



ARCHBOLD

Lewis Hall Singletary Oncology Center

Annual Report 2020



In Review

2020

I am pleased to share the 2020 Annual Report for Archbold's Lewis Hall Singletary Oncology Center. This report describes how the cancer center managed unprecedented challenges through resilience and a renewed patient care focus while continuing to implement new technology and processes in anticipation of future growth.

While the COVID-19 pandemic wreaked havoc on our nation and community, the oncology center strengthened safety measures and harnessed technology to keep patients and team members safe. Staff and providers never wavered from their commitment to quality, compassionate patient care. The volumes of patients dropped only slightly, and we continued our devotion to patients with cancer despite many challenges.

The challenges of 2020 demanded immediate and nimble responses to provide the best care for our patients. Meetings such as weekly tumor board turned quickly into a virtual world as the pandemic hit the medical community. The physicians remained as connected as ever, presenting cases in detail via video conferencing. Telemedicine became an option for those homebound or too scared to come to an in-person visit. Our nurses and staff performed pre-screening calls to patients to create as safe an environment as possible, and went above and beyond to deliver care in newly designated

private spaces when necessary. Nurses and other staff remained very flexible and creative for those patients who could not or would not make the trip into the center. From occasional patient visits on the benches outside, to making trips to clinics after hours to deliver medicine or other supplies, the oncology professionals went above and beyond to ensure our patients received the care they needed. Cancer did not stop for COVID-19, and neither did our ability to provide top notch care. Despite the increased workload, many staff volunteered to work the COVID-19 vaccine clinic at the hospital after hours, delivering vaccines, answering phone calls and registering patients.

The center welcomed the addition of the Varian True Beam linear accelerator in 2020, a replacement to an older generation machine. This advanced technology allows even greater treatment options to the patients requiring radiation, and includes biometric scanners for patient identification and submillimeter precision in patient positioning. It makes it possible to deliver treatments more quickly while monitoring and compensating for tumor motion using advanced imaging for pinpoint precision.

The oncology center continues to strive for excellence, achieving another reaccreditation from the American College of Surgeons Commission on Cancer (CoC). The CoC provides



important metrics and tools for cancer centers throughout the nation to improve quality and personalize cancer care. CoC accreditation assures patients access to the full scope of subspecialty care and services at Archbold Medical Center.

We are proud of what we accomplished during this deeply challenging year and we look forward with great optimism to our mission to helping patients with cancer in every way we can. We are proud and give thanks to the team of dedicated professionals who take extraordinary measures to keep patients, families, and each other safe. Our thanks and gratitude go out to each patient, caregiver, community member, and others providing support and encouragement to our cancer program.

Dr. Becky Troyer, DHA, RTT, FACHE
Lewis Hall Singletary Oncology Administrator

2020 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 2020 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
Chair/Medical Oncologist

