

2015

HOLZER CENTER FOR CANCER CARE
ANNUAL REPORT

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Scott Mitchell
MD, CMD
Palliative Care,
HCCC Medical Director



Alice Dachowski
MD
ACoS-CoC Cancer
Liaison Physician

It is with honor and pride that we present the 2015 Holzer Health System Annual Report of cancer activities and programs. In spite of the tremendous challenges community hospitals are now facing in healthcare, Holzer has continued to advance in bringing cancer treatment excellence to our tristate area. More than ever before, Holzer Center for Cancer Care (HCCC) is blending with other divisions of the Holzer system, as well as neighboring facilities, to bring a multidisciplinary unity to the care of our patients. We offer high quality equipment, well-trained staff for advanced treatments, and a caring and comfortable environment. Having HCCC available for our communities is an integral part of our healthcare system.

The following report details many of these improvements in cancer care through the Holzer system.

Since 1937, Holzer has been accredited with Commission on Cancer (CoC), a quality program of the American College of Surgeons, demonstrating a cancer program's commitment to providing high-quality, multidisciplinary, patient-centered cancer care. CoC accreditation is nationally recognized by organizations, including the National Cancer Institute, Centers for Medicare & Medicaid Services, National Quality Forum, American Cancer Society, and The Joint Commission, as having established data-driven performance measures for the provision of quality cancer care.

The standards set the framework for a program that provides high-quality, patient-centered care and access to the full scope of cancer care services required to diagnose, treat, rehabilitate, and support. Specific benefits to patients and the community include:

- Increased participation in care decisions by patients and family members.
- Awareness of dedicated resources that provide quality treatment and supportive care services to cancer patients.
- A guarantee of patient-access to important components of treatment recommended by the Health and Medicine Division (formerly the Institute of Medicine [IOM]), National Cancer Comprehensive Network, and American Society of Clinical Oncology.
- A multidisciplinary oncology team that is involved in the planning and coordination of cancer care.
- Information about clinical research studies and trial options.
- Programs that work in collaboration with your community to provide cancer prevention and cancer screening events.
- Standards of care that are verified by a reputable national organization.

The Holzer Center for Cancer Care's commitment to improving patient care models the CoC's five elements of success.

1. The clinical services provide state-of-the-art pretreatment evaluation, staging, treatment, and clinical follow-up for cancer patients seen at the facility for primary, secondary, tertiary, or end-of-life care.
2. The cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes, and improving care.
3. The cancer conferences provide a forum for patient consultation and contribute to physician education.
4. The quality improvement program is the mechanism for evaluating and improving patient outcomes.
5. The cancer registry and database is the basis for monitoring the quality of care.

HCCC'S DESCRIPTIVE ROLES FOR PATIENTS:

- **Integrated Oncology Service Line, chemotherapy, radiation therapy, Palliative Care, and non-chemo related infusion services**
- **Financial Counseling, Social Services, Pastoral Care, Navigation, and Survivorship, all available on site**
- **Eight RN's on staff (22% have BSN....95% have ONS Chemotherapy/Biotherapy provider card). Over**

75 years of chemotherapy delivery experience collectively

- **Genetic Counseling services available (in conjunction with The Ohio State Human Genetics Service)**
- **Treatment for (or referral of) all adult cancers and hematological disorders**
- **Medical Director, full time, on site, and involved in day-to-day operation of service line.**

- Quality cancer care that is available close to home.

Currently Radiation Oncology is a single physician service being provided in the System's cancer center. Built in 2005, Holzer Center for Cancer Care (HCCC) is a 17,000 square foot facility that provides both radiation and chemotherapy services.

Our radiation oncology division provides:

- External Beam Radiation Therapy, Intensity Modulated Radiation Therapy (IMRT), and Image Guided Radiation Therapy (IGRT)
- One full-time Radiation Oncologist, one full-time RN, one full-time Certified Medical Dosimetrist, and two full-time Registered Radiation Therapists.

- A fully functional record and verify system, as well as, in the Ambulatory setting, a fully functional EMR. The technology includes a Philips Large Bore 16 slice CT for simulations, and a VARIAN 21ix linear accelerator, and the ECLIPSE treatment planning system.

Our chemotherapy/hematology division provides:

- An infusion area with comfortable reclining chairs that overlook the Center's Healing Garden.
- The garden features a labyrinth, reflecting pool, and benches for resting and meditation.
- Two full-time medical oncologists and 8 chemotherapy nurses.

MEDICAL DIRECTOR & CANCER LIAISON PHYSICIAN REPORT

A YEAR OF POSITIVE GROWTH

2015 was another year of positive growth for the cancer program of Holzer Health System (HHS).

The CoC's five elements of success are possible through the Holzer Cancer Committee, a group of highly trained and dedicated oncology specialists and subspecialists who are experts in their fields. Cancer is a complex disease that requires this variety of specialties to provide the best, most comprehensive care.

Dedicated to screen, prevent, and diagnose cancer at the earliest possible stage, the Cancer Committee members pursue:

- Coordination and oversight of the multidisciplinary conferences for collaborative treatment planning.
- Goal-setting and implementation
- Research identification and application
- Community outreach programs
- Monitoring program activity
- Evaluating patient outcomes and improving care

High quality is always a major focus for the Cancer Committee, and specific clinical and programmatic goals were established in the cancer committee meeting in January.

CLINICAL GOAL:

The Clinical Goal was to develop a lung screening program that complements the new CMS coverage for lung CTs. Criteria for coverage is:

- Age 55-77 and are either current smokers or have quit smoking within the last 15 years.
- They have a tobacco smoking history of at least 30 pack years.
- They receive a written order from a physician or qualified practitioner that meets certain requirements.

