



**ARCHBOLD**

Lewis Hall Singletary Oncology Center

# Annual Report 2016



# In Review

## 2016

This year was an exciting year for oncology.

In January, Archbold Memorial Hospital's Singletary Oncology Center and Winship Cancer Institute of Emory University announced a partnership to enhance clinical trials options for the patients we serve. Archbold was the first hospital to join this group of community hospitals, known as the Winship Cancer Network. This partnership enhanced an already robust community cancer research program, to enable the oncology center access to over 250 clinical trial options.

The oncology center replaced the previous electronic medical record with Aria, an electronic information system designed specifically for oncology, in early February. This EMR combines the expertise of multiple practitioners within the Archbold Medical System into one comprehensive record to manage a patient's entire journey, from initial diagnosis through survivorship follow-up.

Archbold brought 3D mammography to Thomasville in July. This highly sophisticated diagnostic tool strengthens the comprehensive oncology program by providing earlier detection and more accurate information about tumor size, thus supporting optimal treatment options and, more importantly, better outcomes for patients.

In October, we once again hosted the Annual Pink Affair, a fashion show for cancer survivors. Funds raised helped support expansion of our breast cancer navigation program, a program to help guide patients through their disease trajectory, offering emotional support and assistance with various programs and resources.

Finally, the oncology center successfully obtained re-accreditation from the American College of Surgeons Commission on Cancer (CoC) in 2016. Maintaining this accreditation is important as it represents a commitment to patient care quality and the availability of comprehensive diagnostic, treatment, and supportive care modalities. This reassures the patients in our community that they



have the full spectrum of cancer care available and that this care meets or exceeds national benchmarks and standards.

We would like to send a note of appreciation to our community that supports Archbold Memorial Hospital and the Lewis Hall Singletary Oncology Center, as well as a thank you to the patients who allow us the privilege of providing them with the very best in oncology care.

Dr. Becky Troyer, DHA  
Lewis Hall Singletary Oncology Administrator

# 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 2016 the cancer program had over 37,500 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 2016 Ensuring Patient-Centered Care: 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.



# 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.







## 3D Mammography Comes to Thomasville

This summer, as a result of a successful community fundraising effort, patients at the Archbold Women's Center gained access to new medical technology that they would have previously had to travel more than 50 miles to take advantage of.

3D mammography™—the most advanced technology available for breast cancer detection—made its debut in Thomasville in July. And it's already helping physicians detect breast cancer in the very earliest stages of the disease.

Breast cancer, the second most common cancer diagnosed nationally in women after skin cancer, is also one of the most common cancers treated at Archbold's Singletary Oncology Center every year.

And with statistics showing that one in eight women are diagnosed with breast cancer in their lifetime, it's safe to say that most everyone has been affected in some way by the disease—whether through personal experience, or that of a family member or friend.

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*Pictured from left to right: Carey C. Newman, MD, Archbold radiologist; Jacqueline Smith, MD, Archbold radiologist; John B. Carico, MD, Archbold radiologist; Vann Middleton, Archbold Foundation president; Teresa Johnson, R.T. (R)(M)(ARRT), Archbold Womens Center; Linda Boland, R.T. (R)(M)(ARRT), Archbold Women's Center; Mark Layne, Director of Radiology at Archbold; Michele Norton, R.T. (R)(M)(ARRT), supervisor of the Archbold Women's Center; Kim Joiner, R.T. (R)(M)(ARRT), Archbold Women's Center; Vonda Williamson, R.T. (R)(M)(ARRT), Archbold Women's Center and Mary Ann Bullard Grayson, MD, Archbold radiologist.*

*"3D Mammography Comes to Thomasville" continued from previous page*

Breast cancer survivor Debbie Beeson, who also serves as the Breast Cancer Navigator at Archbold's Singletary Oncology Center, is thrilled that patients now have access to the state-of-the-art diagnostic tool that wasn't available when she was diagnosed with breast cancer in May of 2006.

"The unknown is what created the most fear for me when I learned my diagnosis," said Beeson. "The technology available at the time made determining the size of the tumor difficult. 3D mammography would have probably given doctors a more accurate picture of what was going on from the beginning, which would have given me and my family peace of mind as we were discussing treatment options."

Archbold physicians say the 3D mammography technology is the latest and greatest tool to detect breast cancer.