Dr. Steve Johnson
CLP/Radiation Oncologist

Dr. Jacqueline Smith
Radiologist

Dr. Gregory Roesel
Radiologist Alternate

Dr. John Pham
Pathologist

Dr. Edward Wright
Pathologist Alternate

Dr. Cianna Pender
Surgeon

Dr. Katie Hanisee
Surgeon Alternate

Dr. Coy Irvin
Chief Medical Officer

Dr. Scott Farquhar
Gastroenterologist

Debbie Beeson
*Psychosocial Services Coordinator
Alternate/Navigator*

Jessica Burns, NP
Palliative Medicine

Ken Brooker
*VP of Clinical Services/
Palliative Medicine Alternate*

Stephanie Dennis
Cancer Conference Coordinator

Nancy Collins
Cancer Conference Coordinator

Todd Bennett
*Community Outreach
Coordinator*

Mark Lowe
*Community Outreach
Coordinator Alternate*

Becky Troyer
*Cancer Program Administrator/
QI Coordinator*

Tiffany Woolum, NP
Survivorship

Shay Schie, NP
Survivorship

Lynn Kappel
*CTR/Cancer Registry
Quality Coordinator*

Paula White
Head Oncology Nurse

Julie Galvan
Oncology Nurse Alternate

Jazmine Murphy
*Psychosocial Services
Coordinator/Social Worker*

Rhianna Daughtry
*Clinical Trials
Coordinator*

Hannah Brooks
*Clinical Trials
Coordinator Alternate*

Flip Harper
*Clinical Research
Coordinator Alternate*

Chris Newman, PharmD, MSHA
VP of Clinical Services

Karen Bailey
*Psychosocial Services
Coordinator/Navigator*

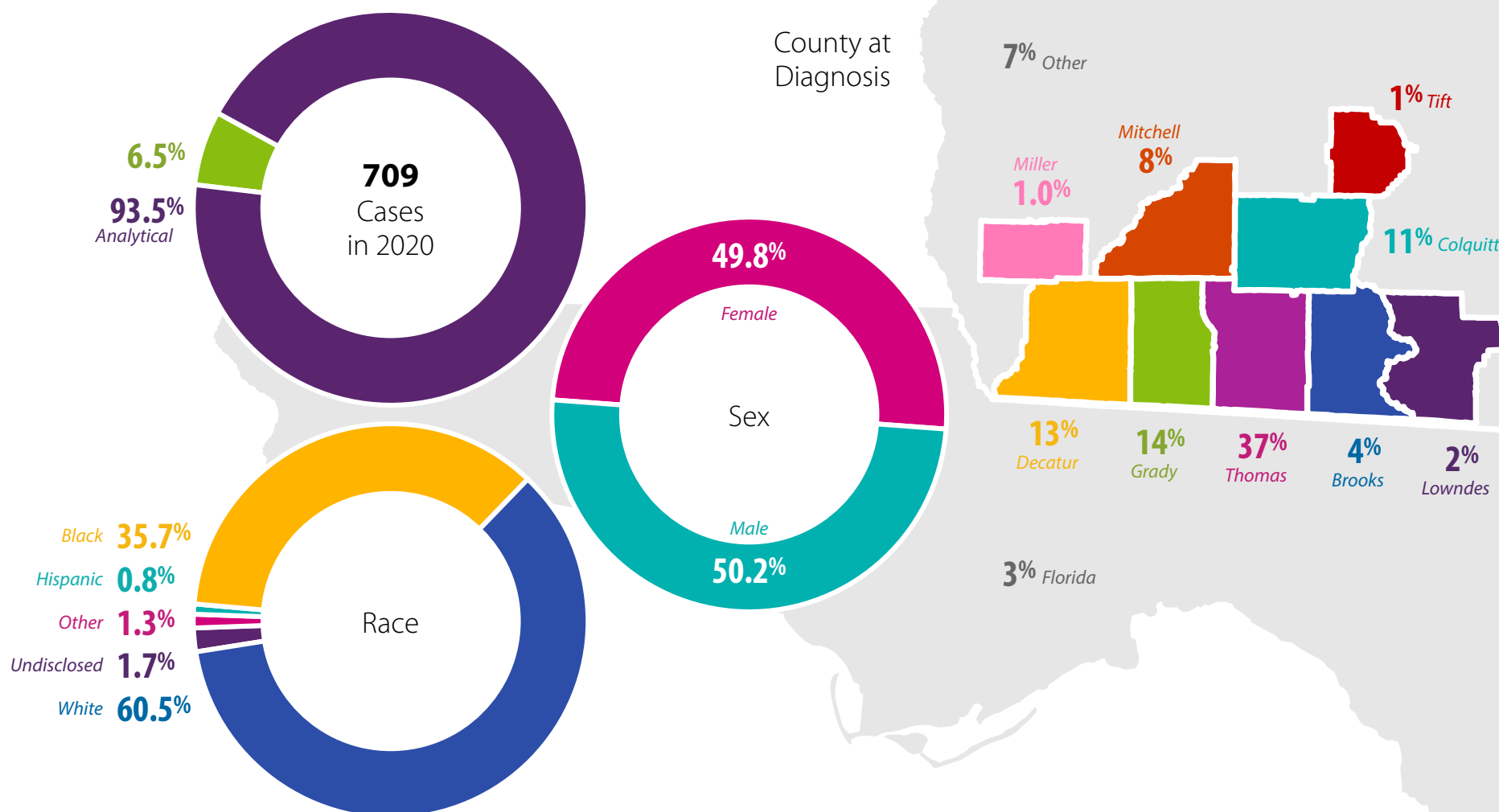
Barbra Crumpacker
Nutrition Services

Jessica Davis
*American Cancer
Society*

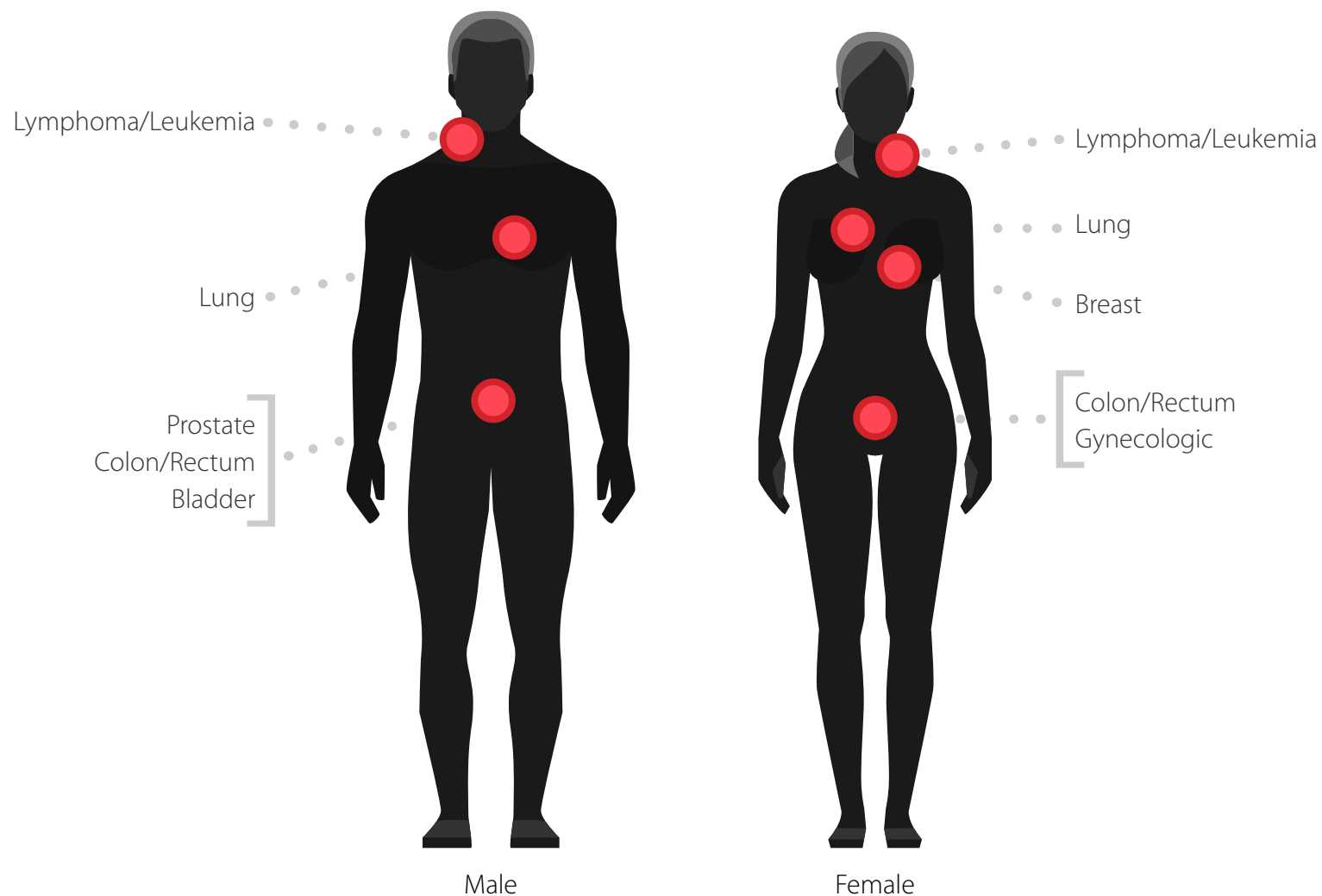
2020 Cancer Statistics

The Lewis Hall Singletary Oncology Center remained steady in the number of analytical cases for 2020.