A new program coordinator, Sandy Thomas, has been employed to develop a low-dose CT screening program. She is also a Certified Facilitator for the American Cancer Society and all patients that come through this program will receive smoking cessation. This program began on 9/1/15.

PROGRAMMATIC GOAL:

The Programmatic goal chosen by the Committee was to define and implement a new patient advocate process that utilizes a financial advocate in the cancer center for all oncology patients, to provide all possible

financial assistance to our cancer patients. Several improvements were established, including a software tool to estimate out-of-pocket costs to better prepare patients for what is to come. The advocate sees every new patient that comes to the cancer center.



Holzer recognized Lung Cancer Awareness Month with the Shine a Light on Lung Cancer event and tree lighting ceremony at the Holzer Center for Cancer Care.

2015 STUDIES & IMPROVEMENTS

STUDY #1: TREATMENT FOR ATYPICAL HYPERPLASIA BREAST PATIENTS

In the March 4, 2015 cancer committee meeting, Michelle Rankin, Quality Improvement Coordinator, reported that there was an identified concern at Holzer regarding women diagnosed with atypical hyperplasia. The Committee agreed this should be one of the 2015 studies to research based on new ASCO and other findings that showed benefits of Tamoxifen/Raloxifen/Aromatase Inhibitor therapy.

A panel of US health experts has encouraged doctors to offer chemoprevention drugs to women at higher

risk for breast cancer and at low risk for side effects. 31% of biopsies performed because of microcalcifications show atypical ductal hyperplasia. The significance of these lesions come from the fact that the patients have increased risk for invasive breast cancer, which is about 4 to 5 times that of the general population and reaching nearly a tenfold risk if the patient has a first-degree relative with breast cancer.

Holzer's quality staff researched atypical hyperplasia cases from 2012 to 2014, including medical record number,

type of hyperplasia, aromatase inhibitor, symptoms, and surgery performed. The data was cataloged in a spreadsheet including necessary components.

After researching each case diagnosed with atypical hyperplasia, it was determined that all patients were treated with appropriate guidelines in medical oncology. All patients with a biopsy diagnosis of atypical hyperplasia are now being referred for a medical oncology consultation to determine the best course of action for each individual patient.

STUDY #2: CREATING REMEDIES TO OPTIMIZE WEIGHT NUTRITION AND SWALLOWING (CROWNS)

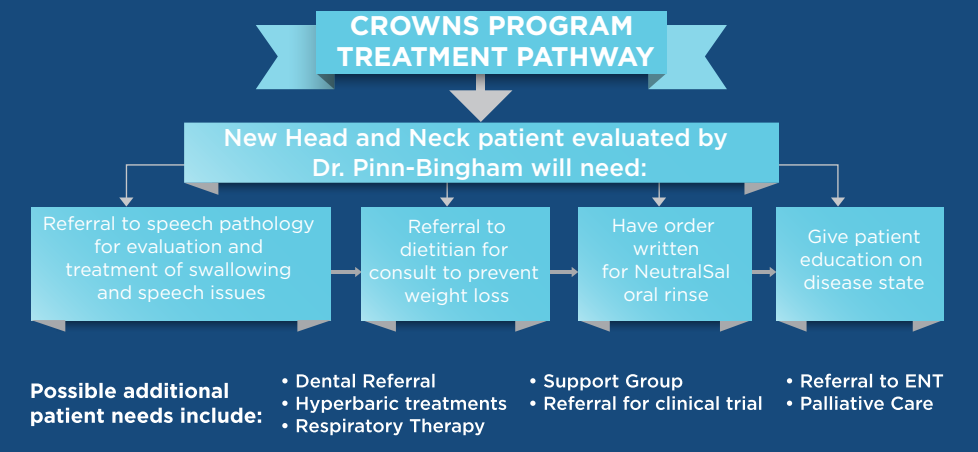
Nutritional support during radiation therapy is vital. The effect of radiation therapy on healthy tissue in the treatment field can produce changes in normal physiologic function that may ultimately diminish a patient's nutritional status by interfering with ingestion, digestion, or absorption of nutrients. Individuals receiving radiation therapy to any part of the gastrointestinal tract are more susceptible to nutrition-related side effects. Patients most at risk for developing nutrition-related side effects, including significant weight loss, are those whose cancers involve the aero digestive tract, including the head and neck, lungs, esophagus, cervix, uterus, colon, rectum, and pancreas.

Nutrition intervention is based on symptom management. Patients who maintain good nutrition are more likely to tolerate the side effects of treatment. Adequate calories and protein can help maintain patient strength and prevent body tissues from further catabolism. Individuals who do not consume adequate calories and protein use stored nutrients as an energy source, which leads to protein wasting and further weight loss.

Sarah Ramsburg, nutritionist for the cancer center, reviewed charts as follows:

- April 30, 2014 - September 30, 2014 without a dietitian: 50 chart reviews were completed; 29 patients

RESULTS/ANALYSIS: The percentage of weight loss was reduced from 4.09% without dietitian intervention to 2.28% with dietitian intervention. This study proved the success of nutritionist involvement during radiation care. The following treatment pathway was created for all radiation patients (not only head and neck) at the beginning and during RT treatments.



experienced weight loss with a total average of 4.09% weight loss.