An x-ray-like machine takes a series of pictures in seconds that are converted into thinly sliced images of the breast from multiple different angles.

"The technology produces an unprecedented view of the breasts from multiple angles," said Archbold radiologist Mary Ann Bullard Grayson, MD. "It allows us to examine the tissue layer by layer, similar to how you would flip pages in a book, to see what's inside. Fine details are more visible with this technology. Even very small lesions are able to be detected and analyzed, because they are less likely hidden by overlapping tissue."

"3D mammography has already contributed greatly to an increased rate of breast cancer detection at the Archbold Women's Center," said Dr. Grayson. "As a woman, a radiologist, and your neighbor I strongly encourage women to take advantage of this new breast cancer screening technology."

Rhonda Whitfield was one of the first patients to have a 3D mammogram at the Archbold Women's Center.

"For months, I would postpone my screening mammogram, simply because life just gets busy. But I had a few very close friends diagnosed with breast cancer in the last six months, so that motivated me to schedule my routine screening," said Whitfield.

This wasn't Whitfield's first mammogram. But it was her first abnormal mammogram.

"Of course, the worst possible outcomes were running through my head when I was told I needed a biopsy," said Whitfield. "But the swift response by my doctors and the quality of the technology gave me peace of mind knowing whatever I had was caught before it became life threatening."

Fortunately, a biopsy later confirmed Whitfield didn't have breast cancer.

"Seeing how quick and easy the whole process was made me regret waiting so long to get screened," said Whitfield. "I knew I was in the best hands possible at the Archbold Women's Center, which made me more comfortable in a tough situation. I won't postpone a mammogram again, especially now that we have access to 3D mammography. I feel so fortunate that Archbold cares enough about me as a patient to offer me the best technology available."

"Our community really counts on Archbold to stay on the cutting edge with the latest diagnostic tools," said Beeson. "The new technology gives patients an added level of comfort in their journey knowing they have every current tool for diagnosis at their disposal."

Beeson added, "Our community is known for pulling together when there is a definite need—in this case the need was 3D mammography."

"When we began talking about 3D mammography last summer, there was no doubt in anyone's mind that Thomasville needed this technology," said Vann Middleton, president of the Archbold Foundation. "We were able to show the technology would improve our diagnostics and contribute to the survival rate of breast cancer patients—and that was something our community really rallied behind."

The Archbold Auxiliary gave the lead gift of \$100,000 to kick off fundraising efforts. Community members and several families affected by breast cancer also made generous contributions. And proceeds from Archbold's 2015 Pink Affair cancer survivor benefit fashion show helped complete the fundraising initiative.

"With the support of our generous donors, we were able to raise over \$550,000 to help bring 3D mammography to Thomasville," said Middleton. "The hospital matched the community's philanthropic investment to ensure both mammography machines at the Archbold Women's Center were upgraded to 3D technology."

"One of the advantages to living in Thomasville is the access we have to phenomenal healthcare," said Dr. Grayson. "I get to take care of my friends and my neighbors using the best technology, some of which is purchased through generous donations made the Archbold Foundation."

Grayson added, "Thomasville is a wonderful community that has a passion for taking care of each other. The purchase of 3D mammography was a very wise investment for the advancement of healthcare in our region, and we are very grateful for all the generous donations that helped bring this technology to Thomasville."

