

Annual Report 2015

Lewis Hall Singletary Oncology Center



ARCHBOLD



Archbold Memorial Hospital is committed to providing world-class cancer care and treatment options to patients, regardless of their location in Southwest Georgia. All too often, patients in rural communities are faced with many challenges when seeking healthcare they need. Elderly patients or patients with conditions that limit their mobility may have difficulty arranging transportation. And many aren't able to travel with the frequency required for daily cancer treatments and multiple physician office visits that are essential for an oncology patients' successful treatment plan.

Outreach Clinics

Improving Access to Oncology Services

That's why we're committed to extending the reach of our services to rural communities and bringing our skilled team of oncologists and highly trained staff to meet patients conveniently in their hometowns.

Archbold's Singletary Oncology Center offers patients in rural South Georgia local access to the expertise of Archbold specialty care at the hospital's specialty clinics throughout the region. Our medical oncologists travel regularly to Decatur and Mitchell counties where they treat patients in their hometowns. Chemotherapy treatment and diagnostic testing is also available on a regular basis in these rural areas.

Our outreach clinics are committed to providing reliable health information and education to the communities we serve, through patient, caregiver, and physician interactions, about cancer prevention, screening, and

early diagnosis of disease. The close physician collaboration between our oncologists and the providers in the rural areas enhances the knowledge and skills of these medical communities as a whole, and provides patients with the framework for a successful treatment plan that extends well into their survivorship years.

The Archbold health system as a whole is working to improve the overall health of the communities we serve. One of the ways we'll continue to strive to improve the health and well-being of people in our neighboring communities is through our commitment to eliminate barriers that prevent patients from having the access to healthcare they need and deserve.

Dr. Becky Troyer, DHA
Lewis Hall Singletary Oncology
Administrator

2015 **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 2015 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.

Sara Andrews Social Work	Barbra Crumpacker Dietary Services	Dr. Amanda May Chairman	Frances Turner Medical Records
Cherie Avery Tumor Registry	Dr. Mel Hartsfield Chief Medical Officer	Jane Murray Palliative Care	Sheri Walters Hospice
Lenore Beckett Clinical Research Coordinator	Dr. Penny Heinrich Medical Oncologist	Pam Myers Quality Improvement Manager	Janet Washington Tumor Registry Clerk
Debbie Beeson Patient Navigator	Dr. Kelly Helquist Radiologist	Victoria Patrick Tumor Registrar	Mary Weber Patient Advocacy
Todd Bennett Clinical Outreach Manager	Dr. Steven Johnson Radiation Oncologist	Dr. John Pham Pathologist	Jessica White Performance Improvement
Vicki Bennett Oncology Data Supervisor	Tonya Kinsinger Survivorship	Dr. David Saunders Radiation Oncologist	Paula White Oncology Nursing Supervisor
Dawn Bishop Director of Oncology Nursing	Mark Lowe Assistant VP of Marketing	Dr. Jacqueline Smith Radiologist	Dr. Lorraine Williams Otolaryngologist
Ken Brooker VP of Clinical Services	Kathy MacQuirter Director of Quality Improvement	Yvette Thomas Nurse Navigator	Tiffany Woolum Clinical Research Nurse
Dr. Teresa Coleman Medical Oncologist	Dr. John Mansberger Surgeon	Becky Troyer Administrator	Dr. Edward Wright Pathology



Cancer Program Overview

The Lewis Hall Singletary Oncology Center is committed to providing high-quality, state-of-the-art cancer care, close to home. In 2015, the cancer program had over 32,700 patient visits, including approximately 3,200 at our outreach facilities in Camilla and Bainbridge alone.

Over 125 patients arrived at our oncology facilities each day for physician visits, laboratory work, and chemotherapy and/or radiation therapy. Patients also benefit tremendously from our comprehensive cancer support services—nurse navigation, clinical research and access to cancer registry, nutritional counseling through a registered dietitian, social services and on-site healthcare financial assistance and planning.

The Cancer Program is accredited by the American College of Surgeons Commission on Cancer (CoC). Per the CoC Program Standards 2012: Ensuring Patient-Centered Care v1.2:

The Accreditation Program encourages hospitals, treatment centers, and other facilities to improve their quality of patient care through various cancer-related programs. These programs focus on the full continuum of cancer from prevention efforts to hospice and end-of-life care, as well as survivorship and enhancing quality of life in patients.