- October 1, 2014 - February 10, 2015 with a dietitian: 50 chart reviews completed; 36 patients experienced weight loss with a total average of 2.95% weight loss.
- March 1, 2015 - June 16, 2015 with a dietitian: 32 chart reviews completed, 21 patients experienced weight loss with a total average of 2.28% weight loss.

In addition to nutrition, the pathway for CROWNS would also provide referrals to speech pathology, prescribe medications to ease symptoms, and educate patients to promote ownership in his/her care, even after treatment. Other referral considerations would include dental visits, hyperbaric treatments, respiratory therapy, support groups, clinical trials, ear/nose/throat specialists, or palliative care.

Our Oncologists treat all major adult cancers and all adult hematological disorders. The Medical Oncologists are proficient in the delivery of routine IV chemotherapy and oral chemotherapies, as well as having extensive knowledge in immunotherapy, targeted therapies, and combined chemotherapy and radiation therapies. Our Radiation Oncologist is competent in the delivery of external radiation therapy, intensity modulated radiation therapy, stereotactic body radiation therapy, and stereotactic radiation surgery. Working closely with the Human Geneticists at The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, they provide the latest medical knowledge in human oncology genetics. All oncologists also refer qualifying patients for clinical trials to optimize care and treatments.

HCCC PHYSICIANS



SCOTT MITCHELL, MD, CMD › Palliative Care

Medical Director, Holzer Center for Cancer Care

MEDICAL EDUCATION

Marshall University School of Medicine
Huntington, West Virginia

RESIDENCY

Marshall University Family Medicine Residency Program
Huntington, West Virginia

BOARD CERTIFICATION

- American Board of Family Medicine
- Hospice and Palliative Care Certified Medical Director (AMDA)



KHAWAJA K. HAMID, MD › Hematology / Oncology

MEDICAL EDUCATION

Sind Medical College - Karachi, Pakistan

RESIDENCY

- St. Vincent's Medical Center - Bridgeport, Connecticut
- St. Elizabeth's Hospital - Utica, New York

FELLOWSHIP

Medical Oncology
Providence Medical Center - Southfield, Michigan

BOARD CERTIFICATION

- American Board of Internal Medicine
- American Board of Medical Oncology
- American Board of Medical Specialists



GHADA KUNTER, MD › Hematology / Oncology

RESIDENCY

Internal Medicine
University of Kansas School of Medicine
Wichita Center for Graduate Medical Education
Wichita, Kansas

FELLOWSHIPS

- *Department of Adult Hematology/Oncology*
Winship Cancer Institute
Emory University School of Medicine - Atlanta, Georgia
- *Department of Blood and Marrow Transplantation*
Moffitt Cancer Center, University of South Florida
Tampa, Florida

- *Pediatric Hematology/Oncology*
Children's Hospital in St. Louis
Washington University School of Medicine
St. Louis, Missouri

BOARD CERTIFICATION

- American Board of Internal Medicine
- American Board of Pediatrics
- American Board of Pediatric Hematology/Oncology
- American Board of Adult Medical Oncology



MELVA PINN-BINGHAM, MD › Radiation Oncology

Radiation Oncology

MEDICAL EDUCATION

Brody School of Medicine at East Carolina University
Greenville, North Carolina

INTERNSHIP

Internal Medicine
Pitt County Memorial Hospital - Greenville, North Carolina

RESIDENCY

Radiation Oncology
University of California - Irvine, California

BOARD CERTIFICATION

- American Board of Radiology - Radiation Oncology Certified



ALICE DACHOWSKI, MD › General Surgery

ACoS-CoC Cancer Liaison Physician

MEDICAL EDUCATION

Washington University School of Medicine
St. Louis, Missouri

INTERNSHIP

University of Cincinnati Medical Center - Cincinnati, Ohio

RESIDENCY

University of Cincinnati Medical Center - Cincinnati, Ohio

BOARD CERTIFICATION

- American Board of Surgery
- National Board of Medical Examiners
- American College of Surgeons

NURSE NAVIGATION

Patient Navigators are trained, culturally sensitive health care workers who provide support and guidance throughout the cancer care continuum. They help people “navigate” through the maze of doctors’

offices, clinics, hospitals, outpatient centers, insurance and payment systems, patient-support organizations, and other components of the health care system. Services are designed to support timely

delivery of quality standard cancer care and ensure that patients, survivors, and families are satisfied with their encounters with the cancer care system.

Tammy Ellison, RN, is the Oncology Nurse Navigator for Holzer. Patients receive high quality care with their many needs and barriers to care being addressed. With support from other nurses in the cancer center, she performs the following:



Tammy Ellison, RN
Nurse Navigator
HCCC

I. Referrals

A. Provides access to resources, assesses patients’ current and future needs, and offers financial referrals.

- Makes referrals for services based on patient/family needs – education, finances, psychosocial, survivorship, transportation, child care, lodging.
- Assesses for and assists with patient/family resources.
- Facilitates access to physicians and services.
- Assesses for and mitigates barriers to care. Assists patients with access concerns (for screening, diagnosis, or treatment) and assists with paperwork and addressing barriers as indicated.
- Assists with education, including disease state and treatment.
- Facilitates appropriate medical record availability at scheduled appointments as needed.
- Facilitates transportation, lodging, and/or child/elder care and addresses any other practical needs.
- Facilitates linkages to follow-up services.
- Facilitates access to clinical trials.
- Creates and reviews Survivorship Care Plan with patients.

