to quality patient care as evidenced by strict adherence to national published standards of care.

### 50 CASES

ALL PATIENTS HAD MAMMOGRAPHY AND BREAST ULTRASOUND

**6%**

3 PATIENTS  
BREAST MRI

**18%**

9 PATIENTS  
BRAIN IMAGING

**22%**

11 PATIENTS  
BONE SCAN

**24%**

12 PATIENTS  
PET CT SCAN

**24%**

19 PATIENTS  
CHEST AND PELVIS CT SCAN

**ALL PATIENTS RECEIVED APPROPRIATE WORK UP IN ADHERENCE WITH STANDARDS OF THE NCCN**

# Lung Cancer Screenings

## A Study at the Singletary Oncology Center

Lung cancer is the leading cause of cancer deaths in both males and females in the United States. In the state of Georgia, the lung cancer incident rate is 71.6 per 100,000, a rate higher than the national average of 67.2 per 100,000. In addition, the lung cancer mortality rate in Georgia is 53.9 per 100,000 cases which is also higher than the national average of 50.6 per 100,000. In southwest Georgia, the incidence and mortality is even higher, with an incidence of 74-94.8 per 100,000, and with a mortality rate of 61.3- 75 per 100,000, depending upon the county (SEER 2005-2009).

The goal of our lung cancer screening program at the Singletary Oncology Center is to increase the five year survival rate and decrease the stage at diagnosis through early detection by screening and education.

As part of The American Cancer Society's Lung Cancer Screening guidelines, it is recommended that all people who smoke, or have smoked, between the ages of 55 and 74 years old,

and who show no signs or symptoms of lung cancer should be screened. Therefore, as part of annual health screenings, those at risk should be screened for lung cancer, which can reduce overall mortality by 20%.

Referrals to our lung cancer screening program come from primary care physicians. Screenings are conducted at the Singletary Oncology Center every Wednesday and are read by Archbold radiologists. Patients are notified of their results by their primary care physician. In conjunction with the lung screening program, patients are also offered smoking cessation classes.

In a study review of the LHSOC lung cancer screening program, as of July 30, 2014, there were 210 people screened. The screening participants were from the following Georgia counties: Brooks, Clay, Colquitt, Cook, Decatur, Dougherty, Grady, Lowndes, Miller, Mitchell, and Thomas.

Of the nine screenings that were reported as

Category IVs, two of the participants were found to have squamous cell carcinoma of the lung. A third participant was found to have renal cell carcinoma with metastases to the lungs. Three of the participants are currently in treatment or receiving routine follow-up care and three other participants were lost in follow-up: one moved out of state and the other two cannot be located.

As the lung screening program continues in its second year, the focus will be on sustainability. As the program matures, there will be an exponential number of patients who are returning for their follow-up LDCT at the six month and annual mark, and there will be new participants that join, as well. The amount of data collected will also increase. These will be ongoing challenges, and with continued support from administration, physicians, staff and the community, these challenges will be met.

These lung cancer screening activities are all free to the community.

— **210 PEOPLE SCREENED** —  
ALL PATIENTS WERE 55-75 YEARS OLD; 95 MALE/115 FEMALE

**63**

CATEGORY I PATIENTS

**46**

CATEGORY II PATIENTS

**93**

CATEGORY III PATIENTS

**9**

CATEGORY IV PATIENTS

**OF THE NINE SCREENINGS THAT WERE REPORTED AS CATEGORY IVs, TWO OF THE PARTICIPANTS WERE FOUND TO HAVE SQUAMOUS CELL CARCINOMA OF THE LUNG**