# 2016 **Cancer Committee** Members

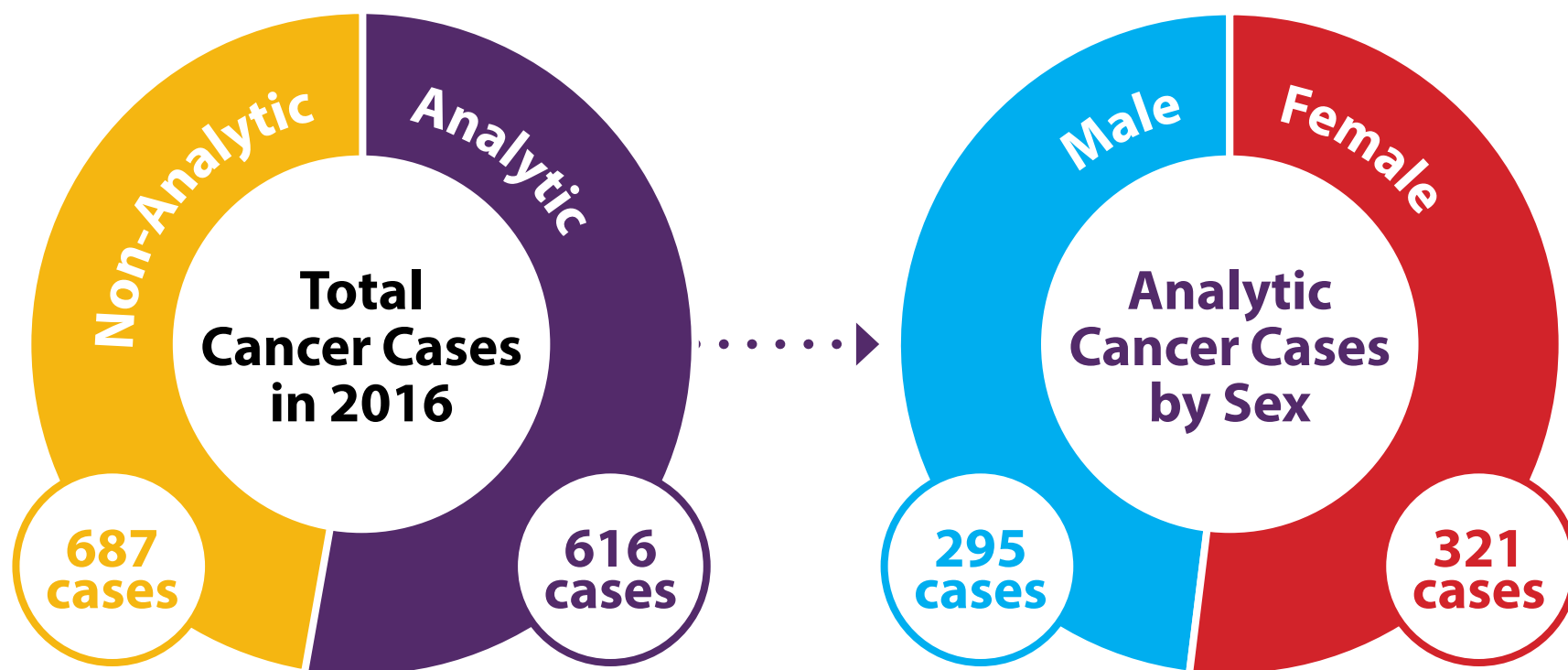
The Cancer Committee provides oversight for the Cancer Program at Archbold Memorial Hospital. Under the direction of the members of the Cancer Committee, multidisciplinary cancer conferences were held weekly. The 2015 meetings were open to Archbold medical staff members for case presentation and review. Ancillary and other professional support staff attended cancer conference meetings for diagnosis and treatment planning discussion.

Dr. Amanda May Chairman/Medical Oncologist	Lisa Speigner Clinical Research alternate	Cherie Avery Tumor Registry
Debbie Beeson Patient Navigator	Dr. John Mansberger Surgeon	Ken Brooker VP of Clinical Services/Palliative Care
Vicki Bennett Oncology Data Supervisor	Todd Bennett Clinical Outreach Manager	Marissa Chase Social Worker
Dr. Teresa Coleman Medical Oncologist	Dr. Lorraine Williams Otolaryngologist/Surgery	Paula White Oncology Head Nurse
Jean Phipps Cancer Program Admin alternate	Mark Lowe Assistant VP of Marketing	Sara Andrews Social Work
Frances Turner Medical Records	Dr. Steven Johnson CLP/Radiation Oncologist	Tonya Kinsinger Survivorship
Dr. Jakki Smith Radiologist	Tiffany Woolum Clinical Research Nurse	Barbra Crumpacker Dietary Services
Amy Griffin CNO/Palliative Care alternate	Dr. David Saunders Radiation Oncologist	Ann Hatcher Assistant Nurse Manager
Dr. John Pham Pathologist	Lynn Kappel Oncology Data Supervisor	Brooke Wright American Cancer Society
Dr. Gregory Roesel Radiology	Yvette Thomas Nurse Navigator	Becky Troyer Administrator
Dr. Edward Wright Pathology	Dr. Mel Hartsfield Chief Medical Officer	Dr. Coy Irvin Chief Medical Officer