B. Coordination of Patient Care (coordinating/facilitating appointments, accompanying patients to appointments as needed)

- Coordinates patient care from diagnosis through survivorship or palliative care/hospice.
- Assists with coordinating appointments.
- Meets with patient by phone or in person prior to, during, and after treatment.
- Facilitates timely coordination of services between diagnosis and treatment.
- Provides telephone triage services (e.g., symptom management, emotional support, education, resource referral) for patients/families.
- Coordinates appointments for diagnostic testing, services, and with providers to ensure timely delivery of diagnostic and treatment services, providing clarification and literacy-level-appropriate education related to the visit.

II. Collaboration

A. Develops Physician / Cancer Care Team Relationships

- Communicates and collaborates with involved physicians and staff members to facilitate individualized, holistic patient care plan.
- Facilitates communication between cancer care disciplines.
- Maintains communication with patients, survivors, families, and the health care providers to monitor patient satisfaction with the cancer care experience.
- Ensures that navigator functions are meeting physician expectations and that navigator activities remain within scope of defined role.

III. Tracking & Documentation

A. Tracks Metrics, Quality Indicators; Documents Patient Interactions, Progression

- Ensures timely documentation of all patient interactions into navigation tracking and documentation system(s), and outcome reporting for navigation services.
- Assists with ongoing navigation program assessment and identification of process improvement opportunities.
- Assists with annual CoC Standard 3.1 activities related to community needs assessment and resulting program modifications related to needs and assists with program reporting to the Cancer Committee.

IV. Education

A. Provides Patient Education and Symptom Management Support

- Discusses physician visits with patients and families and answers questions.
- Provides and reinforces education re: treatment, care plan, symptom management and survivorship concerns.
- Empowers patients with education and knowledge to help improve patient outcomes and satisfaction.

B. Community Outreach

- Conducts health promotion and awareness programs in community as appropriate.
- Provides community education presentations as appropriate.

This level of patient navigation is a personal connection that sets HCCC apart from other cancers in the Tri-State area, because as a team we genuinely love each of our patients and share in all aspects of their pain and successes.

CANCER PROGRAM PROFILE REPORTS (CP³R)

Quality Measures for Breast, Colon, Endometrium, and Lung Cancers

The Commission on Cancer (CoC) tracks each case submitted by our hospital. Those cases that meet the criteria for the described measures are reviewed to ensure quality treatment is met. With the new Rapid Quality Reporting System, cases are sent to the CoC on a monthly basis, with results of the measures given each month. This proactive system confirms that the most valuable treatment is being given on a timely basis.

CoC Measure	Standard to Meet	HCCC Rate
Image or palpation-guided needle (core or FNA) of the primary site is performed to establish diagnosis of breast cancer	80%	98%
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	100%
Radiation therapy is considered or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes	90%	100%
Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	100%
Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer	90%	100%
Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC stage III colon cancer	90%	100%
Endoscopic, laparoscopic, or robotic surgeries performed for all Endometrial cancer for all stages except stage IV	Not applicable	100%
Surgery is not the first course of treatment for stage cN2 M0 lung cases	Not applicable	100%
Systemic chemotherapy is administered within 4 months preoperatively to 6 months postoperatively or it is considered for surgically resected cases with pathologic positive lymph nodes for Non-Squamous Cell Lung Cancer	Not applicable	100%

CANCER REGISTRY REPORT

WHAT IS THE CANCER REGISTRY?

Cancer is a reportable disease in every state in the United States. For every patient diagnosed with this disease, all physicians, dentists, laboratories, and other health care providers must collect, process, and report each malignant case through a certified tumor registrar (CTR). The Holzer Center for Cancer Care CTR, Robin Lyles, operates under the direction and guidance of Holzer's Cancer Committee.

Holzer Center for Cancer Care's (HCCC) Cancer Committee is a diverse group of individuals within the System, designated to provide leadership in the planning, initiation, stimulation, and assessment of Holzer's cancer care services and activities, in accordance

with the American College of Surgeons' Commission on Cancer (CoC) requirements. The Committee includes representatives from Surgery, Radiology, Medical Oncology, Radiation Oncology, Pathology, Administration, Nursing, Navigation, Palliative Care, Community Wellness, Pharmacy, Social Work, Nutrition, Rehabilitation, Marketing, Pastoral Care, and Genetics, as well as an American Cancer Society representative.

WHAT IS THE CANCER REGISTRY USED FOR?

Cancer Registry data is used by the Department of Health, county and local health departments, patient and public interest groups, researchers, and the public for health planning and evaluation,

as well as for research, incidence patterns, and trends for southeast Ohio.

The Cancer Registry plays an important role in research to identify the causes of cancer. Researchers often use the data collected by the registry to identify higher incidences of cancer with specific exposures and/or particular geographical areas.

HOW DOES THE REGISTRY PROTECT PRIVACY?

All information reported to the Ohio Department of Health and the National Cancer Data Base is confidential and strict procedures are enforced to protect patient privacy. For all records sent to the state and national organizations, all patient indicators have been removed.

FOLLOW UP RATES FOR 2015

The commission on Cancer requires that registrars follow all cancer patients in their registry that have received first-course treatment for their lifetime. This information assists physicians when accessing patients who may return for check-ups, aids in early identification of recurrences, and helps to determine treatment. The overall successful followup rate since 2001 at Holzer Center for Cancer Care for 2015 was 92% (required minimum is 80%). The successful followup rate for the last 5 years was 95% (required minimum is 90%).