Patients with cancer who obtain care at a CoC-accredited cancer program receive the following benefits:

- Quality care close to home
- Comprehensive care offering a range of state-of-the-art services and equipment
- A multidisciplinary, team approach to coordinate the best cancer treatment options available
- Access to cancer-related information and education
- Access to patient-centered services such as psychosocial distress screening and navigation
- Options for genetic assessment and counseling, and palliative care services
- Ongoing monitoring and improvement of care
- Assessment of treatment planning based on evidence-based national treatment guidelines
- Information about clinical trials and new treatment options
- Follow-up care at the completion of treatment, including a survivorship care plan

- A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up.

CoC Accreditation is granted only to the facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and are able to comply with established CoC standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with the CoC standards. To maintain accreditation, facilities with accredited cancer programs must undergo an on-site review every 3 years.

The Cancer Program is governed by the Cancer Committee at Archbold Memorial Hospital, and is committed to providing high quality cancer care and support to patients and their family and friends. We strive to educate the community about cancer prevention and provide various screenings throughout the year. Most importantly, we strive to continually improve patient satisfaction and patient outcomes. We at the Singletary Oncology Center would like to thank the community for its support over the past years and very much appreciate those who have entrusted us with their cancer care.

Bainbridge Specialty Clinic Medical Oncology

Hematology/Oncology Services are provided Monday through Thursday at the Archbold-Bainbridge Specialty Clinic by Archbold medical oncologists Teresa Coleman, MD; Brian Gaupp, MD; Taren Ohman, MD and Josh Simmons, MD.

In 2010, Archbold oncology services were only offered two days per week in Bainbridge. In 2012, services were increased to three days per week and in 2013 oncology services began to be offered four days.

Growth in the last 5 years has been dramatic, with a 208% increase in new oncology patients seen at the Archbold-Bainbridge Specialty Clinic.

**New
Patients**



**Total
Patients**



**Chemotherapy
Administrations**



Percentage increase since 2011 at Archbold-Bainbridge Specialty Clinic.



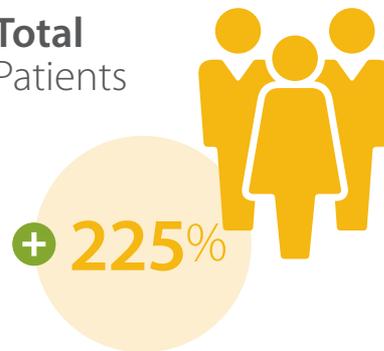




Mitchell Specialty Clinic Medical Oncology

The Archbold-Mitchell County Specialty Clinic began offering medical oncology services in 2011. Every Friday, the clinic offers oncology and hematology services by medical oncologist Amanda May, MD. Archbold oncology service offerings have experienced significant growth in Mitchell County over the last five years, with an increase of 225% in the number of patients seen.

**Total
Patients**



*Percentage increase since 2011 at
Archbold-Mitchell Specialty Clinic.*

**Chemotherapy
Administrations**



*Percentage increase since 2013 at
Archbold-Mitchell Specialty Clinic.*



PERFEXION



ELEKTA

Dr. Johnson, M.D.

Gamma Knife

Archbold Treats First Patients with New Perfexion



In the fall of 2015, Archbold began installation of its new Gamma Knife Perfexion, technology that has been referred to as the “gold standard” treatment for non-invasive radiosurgery of the brain. That October, physicians treated the first patients using the brand new technology—the latest and most precise radiosurgery technology to hit the market, and the only one of its kind in South Georgia and North Florida’s Big Bend Region.

And Archbold physicians say the advantages of the new equipment were clear when they treated patients the first time with the Perfexion technology.

Imogene McCue was one of the first patients treated with the Perfexion.

“I was having problems seeing when I went for the vision test to have my driver’s license renewed,” said McCue. “I followed up with my ophthalmologist who referred me for an MRI. That’s when I was referred to neurosurgeon Dr. Craig Fredericks who recommended the Gamma Knife.”

“We determined Ms. McCue had a suprasellar cistern meningioma, a benign tumor that was inoperable due to both location and patient age,” said Dr. Fredericks.

External radiation was really her only option. And considering where her tumor was, Perfexion was the best option.

Gamma Knife Perfexion is used to treat disorders of the brain including functional disorders, malignant and benign brain tumors and vascular disorders. The system precisely targets even the smallest tumors, in the hardest to reach places, with sub-millimeter precision. Each beam has a relatively low energy, so the radiation has virtually no effect on the healthy brain tissue it passes through. At the focal point, however, all the beams converge to deliver a high dose of radiation that kills the cancer cells, even in deep-seated tumors with irregular shapes.