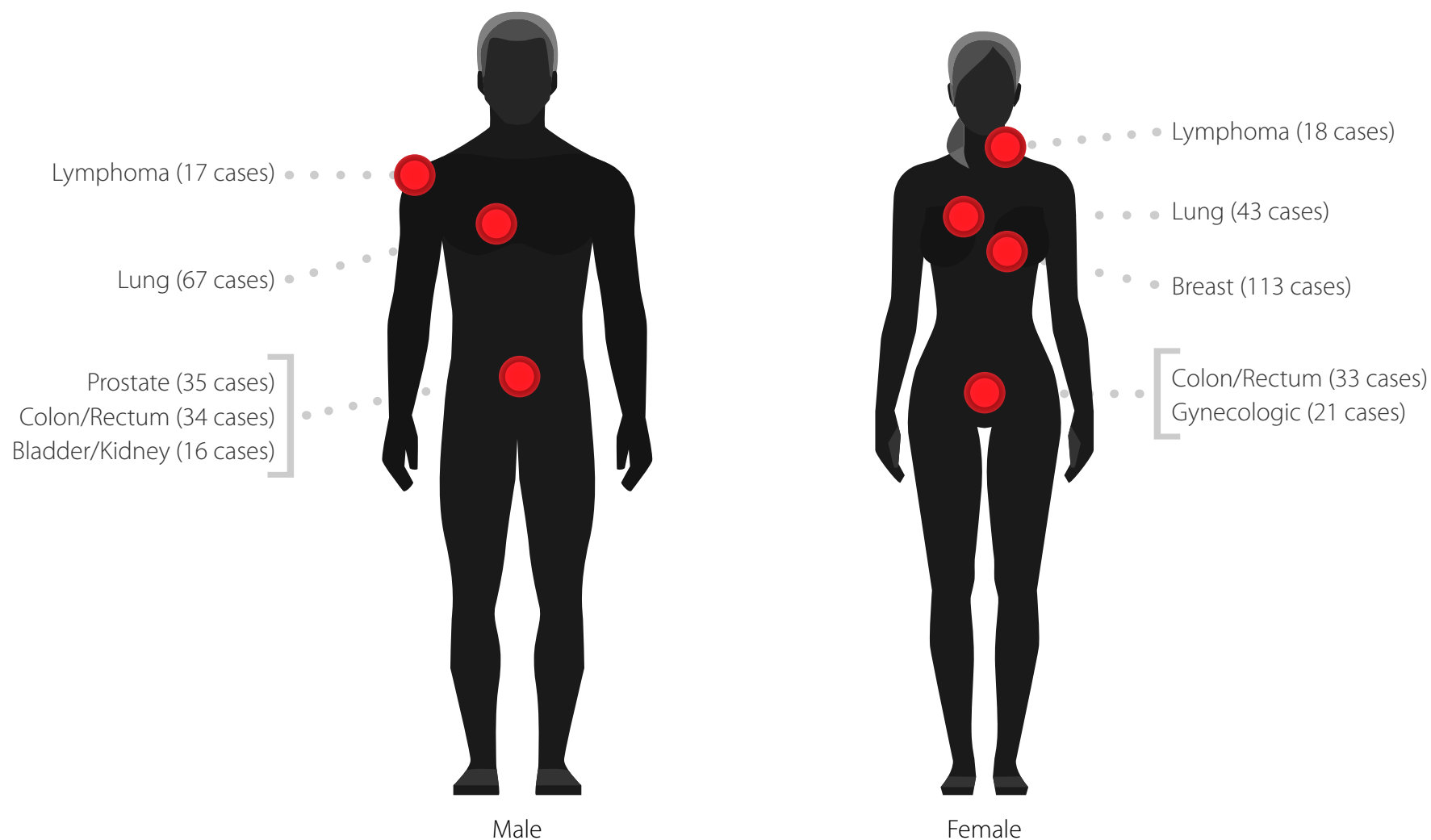


# 2016 Cancer Statistics

Lewis Hall Singletary Oncology Center remained steady in the number of analytical cases for 2016.