The Tumor Registry Department reported 717 accessioned cases in 2020. *Accessioned cases are cases that require reporting to the state cancer registry based on diagnosis.*

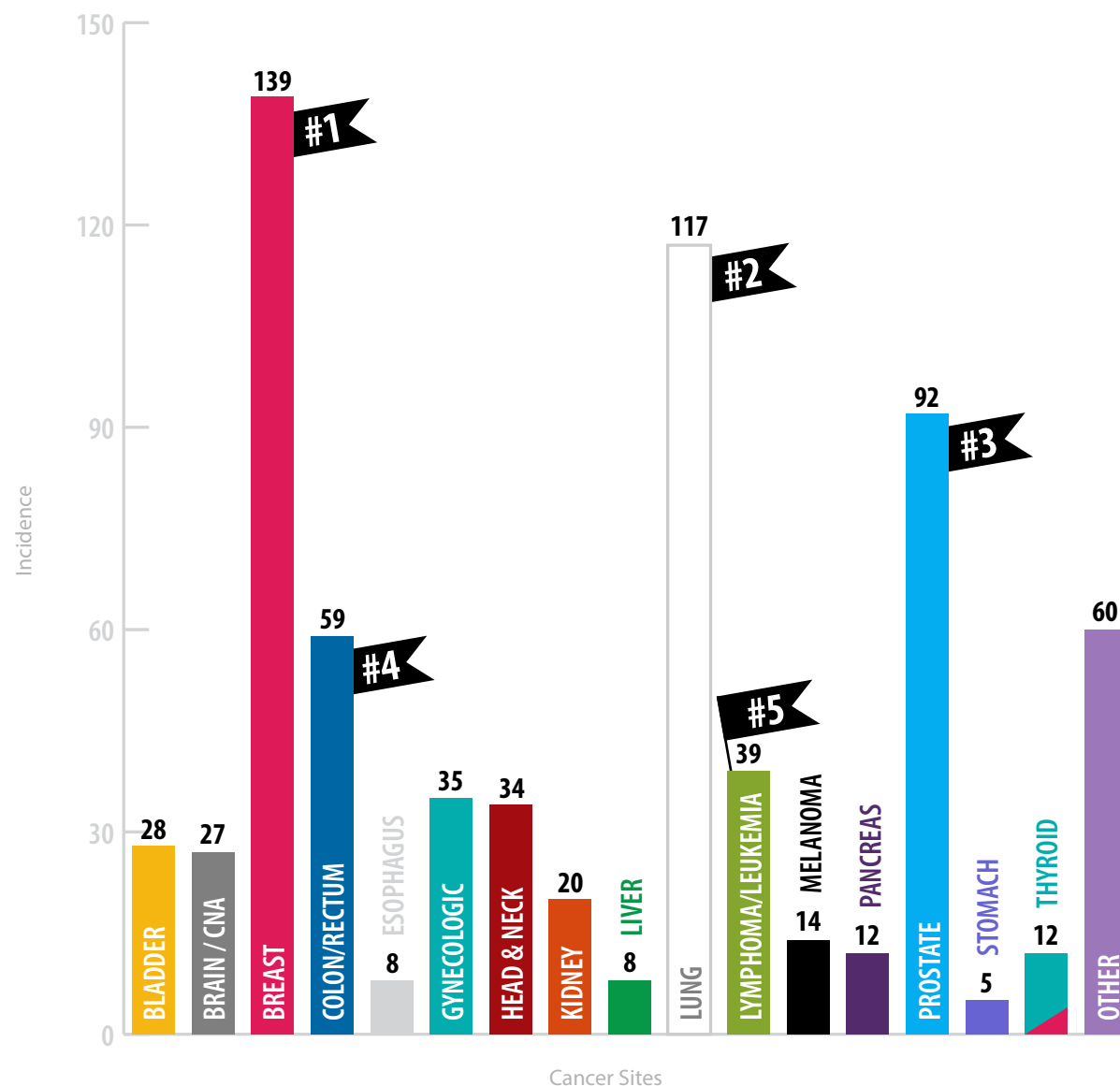


The Five **Most Common** Cancer Sites in 2020



All Cancer Sites by Incidence in 2020

Compared to 2019 statistics, breast cancer continued to hold the highest incidence among women referred to the oncology center. Prostate cancer and lung cancer continue to have the highest incidence of cancer among men referred to the oncology center.