“In Ms. McCue’s case, the machine’s sub-millimeter precision was the best option because it could protect critical visual structures for the patient,” said Dr. Johnson. “It was the best treatment for Ms. McCue because of its precision and very low integral dose, which was very important, considering where her tumor was and that it was so close to the optic nerve.”

Ms. McCue’s treatment lasted only about 30 minutes, compared to the same treatment with

the former machine which would have lasted an hour and a half.

“Once the treatment started, we monitored the patient on a screen from the room next door, similar to what we would have done with the previous model,” said Dr. Johnson. “The main difference with the Perfexion is we never had to enter the room again until the treatment was complete. With the former technology, we would have stopped treatment to reposition the patient several times. But with Perfexion, all adjustments are made inside the machine, which streamlined the treatment time tremendously. The patient simply sat on the treatment couch and rotated into position with one easy move. The flexibility and breadth of options for altering the treatment beams are incredible and proved to be very fast compared to our former Gamma Knife machine. The Perfexion does it better and faster.”

As for the patient, Perfexion was very comfortable for her and she is already enjoying the results.

“At my age, I probably wouldn’t have considered invasive surgery to help with my vision because of the risks and long recovery that would have been involved,” said McCue. “But the Gamma Knife procedure was very quick and involved very little pain. I came home after surgery and celebrated with a steak dinner. I felt great the next day. I understand that it takes some time, but it’s only been a few days, and I can tell my vision continues to improve every day.”

Ms. McCue continued, “The staff and physicians at the Oncology center were wonderful. They went out of their way to make sure I was comfortable and well informed. We’re really so fortunate to have the wonderful doctors and this amazing technology right here in Thomasville.”



Amanda D. May
Endontology / Oral

Monitoring Compliance with Evidence Based Guidelines

A study to review adherence to National Comprehensive Cancer Network guidelines for treatment of Her2Neu positive breast cancer with use of Herceptin

Dr. Amanda May, Cancer Committee Chair

Breast cancer remains a leading cancer diagnosis and cause of mortality among women. New studies and treatments are approved regularly. One such is the development of Trastuzumab for use in Her2Neu positive breast cancers. Invasive breast cancers are tested for Her2Neu by immunohistochemistry and if equivocal are sent for Fluorescence in situ hybridization testing to determine if the tumor is positive for the disease per CAP guidelines. Per NCCN guidelines treatment with Trastuzumab is offered to patient with stage 1 and above disease. There remains little data for patients over the age of 70 for treatment with chemotherapeutic agents in the setting of node positive disease as well as tumors <0.5cm are less likely to benefit from treatment with chemotherapy per those guidelines.

Purpose of this study

To review the percentage of Her2Neu positive cases locally as it compares with regional and national numbers. Of those cases found here at our center to review the use of Trastuzumab from 2010-2014.

Methods: From 2010 to 2014 there were 403 evaluable cases of invasive breast cancer at our center. Of those a total of 49 were found to be Her2Neu positive. SEER data was obtained from 2010-2012 and reviewed for national, state and regional percentages of Her2Neu positive cases of breast cancer. Then the 49 cases were reviewed for use of Trastuzumab per NCCN guidelines. Of the cases where Trastuzumab was not given the charts were reviewed for documentation as to the cause and those results were tabulated as both percentages of the total and by reason.

Results

With 403 evaluable cases of invasive breast cancer and 49 found to be Her2Neu positive at our center from 2010 – 2104 our average was 12% per year. Yearly percentages have varied some from 7% to as high as 21 %. SEER data obtained for the years 2010-2012 revealed a national average of 13.3%, Georgia average of 14.4% and a local 21-county area (regional) average of 14.3% per year. For out center from 2010 to 2012 the average was 11.6%. Of the 49 cases found over that 5 year period 78% were treated with Trastuzumab per NCCN

guidelines. 22% did not receive treatment with Trastuzumab. Of those cases reviewed the most common cause was patient refusal which accounted for over half (55%) of the 22% of untreated patients. The remaining cases of which there were 5 (45%) of the 22% untreated documentation was noted in the charts to confirm that treatment was not given either due to side effects (20% of the 22%), physician and patient determination not to treat based on advanced age and small tumor size (20% of the 22%) and once case of progressive disease requiring alternate therapy.

Summary

Our center has a slightly lower percentage of Her2Neu disease as compared to both local and national averages. No clear indication for this disparity was noted in the study. Adherence to the NCCN guidelines is acceptable and deviations from those guidelines have been clearly documented in the individual patient records. The largest percentage of non-use was related to patient refusal of treatment. This may be an area to target for better education or to determine if there are other barriers to treatment.