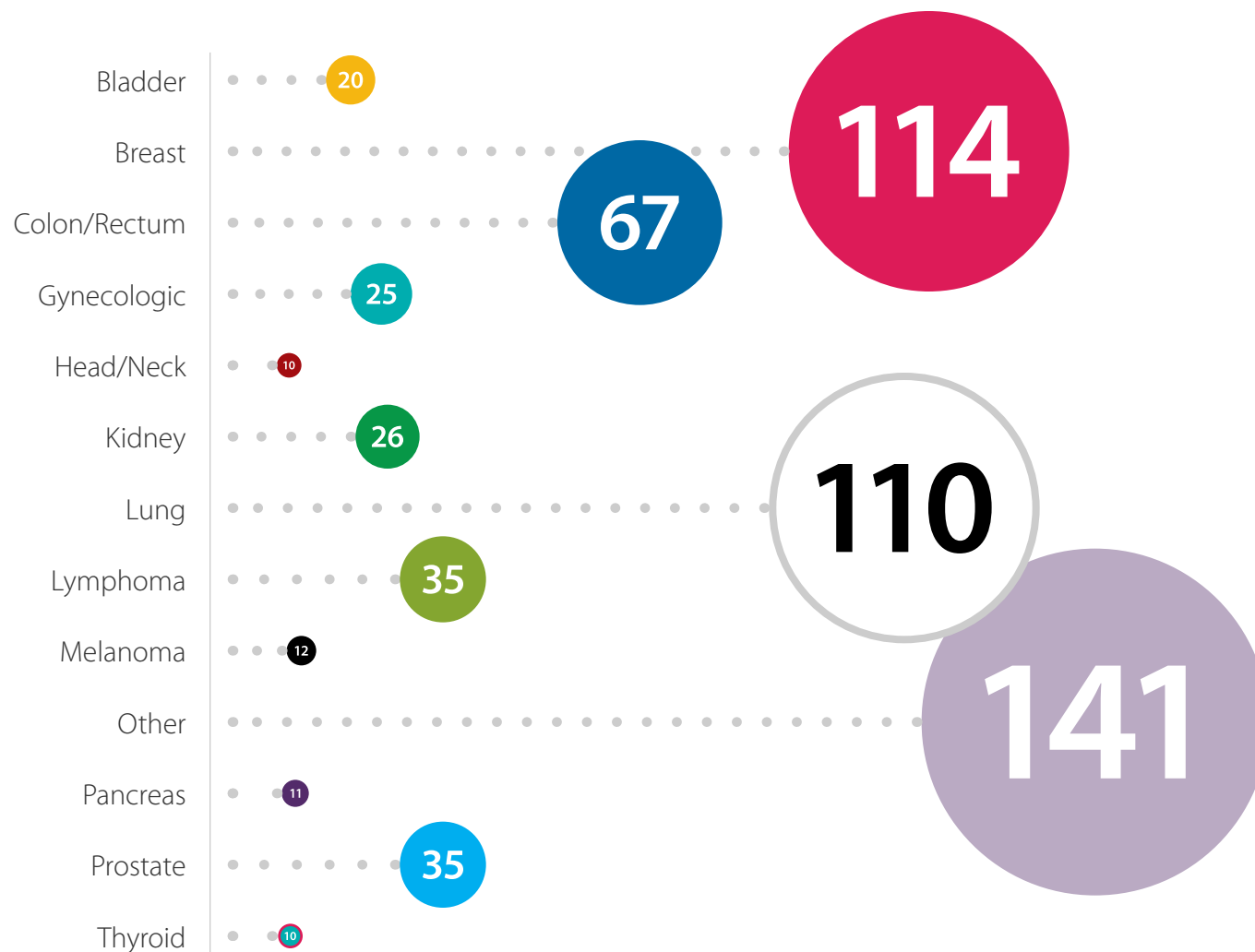
## The Five **Most Common** Cancer Sites in 2016



## All Cancer Sites by Incidence in 2016

Compared to 2015 statistics, breast cancer continued to hold the highest incidence among women referred to the oncology center. Lung cancer surpassed prostate cancer in 2016 as the highest incidence of cancer among men referred to the oncology center.

*In the graph to the right, the number in each circle represents the number of analytic cancer cases per site.*





## Standard 4.7 **Studies of Quality** 2016

*A retrospective review of real-time decision support enhancements available with oncology-specific electronic medical records software.  
A simultaneous review of improvements to process protocols designed for quality and safety built into the software.*

*Lisa Speigner, RN*

### **Study Topic:**

Real Time Decision Support; Gaps in Healthcare Technology and potential risk for delays in appointments, treatments and tests.