Key: **TOP 5 DIAGNOSES**

Savi Scout

Cianna Pender, MD
General Surgeon



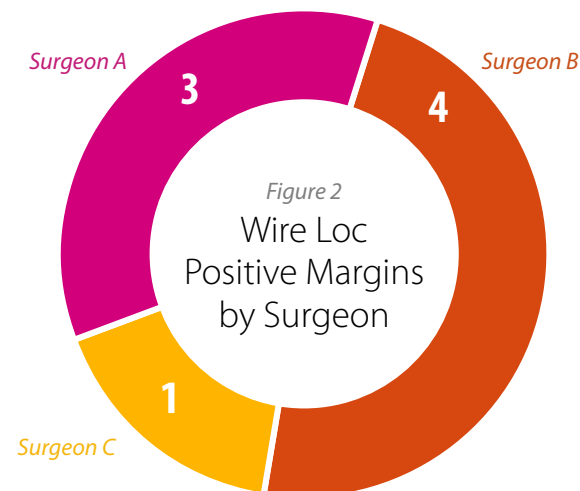
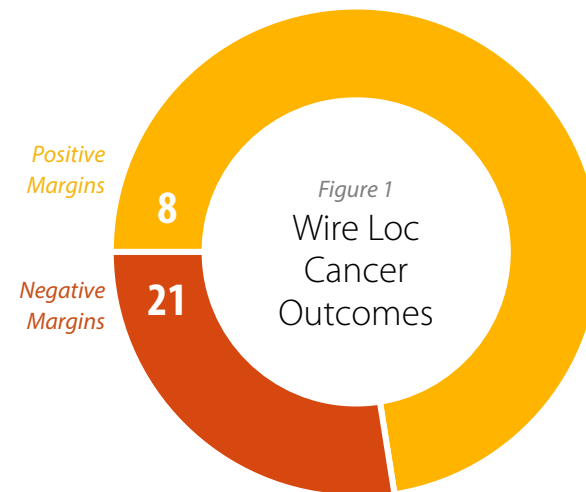
As new technology emerges, it remains imperative to prove non-inferiority to the current standard of care. One recent example at our institution is the implementation of the Savi Scout radiofrequency method of localization. In lieu of the traditional wire localization guidance for non-palpable breast lesions, the Scout reflector can be used to guide the surgeon. Historically, wire localization HAS several major critiques including migration of the wire between placement by the radiologist and the OR and scheduling difficulties between the departments the day of surgery. Advantages of the Scout system include better timing of placement with less discomfort for patients, indefinite lifespan to allow for neoadjuvant therapy, real-time feedback on margins in the operating room and decreased scheduling issues between departments. This study was designed to evaluate the first 29 cases done at our institution using the Scout device and compare with outcomes from a similar number of wire-localizations done by the same providers to ensure equivalent or improved clinical outcomes.