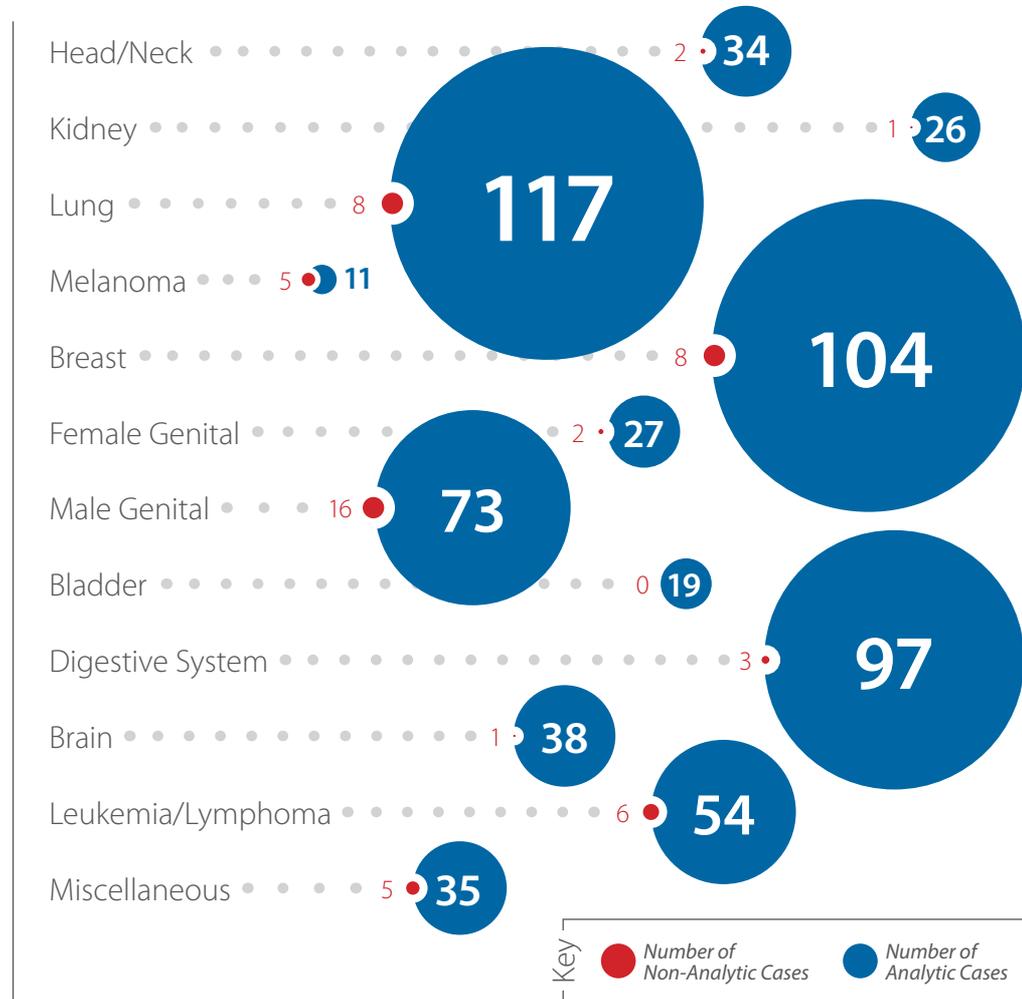
Analytic and Non-Analytic Cases

In 2010, the Commission on Cancer revised the Class of Case categories, to provide substantive guidance for cancer registrars to more easily classify some cases. Class of Case information enables program and hospital administrators to answer such questions as how many (and what percentage of a year's cancer case volume) were:

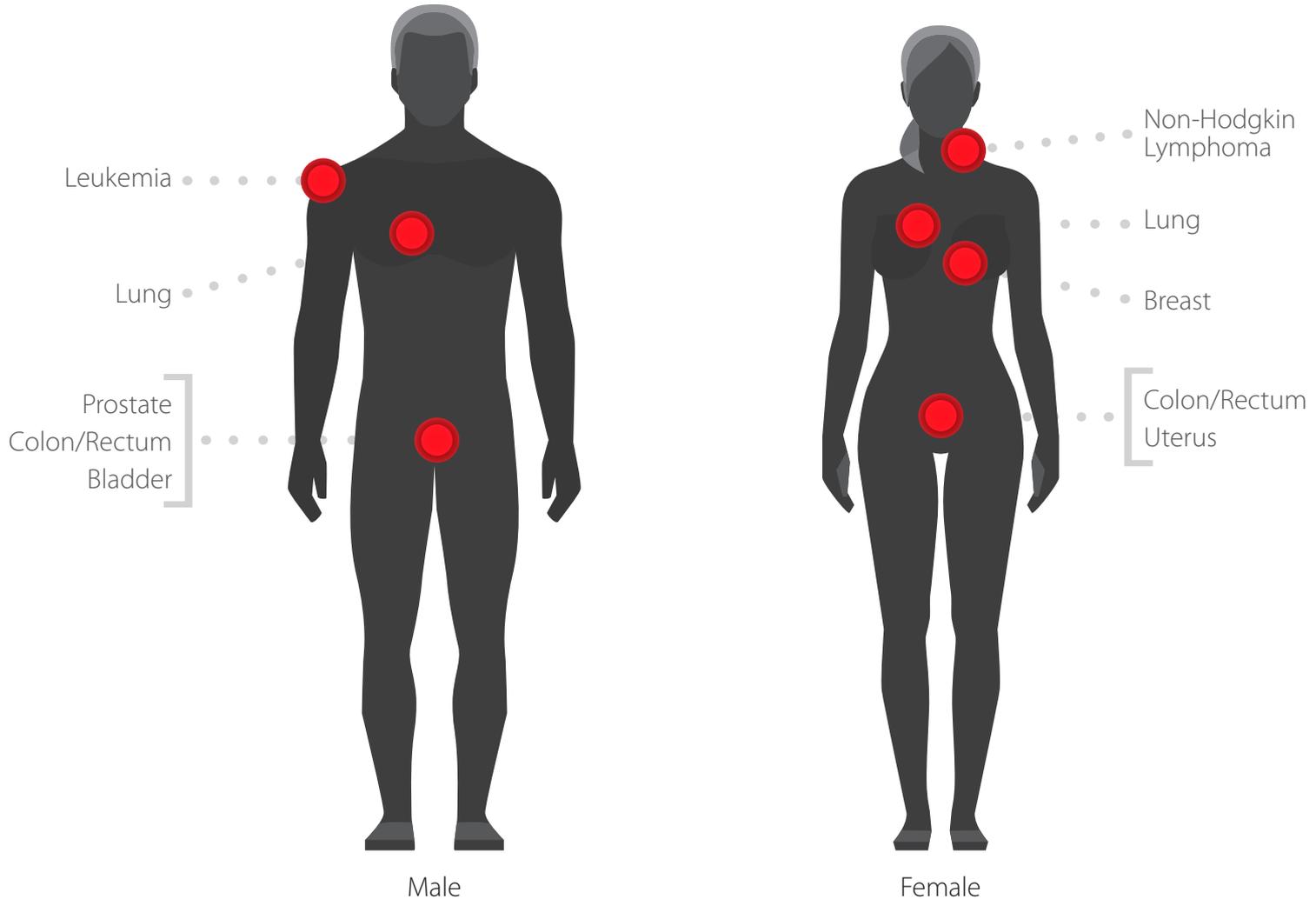
- Cases diagnosed within the institution, but moved elsewhere for treatment (by either patient preference or physician referral)
- Cases diagnosed within the institution and all or most of the first course of cancer treatment delivered by the institution's affiliated physicians
- Cases which were diagnosed and treated initially at another cancer program.

Analytic cases are defined as patients diagnosed but not treated at our facility, patients diagnosed and treated at our facility or those patients who were diagnosed elsewhere but received all or part of their initial treatment at our facility.

Non-analytic cases include patients who initially were diagnosed and treated elsewhere but who received subsequent treatment at our facility.



The Five **Most Common** Cancer Sites



Tumor Conference **Cases**

Tumor conferences are held weekly and are open to all physicians and medical personnel, as well as students. The conferences afford the opportunity to provide education to staff and discuss and review of various cancer cases being treated.

The goal of these conferences is to continuously improve our patient care through the dissemination of research findings and ongoing education. Each case presentation includes an outline of the medical history, physical findings, clinical course, radiology and pathology pictures. Information is discussed to bring forward the best plan of treatment for the patient's disease.

2015 Cancer Conference

Total prospective cases presented: 113

Breast 24	Prostate3	Brain2	Gallbladder1
Head and Neck 18	Pancreas.....3	Unknown.....2	Anal1
Lung 17	Stomach.....3	Pelvic.....1	Thyroid.....1
Rectum.....9	Melanoma3	Ovary.....1	Bladder.....1
Colon.....7	Liver.....2	Uterus1	
Lymphoma5	Esophagus.....2	Kidney.....1	