### **Potential Problem:**

1. Real time decision support is a necessary component within an electronic medical record system when administering chemotherapy.
2. Potential risks include:
  - Lost original chemotherapy orders.
  - Multiple copies of chemo orders being followed.
  - Medication errors.
  - Delays in appointments, treatments and tests.
3. Targeted reviews are required of the following components:
  - Safety protocols.
  - Drug toxicities and cumulative dose history.
  - Integration of lab values with treatment orders.

**Change in practice:** Implementation of Aria Electronic Medical Record with real time decision support.

### **Methodology:**

Focus Group and Review of Oncology Medication Safety Incident Reports.

### **Discussion:**

Electronic medical records are now the standard for managing patient information. Errors in prescribing chemotherapy remain a significant problem that leads to safety concerns and financial burdens despite decades of implementation of rigorous safety standards. Transcription, communication and dosing errors are the most common type of errors encountered in chemotherapy worldwide (Elsaid, Monckebery, et al. 2013). The development of an electronic chemotherapy real time decision support system and computerized chemotherapy regimens may improve overall patient safety.

### **Change in Practice:**

With the implementation of Aria, real time decision support and the development of disease-specific clinical protocols were created to facilitate a standard and consistent quality of care.

At any point in the treatment process, clinicians are able to review:

- Diagnosis information
- Cancer Stage
- Review of Systems
- Physical exam
- Performance status
- Chief complaint/history of present illness
- Plan/Impression
- Vital signs
- Lab results
- Toxicities
- Pre-certification
- Chemotherapy orders
- Supporting drug orders
- Dose Recordings
- Cancer response
- Current medications
- Clinical trials information
- Patient allergies/adverse reactions
- Patient notes
- Schedules
- Questionnaires
- Scanned documents
- Charge capture and coding

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**Methodology:**

Medication Safety Incident reports for oncology were examined from September 2015 till September 2016. Nearly all medication safety errors were found to be documentation errors made by both nursing and scheduling staff. No errors were detrimental to patient safety or outcomes.

There was a slight increase in documented potential safety incidents noted after the implementation of the Aria EMR system. Upon further investigation, this increase was attributed to documentation errors due to working in a new system, and no error was noted as having an adverse effect on patient care or outcomes.

**Focus Group:**

The focus group consisted of the Oncology Head Nurse, Senior Clinical Trial Nurse, and the Oral Medication Coordinator, who is also a chemotherapy-certified nurse and the Scheduling Supervisor.

**Summary of Focus Group Review:**

From direct observation of our practice, medical oncologists can take several hours or even a couple of days to review a patient’s entire EMR. Aria has been observed to be an effective tool to efficiently evaluate the patient’s information and aid in making real time clinical decisions. A defined process for building and administering chemotherapy orders has been developed within the Aria system by the staff System Analyst to address the issue surrounding potential chemotherapy hazards. Regimens are built by ONS certified nurses, reviewed by pharmacy, and tested by a Medical Oncologist. Chemotherapy regimens are built within the system with user-defined safety parameters in place that can be updated to reflect evidence based research practices. Safety protocols are in place along with easily tracked toxicities and cumulative chemotherapy dose history. Lab values are integrated within the Aria system that are easy to monitor under the flowsheet. Also listed under the flow sheet are dose recordings, vital signs, toxicities, review of systems, and physical exam information for easy access and viewing of all pertinent data in a quick snapshot.

**Summary of Study Findings:**

After reviewing the information provided by the focus group as well as drilling down into the reported potential medication safety incidents during the entire year reviewed, it was discovered there was a shift in the medication documentation error occurrences from nursing to scheduling staff. A notable decrease in total documentation errors was directly attributable by the focus

group and physicians to the significant improvements in documentation and real-time decision support available in the Aria EMR. Potential medication safety incidents after implementation of Aria were attributed to errors in scheduling processes for 82% of all errors reported. Scheduling errors include missed orders, patients not put on the chemotherapy schedule, or patients who are not rescheduled after missed appointments. All errors were caught and corrected in a timely manner with no adverse outcomes reported.