	Since 2001	The last 5 years
Total new patients in the registry	3,057	1,054
Less deceased	1,591	346
Number living	1,462	706
Patients lost to follow up	250	49
Percentage of Successful Follow Up Rate	At least 80%	At least 90%
HCCC Rate as of December 31, 2015	92%	95%

Oncology Quality / Data Specialist

Other aspects of Robin's position includes duties as the Quality/Data Specialist, such as:

- Coordination and management of the Cancer Committee meetings, including review of the 34 CoC standards for accreditation.
- Working closely with all 6 CoC coordinators to originate and implement services and write annual summaries.
- Submission and maintenance of all documentation for the CoC and upload of completed information.
- Performing research studies, workload statistics, and projects, including solution proposals and actions for resolution.
- Identifying methods of utilizing registry data through patient care evaluation audits and special research studies.
- Assistance in the development of the annual reports.
- Responsible for all aspects of maintaining the system's oncology program in compliance with the CoC.
- Participating in marketing initiatives, including cancer prevention programs, screenings, and wellness fairs.
- Advising Cancer Committee on changes in cancer patient population, referral patterns, trends in treatment modalities, evaluation of patient care, and other topics of interest to the Committee.
- Robin is also a member of the National Cancer Registrar's Association, Ohio Cancer Registrars Association, and Cancer Registry Association of Central Ohio.

As Cancer Registrar, Robin's responsibilities are as follows:

- Identifies all patients having the diagnosis and/or treatment of cancer within Holzer Health System and enters each case into the cancer software system.
- Assigns codes for cancer diagnoses utilizing ICD-9, ICD-10, and ICD-O coding and enters diagnostic, demographic, and registry data into the cancer registry software program.
- Prepares the agenda and records minutes for the monthly Tumor Board conferences and quarterly Cancer Committee meetings.
- Performs TNM staging classifications.
- Compiles registry reports utilizing the hospital's database and national and state statistics.
- Provides patient care evaluation studies each year and presents to the Committee.
- Assists oncology leadership in the development, measurement, and reporting of quality cancer data.
- Participates in educational events annually to maintain certification status, including attendance to regional and national conferences.
- Follows cancer patients treated at HCCC for their lifetime.



Robin Lyles,
CTR, MEd
HCCC Oncology Quality/
Data Specialist

WHAT IS A CANCER CONFERENCE?

HCCC offers a cancer conference each month at Holzer Health System, allowing multidisciplinary physicians to determine the most effective care for the most challenging cancer cases, as well as providing education for all in attendance. It is monitored by one of our clinical pathologists and Cancer Conference Coordinator, Dr. Raul Gagucas, to ensure these conferences meet the CoC goals. All in attendance receive 1 CME for each conference.

WHAT INFORMATION IS COLLECTED ABOUT PATIENTS WITH CANCER?

The cancer registry collects data on the demographics, anatomic sites and sizes of tumors, the stages at diagnosis, the cell types of cancer, treatment information, and annual followup. All malignant cancers are reported except Squamous and Basal Cell Carcinomas and in situ malignant tumors from the cervix, prostate, vulva, vagina, and anus. All brain and nervous system tumors are also collected, even those that are benign.

HOW LONG HAS HOLZER'S CANCER REGISTRY BEEN COLLECTING AND REPORTING CANCER DATA?

Holzer Center for Cancer Care has been accredited with the CoC every year since 1937 and the registry has 13,300 cases on file. Holzer Medical Center established the cancer registry in 1977 and has been collecting all required data since that time.



Our strongest asset at Holzer Center for Cancer Care is our staff. Our specialists blend their expertise together to provide a unified approach to optimal treatment and provide the very best comprehensive cancer care available anywhere.

Cancer Committee

NAME	MEMBER STATUS	DEPARTMENT
Alice Dachowski, MD	Appointee	SURGERY/COMMITTEE CHAIR/CLP
Michael Canady, MD	Alternate	SURGERY/COMMITTEE CHAIR/CLP
Amy Bokal, MD	Appointee	DX RADIOLOGY
Steven Conley, MD	Alternate	DX RADIOLOGY
Ghada Kunter, MD	Appointee	MEDICAL ONCOLOGY
Khawaja Hamid, MD	Alternate	MEDICAL ONCOLOGY
Melva Pinn-Bingham, MD	Appointee	RADIATION ONCOLOGY
Subhash Khosla, MD	Alternate	RADIATION ONCOLOGY
Raul Gagucas, MD	Alternate	PATHOLOGY/CANCER CONFERENCE COORD
Ken Moore, MHA	Appointee	CANCER PROGRAM ADMINISTRATOR
Ryan Ramsburg, RT	Alternate	CANCER PROGRAM ADMINISTRATOR
Robin Lyles, CTR, MEd	Appointee	CERTIFIED TUMOR REGISTRAR & CANCER REGISTRY QUALITY COORD
Tammy Ellison, RN	Alternate	CLINICAL RESEARCH COORD

NAME	MEMBER STATUS	DEPARTMENT
MarJean Kennedy, MBA, PCM	Appointee	COMMUNITY WELLNESS
Melissa Burris, RN	Appointee	NURSING
Scott Mitchell, MD, CMD	Appointee	PALLIATIVE CARE
Crystal Vance, FNP-BC	Alternate	PALLIATIVE CARE
Michelle Rankin, RN, MSN	Appointee	QUALITY IMPROVEMENT/MANAGEMENT COORD
Shelly Ranegar, LSW	Appointee	SOCIAL WORK/PSYCHOLOGICAL SERVICES COORD
Stella Barrett, OTR/L	Additional Member	REHABILITATION
Hilary Nichols	Additional Member	AMERICAN CANCER SOCIETY
Fred Williams, PhD	Additional Member	PASTORAL CARE
Jared Vernon, RPh	Additional Member	PHARMACY
Sarah Ramsburg, LD, RD	Additional Member	NUTRITION SERVICES
Amity Wamsley, LPN	Additional Member	LPN/GENETICS ASSISTANT

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

The American Cancer Society states, “More than half of all cancer deaths could be prevented by making healthy choices like not smoking, staying at a healthy weight, eating right, keeping active, and getting recommended screening tests.” Holzer strives to mirror this philosophy by providing prevention, screenings, and education to our local communities. The Community Outreach department’s mission is to promote wellness, good eating habits, and prevent disease in every possible member of the eight-county area in which we serve.