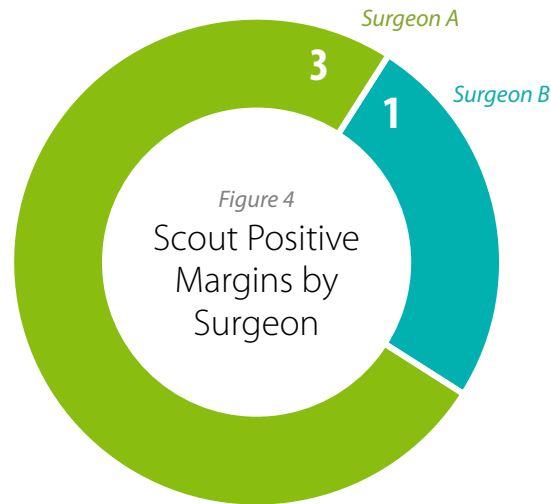
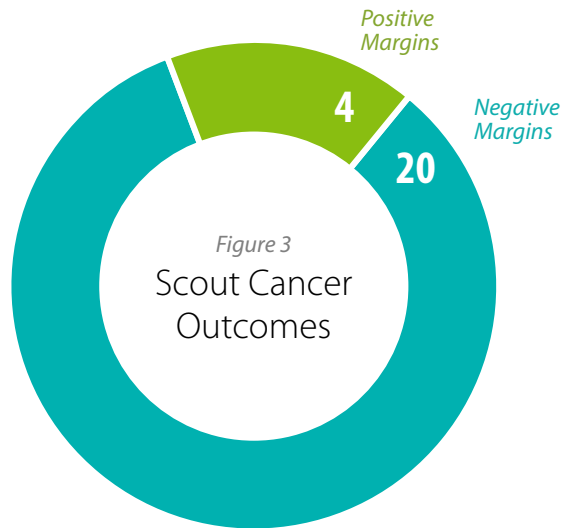
The primary objective of a lumpectomy is to remove the tumor with negative margins while preserving the cosmetic appearance of the breast. For lesions that are not grossly palpable, a method of localization is required. When removing lesions that

are not palpable, there is always a risk of having a microscopically positive margin. Because intraoperative microscopic margin assessment is not reliable, a lumpectomy procedure will always carry the risk of yielding a positive margin necessitating a second surgery for either margin re-excision or conversion to mastectomy¹. Need for surgical re-excision is an important metric in breast surgery and if too high may suggest need for evaluation of surgical technique. Nationally, published re-excision rates range from 0% up to 85%, with the general expert consensus setting 30% as a generally accepted cutoff to indicate appropriate technique and quality 1, 2, 3, 4.

From August of 2019 to November of 2019, 50 patients underwent lumpectomy with wire-localization. 29 had breast cancer, 1 had metastatic renal cell cancer, and 20 were done for other conditions. 8 of these patients had positive margins with 3 requiring repeat lumpectomy and 5 being converted to mastectomy. This yields a 27.5% re-excision rate for positive margins (Figure 1). Breakdown by individual surgeon is illustrated at right (Figure 2).

From May of 2019 to January of 2020, 29 patients underwent lumpectomy with the Savi Scout device, 24 for cancer and 5 for other pathologies. 4 had positive margins