**Recommendations:**

Several process changes were adopted following this project. Additional scheduling processes were defined and policies to standardize these processes were developed. A PI project was put in place in July 2016 to run a report for Friday –Thursday of the following week to look for any potential patient order omissions by each scheduler. Orders are then acknowledged and followed up on. In addition, this project provided additional support to hire a nurse for chemotherapy scheduling. The hope is that a nurse will better understand the chemotherapy regimens, the subtleties of medication administration, and the implications of missed chemotherapy appointments, leading to a decrease in medication safety incidents. These additional projects are ongoing and being monitored by the Scheduling Supervisor and Oncology Head Nurse.

**References:**

- Aria Oncology Information System*. (n.d.). Retrieved from Varian.com:  
[https://www.varian.com/sites/default/files/resource\\_attachments/ARIAMedOncProductBrief.pdf](https://www.varian.com/sites/default/files/resource_attachments/ARIAMedOncProductBrief.pdf)
- Elsaid, T., Monckenberg, M., McCarthy, H., and Collins, C. (2013). Impact of electronic chemotherapy order forms on prescribing errors at an urban medical center; results from an interrupted time-series analysis. *International Journal for Quality Health Care*. October 16, 2013. Oxford University Press. Volume 25, Issue 6. Pp 656-663.

## Standard 4.6 **Monitoring Compliance** with Evidence-Based Guidelines 2016

*A retrospective study to review rates of triple negative breast cancer at the Lewis Hall Singletary Oncology Center, 2013 through 2015.*

*Dr. Amanda May, Cancer Committee Chair*

### **Reason for study:**

Concern for rising rates of triple negative breast cancer locally. These cancers tend to occur in younger patients, African American patients and Hispanic patients as well as those with BRCA 1 mutations. These tumors are more likely to spread and recur. Peak recurrence is at 3 years. After surgery and radiation the only current available treatment is chemotherapy. In 2007 study with over 50,000 within survival rates at 5 years for all stages were 77% for triple negative breast cancer versus 93% of other types of breast cancer. However, it is noted there is no higher rate of disease after 5 years.

### **Methods:**

Documentation for data of 1st contact, primary site as well as site specific factors were evaluated from 2013 to 2015. Cases were reviewed for stage at presentation. Cases were also reviewed for treatment in keeping with NCCN guidelines. Findings were to be compared to National averages.

### **Findings:**

There were 252 evaluable cases in all. Of those 250 to evaluate will cases there were 45 cases of triple negative breast cancer. Specifically, 2013 71 total cases of invasive breast cancer with 16 triple negative tumors identified. The odds ratio results in 1 and 4.4 with a risk of 22%. In 2014 evaluable cases 108 for total invasive breast cancer with 20 of those cases being triple negative. The odds

ratio results in 1 in 5.4 with risk of 19%. In 2015 total evaluable cases were 73 with 9 of those cases being triple negative. The odds ratio results in 1 in 8.1 with a risk of 12%. The average for the 3 years results in an odds ratio of 1 in 5.6 with risk of 18%. Therefore, that places our average over 3 years' time and 18% risk of triple negative breast cancer in our total cases of invasive breast cancer. National average is 15% with a range of 10–20%. Our rates are in keeping with those of the National averages. There was no marked overall increase in rates of triple negative breast cancer at our center. In fact, the rate had decreased over the 3 years evaluated. In review the case is to determine if treatment was appropriate, only 8 cases is reviewed that did not receive chemotherapy. Of these 8 cases 3 had refused chemotherapy, 3 were not recommended due to tumor size in keeping with guidelines, 2 were noted as chemotherapy contraindicated and only 1 case had no evaluable data. Adherence to guidelines is also consistent with National data.

### **References:**

NCCN Practice Guidelines

NCDB—<https://www.ncbi.nlm.nih.gov>

Chavez KJ, Garimella SV, Lipkowitz S. Triple Negative Breast Cancer Cell Lines: One Tool in the Search for Better Treatment of Triple Negative Breast Cancer. *Breast disease*. 2010;32(1-2):35-48. doi:10.3233/BD-2010-0307.





*The Singletary Oncology Center oncology research team (from left) Tiffany Woolum, RN; Lenore Beckett, RN; Josh Simmons, MD; Teresa Coleman, MD, FACP; and Lisa Speigner, RN.*

## **Archbold Announces Cancer Partnership** with Winship Cancer Institute of Emory University

Archbold Memorial Hospital's Singletary Oncology Center and the prestigious Winship Cancer Institute of Emory University recently announced a partnership that will enhance access to state-of-the-art cancer research and treatment to patients in Southwest Georgia.