COMMUNITY OUTREACH ACTIVITY REPORT

Suggested screening guidelines from The American Cancer Society for lung are “...Individuals who are at high risk of lung cancer due to cigarette smoking. If you meet all of the following criteria, then you might be a candidate for screening:

- 55 to 74 years of age
- In fairly good health
- Have at least a 30 pack-year smoking history AND are either still smoking or have quit smoking within the last 15 years.”

Holzer conducted a Community Health Needs Assessment 6/20/13, which included individual community members from a 4-county area. The summary from this study indicated smoking was one of the top health concerns. The Business Development and Marketing division is planning another CHNA to be created in 2016.

In addition to continuing nutrition efforts in 2015, the Cancer Committee chose lung as the screening site for 2015. These plans



Shown pictured, from left, is Sandy Thomas, Low-Dose CT Program Coordinator, and Dr. Phillip Long, Interventional Radiology, Holzer Health System.

became reality when Holzer employed our new Low-Dose CT Program Coordinator, Sandy Thomas, 8/1/15 to facilitate this venture. She oversees all screenings and conducts lung cessation education to the those that are screened. Her summary is given below:

RESULTS OF LOW-DOSE CT SCREENINGS FOR 2015

Of the 37 studies performed in 2015:

- **Highly Suspicious: 3** — Recommendation: PET Scan & Biopsy
 - › All 3 biopsies were positive for cancer and received treatment at HCCC.
- **Suspicious: 3** — 1 or more Nodule: Return in 3 Months
- **1 or More SMALL Nodules: 3** — Return in 6 months
- **Nodules but not considered cancerous: 12**
- **Normal: 16**

There were 15 patients screened at September events and given smoking cessation as preventive education. Of those, 5 have quit smoking.

We currently have 15 Patients that, due to financial restrictions, cannot afford to have testing acompleted. CMS has confirmed that they will begin reimbursement in 2016 if the patient is getting scanned 11 months after their initial scan.

ADDITIONAL 2015 ACTIVITIES INCLUDED:

The prostate screening event on 11/7/15 was another screening event in 2015. 24 patients took advantage of the screening, with Dr. Nicolette Jones and Dr. Mohabe Vinson, Urologists, providing digital exams and PSA tests. There were 2 abnormal exams and 1 abnormal PSA. These patients were contacted and referred to their urologist for further testing. One patient received a needle biopsy and the results were negative.

Breast screenings were given throughout the year. There were approximately 60 breast health services through November 2015. At the primary breast event on 10/15/15, 15 breast exams were completed. One abnormal exam was found. This client was referred to her OB/Gyn physician and a needle biopsy was performed. The results were negative, but the physician suggested annual mammograms.

COMMUNITY HEALTH NEEDS ASSESSMENT MOST IMPORTANT ISSUES

RESPONSE	GALLIPOLIS	JACKSON	BOTH
Lack of Insurance Coverage	25.0%	18.2%	16.7%
Obesity	19.0%	9.2%	16.8%
Diabetes	10.0%	9.1%	11.1%
Substance Abuse	2.5%	13.6%	5.5%
Heart Disease	8.0%	13.6%	0.0%
Aging Population	5.0%	9.1%	11.1%
Smoking	8.0%	9.1%	0.0%
Cancer Issues	0.0%	9.1%	16.7%
Unhealthy Diet & Physical Activity Behaviors	5.0%	4.5%	11.1%
Wellness Initiatives & Screening Services	2.5%	4.5%	5.5%
Lack of Transportation	2.5%	0.0%	5.5%
Mental Health	2.5%	0.0%	0.0%
Joint Replacements	2.5%	0.0%	0.0%
STIs	2.5%	0.0%	0.0%
Pediatric Vaccinations	2.5%	0.0%	0.0%
Workplace Injuries	2.5%	0.0%	0.0%
TOTALS:	100.0%	100.0%	100.0%

2015 DIETARY COMMUNITY OUTREACH ACTIVITIES

Provided by Holzer Nutritional Services / Registered Dietitians and Health & Wellness