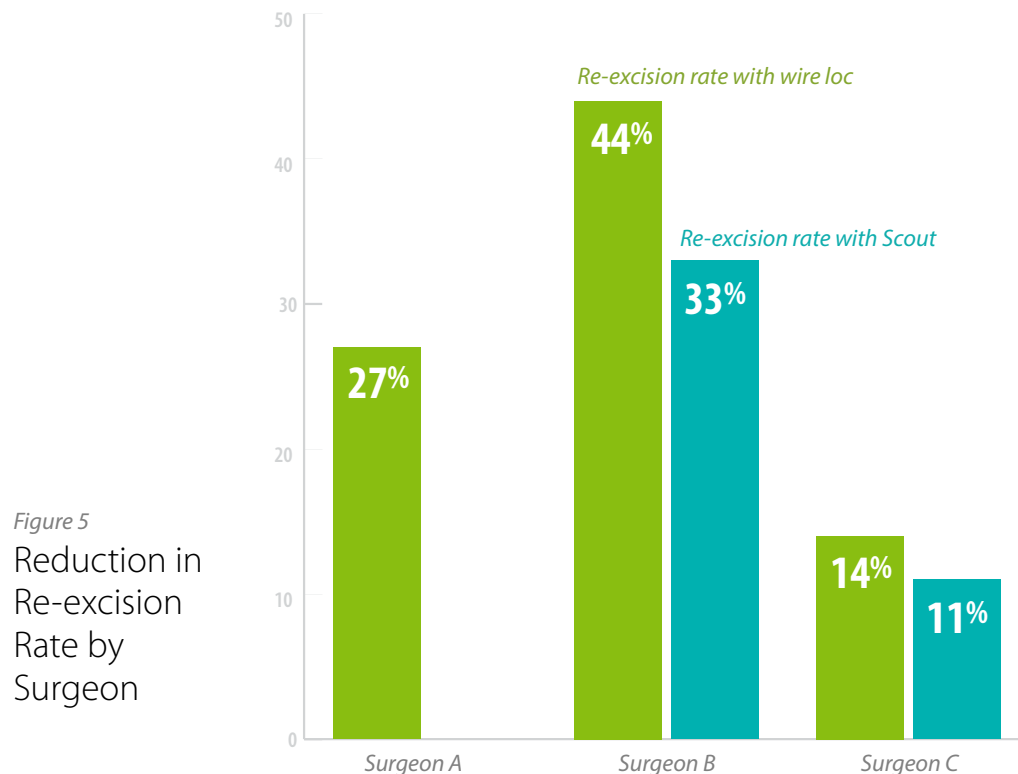


and 3 of those had re-excision of margins with none converting to mastectomy. This yields a 16.7% rate of re-excision for all surgeons (Figure 3). Breakdown by individual surgeon is illustrated at left (Figure 4).

Overall, the implementation of this new technology has the apparent effect of lowering our positive margin rates as an institution. Because these cases are evaluated over a short period of time, some sampling bias will be present. For example, of the 79 lumpectomies performed in total, 83.5 % were performed by 3 surgeons. For the 53 lumpectomies done for breast cancer, 90.5% were performed by the same 3 surgeons. In one instance, a patient originally scheduled for a wire localization had migration of the wire causing an unsuccessful removal of the breast pathology. A Scout device was then used, resulting in an appropriate lumpectomy with negative margins. As an institution, our rate for re-excision is on par with what is predicated in the literature. We have already seen a lowering of this rate with the implementation of the Savi Scout technology and hope to lower it further over time as our skill with this device improves.

References:

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- Blair SL, Thompson K, Rococco J, Malcarne V, Beitsch PD, Ollila DW. Attaining negative margins in breast conservation operations: Is there a consensus among breast surgeons? J Am Coll Surg. 2009;209:608-613.
- McCahill LE, Single RM, Aiello Bowles EJ, et al. Variability in reexcision following breast conservation surgery. JAMA. 2012;307:467-475.
- Consensus statement from the American Society for Breast Surgery. <https://www.breastsurgeons.org/resources/statements>



Archbold Offers New Therasphere Cancer Treatment

According to the Centers for Disease Control and Prevention, the percentage of Americans who are diagnosed with liver cancer is rising. Approximately 33,000 people in the United States are diagnosed with liver cancer each year, and about 27,000 die from the disease.

The American Cancer Society estimates approximately 760 liver cancer deaths in Georgia in 2020.

Archbold Memorial Hospital's Lewis Hall Singletary Oncology Center, in conjunction with Thomasville's VITA Surgery and VITA Vascular, is now offering patients diagnosed with liver cancer a new therapy treatment.

"It is typically appropriate for patients for whom surgery is not possible, patients with multiple tumors in both lobes of the liver who are not transplant candidates and in conjunction or sequenced with immunotherapy," said Steve Johnson, MD, radiation oncologist at Lewis Hall Singletary Oncology Center. "Therasphere also has a significant role as a bridge treatment to control disease in patients for whom liver transplant is planned. It can also be used to enlarge the other lobe of

the liver in patients who are to undergo only a partial liver removal."

Therasphere is a treatment consisting of tiny radioactive glass beads delivered directly into the liver tumor.

"Therasphere is internal radiation," said Dr. Frederick Johnson, interventional radiologist at VITA Surgery and VITA Vascular. "We are able to inject the radiation directly into the tumor through a catheter that is placed in an artery that we can access from either the groin or the wrist. There's no cutting, there's no incision, and it's done through a very small pinhole about two millimeters in size."

Therasphere is a minimally invasive outpatient procedure and patients can typically resume daily activities within 24 to 48 hours.