Effective today, Archbold's Singletary Oncology Center will become the first hospital to join an elite group of community hospitals known as Emory's Winship Cancer Network.

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Winship is the first and only National Cancer Institute-designated cancer center in the state of Georgia. The partnership will compliment an already robust clinical research program at the Singletary Oncology Center—a program that is currently accepting patients for nine of 17 existing clinical trials and registries. Through the partnership with Winship, eligible Archbold oncology patients will now have access to more than 250 existing therapeutic clinical trials and research by top clinicians and researchers from around the world, in many cases without having to travel to metro Atlanta or other large cities for access to cutting edge investigative treatments.

“The clinical research partnership with Emory is such a great thing for patients in our region,” Archbold oncology clinical research director Teresa Coleman, MD. “Our existing program is already very strong and currently offers more trials than any hospital in the South Georgia/North Florida region. Through the Winship network, Archbold oncology patients will now have access to the largest unit in Georgia for phase I clinical trials, which are very important in introducing new therapies against cancer. It’s really incredible what this partnership will mean for patients in our region.”

Archbold physicians and patients will benefit from direct access to Winship’s multidisciplinary cancer meetings for collaboration in cancer treatment. Archbold physicians, nurses, and

clinical research staff can also leverage opportunities for specialized training at Winship.

Emory’s Winship Cancer Institute is ranked in the top 25 cancer care centers in the country, according to U.S. News & World Report, and has improved access to high quality cancer care, the newest research and continuing patient and provider education for affiliate partners like Archbold.

“We are very excited to join forces with the excellent physicians and clinical staff at Archbold,” says Walter J. Curran, Jr., MD, Winship’s executive director. “Patients will benefit from access to expedited second opinions for selected patients and to enrollment in selected Winship clinical trials while receiving treatment and therapy through their local doctors close to home.”

“Archbold patients have always had access to state-of-the-art treatments and technology provided by some of the most knowledgeable and dedicated physician specialists in our region,” said Becky Troyer, Singletary Oncology Center administrator. “We’re committed to remaining ahead of the curve and providing the best treatment options for our patients. We have great respect for the research team and physicians at Emory, and the partnership will help us take our already sophisticated clinical trials program to the next level, which will result in many more options for our patients. We’re very proud of what the partnership with Emory will mean to oncology patients in our region.”



## Archbold Holds 5K Pink Color Run

To kick off Breast Cancer Awareness Month, Archbold’s Lewis Hall Singletary Oncology Center hosted a 5K pink color run on Saturday, October 1. Sponsored by Archbold Medical Center and Live Better, Thomas County’s new health initiative, the Pink Run helped promote early detection of breast cancer and encouraged overall healthy living. Around 300 people participated in the run/walk event.





## Archbold Hosts 5th Annual **Pink Affair Fashion Show**

Breast cancer remains the most common cancer among women other than skin cancer. It's the second-leading cause of cancer death, and about one in eight women will develop the disease in their lifetime. The disease consistently remains one of the most common cancers treated at Archbold's Lewis Hall Singletary Oncology Center.

On October 14, 2016, Archbold's Lewis Hall Singletary Oncology Center hosted the fifth annual Pink Affair, a benefit fashion show featuring local cancer survivors.

A silent auction featuring art by cancer survivors was held, and a celebration honoring the models followed the fashion show with food and live music from Thomasville band Bleu Burden and Albany musician Matt Casey.

Proceeds from the event help fund the breast cancer navigation program at Singletary Oncology Center.

"The breast cancer navigation program provides a navigator for each patient diagnosed with breast cancer at Archbold," said Debbie Beeson, Archbold's breast cancer navigator. "This program is so vital to the care of breast cancer patients. Starting at time of diagnosis, each patient has an opportunity to meet with me. I help guide them through the stages of their treatment and provide a better understanding of their disease. I also connect them to the resources patients and their families need throughout their journey."

And out of all the resources offered through the breast cancer navigation program, many patients find the emotional support is what really means the most to them.

"Some patients just need someone to hold their hand, a shoulder to cry on, or an ear to listen," said Beeson. "That's a big part of what I do every day. Our patients really appreciate that they have someone who is here to listen and help them through their journey."