DATE	EVENT	TIME
01/06/15	DM Class - Gallipolis	3 Hours
01/08/15	Pregnancy Workshop - Gallipolis	1 hour
02/03/15	DM Class - Gallipolis	3 hours
02/10/15	DM Class - Jackson	3 hours
02/12/15	Pregnancy Workshop - Gallipolis	1 hour
02/13/15	Heart Health Fair - Gallipolis	4 hours
03/10/15	Diabetes Class - Jackson	3 hours
03/24/15	Cooking Demo - Oak Hill	2 hours
04/07/15	Diabetes Class - Gallipolis	3 hours
04/09/15	Pregnancy Workshop - Gallipolis	1 hour
04/14/15	Diabetes Class - Jackson	3 hours
04/16/15	Mommy Workshop - Gallipolis	1 hour
05/05/15	Diabetes Class - Gallipolis	3 hours
05/12/15	Truancy Class - Gallia School System	1.5 hours
05/14/15	Pregnancy Workshop - Gallipolis	1 hour
05/21/15	Mommy Workshop - Gallipolis	1 hour
05/29/15	Health Fair - COAD - Athens, Ohio	2 hours
06/01/15	Cooking Demo- Jackson TOPS	2 hours
06/02/15	Medical Mission	1.5 hours
06/04/15	Medical Mission	3 hours
06/09/15	Diabetes Class - Gallipolis	3 hours
06/16/15	Diabetes Class - Jackson	1 hour
06/17/15	Mommy Workshop - Gallipolis	1 hour
07/07/15	Diabetes Class - Gallipolis	3 hours
07/13/15	Cooking Demo - Wellston	1 hour
07/15/15	Mommy Workshop - Gallipolis	1 hour
08/11/15	Diabetes Class - Gallipolis	3 hours
08/12/15	Mommy Workshop - Gallipolis	1 hour
09/15/15	Diabetes Class - Gallipolis	3 hours
09/22/15	Diabetes Class - Jackson	3 hours
09/23/15	Menu for Homestead - Over course of several weeks	20 hours
10/06/15	Diabetes Class - Gallipolis	3 hours
10/13/15	Diabetes Class - Jackson	3 hours
10/27/15	Safety Council presentation	1 hour
11/04/15	Cooking Demo - Gallipolis	3 hours
11/05/15	DM Support Group Presentation	2 hours
11/10/15	Diabetes Class - Gallipolis	3 hours

2015 COMMUNITY HEALTH AND WELLNESS EVENTS

DATE	EVENT	SCREENING	SKIN CHECKS	MD REFERRAL
01/13	Point Seniors	74	-	18
01/19	Buckeye Rural Employees	112	-	7
02/02	Junior Womens' Club	18	-	2
02/10	Rotary Club	26	-	-
02/13	Heart Health Fair	574	44	33
02/27	Cancer Support Group	19	-	3
03/12	Meigs Seniors	209	-	26
03/24	Point Seniors	68	-	10
03/27-28	Jackson Spring Show-case	36	-	6
03/31	McArthur Middle School	73	-	14
04/09	URG BSN Health Fair	299	-	38
04/18	BHCC Expo	98	-	21
04/19	BHCC Expo	100	-	10
04/21	Point Seniors	41	-	6
04/23	Gallipolis Career College	88	-	19
04/25	Meigs Health Fair	168	-	21
05/06	Rutland	79	-	19
05/12	Gallia Seniors	127	-	18
05/29	COAD	311	36	57
06/02	Meigs - Medical Mission (MM)	21	12	2
06/03	Tuppers Plains Women's Health	67	-	11
06/04	River Valley HS	295	117	-
06/05	Meigs - MM	7	2	-
06/06	Meigs - MM	24	8	5
06/07	Meigs - MM	21	12	4
06/08	Meigs - MM	101	-	19
06/09	Meigs - MM	38	-	9
06/10	Meigs - MM	57	-	23
06/11	Meigs - MM	27	-	12
06/23	Mason Seniors	12	-	4
07/02	River Rec. Festival	5	-	4
07/03	River Rec Festival	22	-	4

07/04	River Rec Festival	25	-	6
07/11	Holzer Job Fair	41	-	1
07/18	Pleasant Hill Manor - Piketon, Ohio	-	-	-
07/20-25	Jackson County Fair	-	-	-
07/21	Point Seniors	111	-	15
08/03-08	Gallia County Fair	266	-	32
08/08	BREC Community HF	677	-	95
08/10-14	Mason County Fair	240	-	41
08/07-14	Athens County Fair	76	-	11
08/17	Gallia Academy HS	365	-	25
08/17-21	Meigs County Fair	280	-	35
09/05	Lee's Poker Run	-	-	-
09/08	Women's Health Day	-	-	-
09/19-20	Emancipation Day Celebration	70	-	-
09/22-26	Point Seniors	28	-	-
09/22-26	Jackson Apple Festival	-	-	-
09/26	Farm City Day	-	-	-
09/28	Meigs Seniors	-	-	-
10/01-04	Oktoberfest	-	-	-
10/09	Rocky Boots	68	-	-
10/12	Bossard Library	31	-	-
10/14	Jackson Co Employees	-	-	-
10/17	Prostate Screenings	-	-	-
10/19	Athens County Senior Center	52	-	-
10/21	Jackson Seniors	-	-	-
10/23	Vinton Jackson Head Start	-	-	-
10/24	HCCC Breast Cancer Event	36	-	-
10/27	Jackson City Schools	-	-	-
10/28	Vinton County Seniors	-	-	-

TOTALS 5583 686

HOLZER HIGHLIGHTS & EVENTS



LEFT & ABOVE PHOTOS: Holzer Center for Cancer Care hosts the annual Breast Cancer Awareness in October 2015.

ABOVE PHOTO: Dr. Ghada Kunter, HCCC Hematology/Oncology, speaks at Cable Channel 15 in Jackson, Ohio.

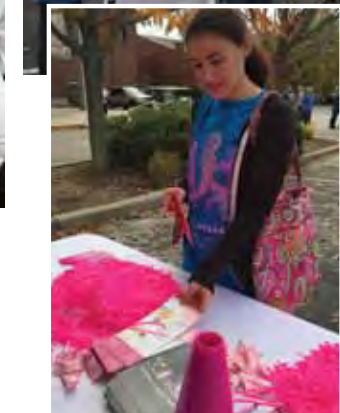


LEFT & ABOVE: Dr. Melva Pinn-Bingham, HCCC Hematology/Oncology, spoke as the keynote speaker during the Holzer's annual High School Science Awards.