"Something that we take pride in is to be able to offer this treatment for patients, so that it is convenient for them and they don't have to drive hours away," said Dr. Frederick Johnson. "That's our goal at VITA and that's the goal at the Oncology Center to be able to offer cutting edge contemporary treatment."



For your tireless work in 2020
and beyond—thank you.





New TrueBeam® System **Fighting Cancer at Archbold**

Archbold has added a new piece of technology to its extensive cancer fighting arsenal—the Varian TrueBeam® System.

The TrueBeam® system has become a new standard of care, recognized by medical professionals nationally for giving them the ability to treat a wide range of cancers in numerous ways, many of which were not possible just a few years ago. Some of the advantages to the TrueBeam® system include accurate, fast, non-invasive treatments.

“The main advantages of TrueBeam® are related to what is called SBRT, which stands for stereotactic body

radiation therapy. With SBRT we are able to treat tumors as small as a half centimeter with focused beams that can precisely pinpoint such tumors,” said Steve Johnson, MD, Archbold radiation oncologist. “For some patients it can mean fewer treatments, even as few as four or five total treatments instead of the usual 30 plus required for curative treatment.”

The TrueBeam® system rotates around the patient during treatment precisely targeting the tumor from any angle, destroying cancer cells’ ability to reproduce while maximally protecting normal tissues.

“This translates into fewer side effects for the patient. The more accurate we can be with the treatment, the less side effects the patient will have and the less potential for long term complications as well,” added Johnson.

“TrueBeam® also has a very sophisticated motion tracking device. As we breathe, tumors can also move up and down. This new technology allows for adjustments or compensations to coincide with tumor movement out of the intended radiation field,” said David Saunders, MD, Archbold radiation oncologist. “It can activate radiation

on and off to fit with the tumor’s actions.”

The state-of-the art TrueBeam® system replaces an older linear Accelerator at just over a 3.4 million dollar investment for Archbold.

The Truebeam® system also includes the Varian Identify System, which uses biometric scanning for quick and simple patient identification and positioning to keep patients as comfortable as possible.

“For a town our size to have this advanced technology is a testament to what Archbold has done in supporting the Oncology Center,” added Saunders.



Archbold Cardiologist One of 78 in World to Earn Cardio-Oncology Certification

Archbold cardiologist Kashyap Choksi, MD, PhD, FASNC becomes one of only 78 physicians in the world to earn Cardio-Oncology certification. Cardiologists with a Cardio-Oncology certification are trained to evaluate and treat patients who have heart disease or who are at risk for heart disease before, during, and after cancer treatment.

"This is such a unique opportunity to treat patients who are undergoing oncological treatments and have a lot of cardiovascular risk factors that may go untreated or unrecognized," said Dr. Choksi. "This is an unmet need for our patients and now we have someone locally who can actually bridge the gap."

The International Cardio-Oncology Society (ICOS) recently began offering the certification for qualifying physicians. Dr. Choksi is only the second class to graduate with the Cardio-Oncology certification from ICOS. He passed the exam at the end of October 2020 and immediately began coordinating patient care between himself and Archbold's oncologists at the Lewis Hall Singletary Oncology Center.

"Dr. Choksi has provided guidance and guidelines as to the type of patients we

should refer to see him and together we work to take care of the patients," said Archbold medical oncologist Esther Tan, MD.

Dr. Choksi and the oncology physicians work together in a multidisciplinary setting to ensure patients receive the most appropriate cancer therapy, while minimizing their risk of heart complications.

"Ultimately, this can help reduce delays in chemotherapy or delays in treatment and improve outcomes," said Archbold medical oncologist Josh Simmons, MD, FACP. "A lot of major U.S. cities currently don't have access to a cardio-oncologist so we are very excited to have Dr. Choksi here locally in our cancer center."

"I want to be able to identify patients before they become symptomatic, before they have a drop in their heart function, before they have cardiovascular complications," added Dr. Choksi.

"This is a one-of-a-kind service that we can offer our patients right here in Thomasville," said Dr. Tan. "We are so fortunate to have somebody like Dr. Choksi to help assist us in taking care of these types of patients."