TOP PHOTO: Medical students provide blood pressure and other screenings during the annual Breast Cancer Awareness Health Fair at Holzer Medical Center - Jackson. ABOVE PHOTO: Shown in the photo, from left, are Dr. John Ellison, Family Practice, and Dr. Alice Dachowski, General Surgery, at the HCCC Breast Cancer Awareness Health Fair in Gallipolis.

TOP PHOTO: Health screenings were provided during the annual Breast Cancer Awareness Health Fair at Holzer Medical Center - Jackson. ABOVE PHOTO: Skin screenings were performed by HCCC staff during the annual Heart Fair in Gallipolis.



LEFT AND ABOVE PHOTOS: Holzer provides health information during the annual Komen 5K race in Athens, Ohio.

CASES DIAGNOSED IN 2015

HCCC SITE DISTRIBUTION DATA ILLUSTRATION FOR DIAGNOSIS: YEAR 2015

DESCRIPTION OF TOP SITES COMPARED TO OHIO & NATIONAL

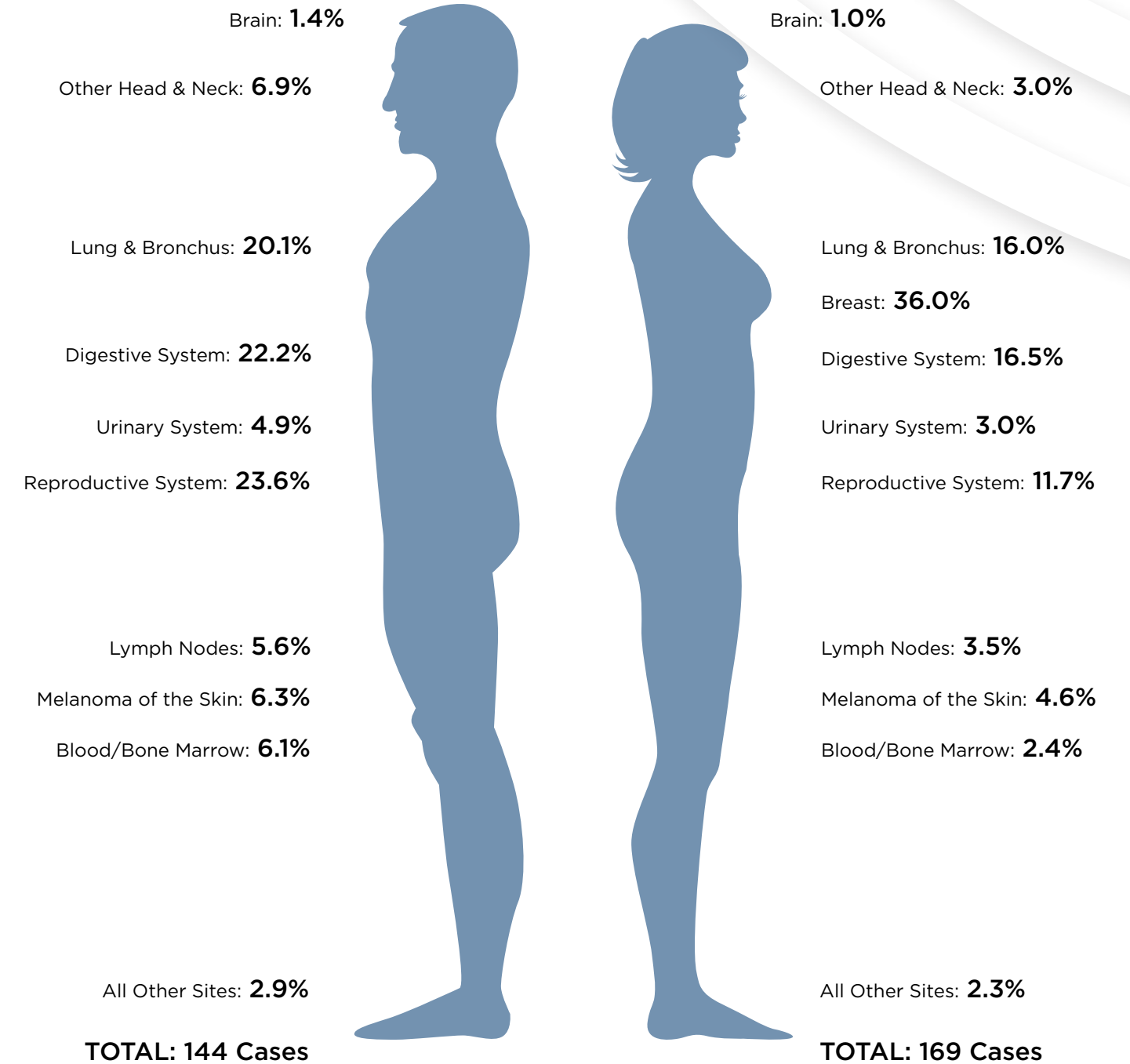
An estimated 1,658,370 new cancer cases have occurred nationally in 2015. The state of Ohio is estimated at 65,010. Holzer Center for Cancer Care (HCCC) had 313 cases for the year. The incidence rate has

been declining in men and has just recently begun to decrease among women after a long period of increase. Holzer was 5.5% above the national and state levels for breast, our top site, and 4.6% above our

national for lung, our second-highest site. The other selected sites were relatively comparable to the state and national averages.

Provided by Holzer Nutritional Services / Registered Dietitians and Health & Wellness

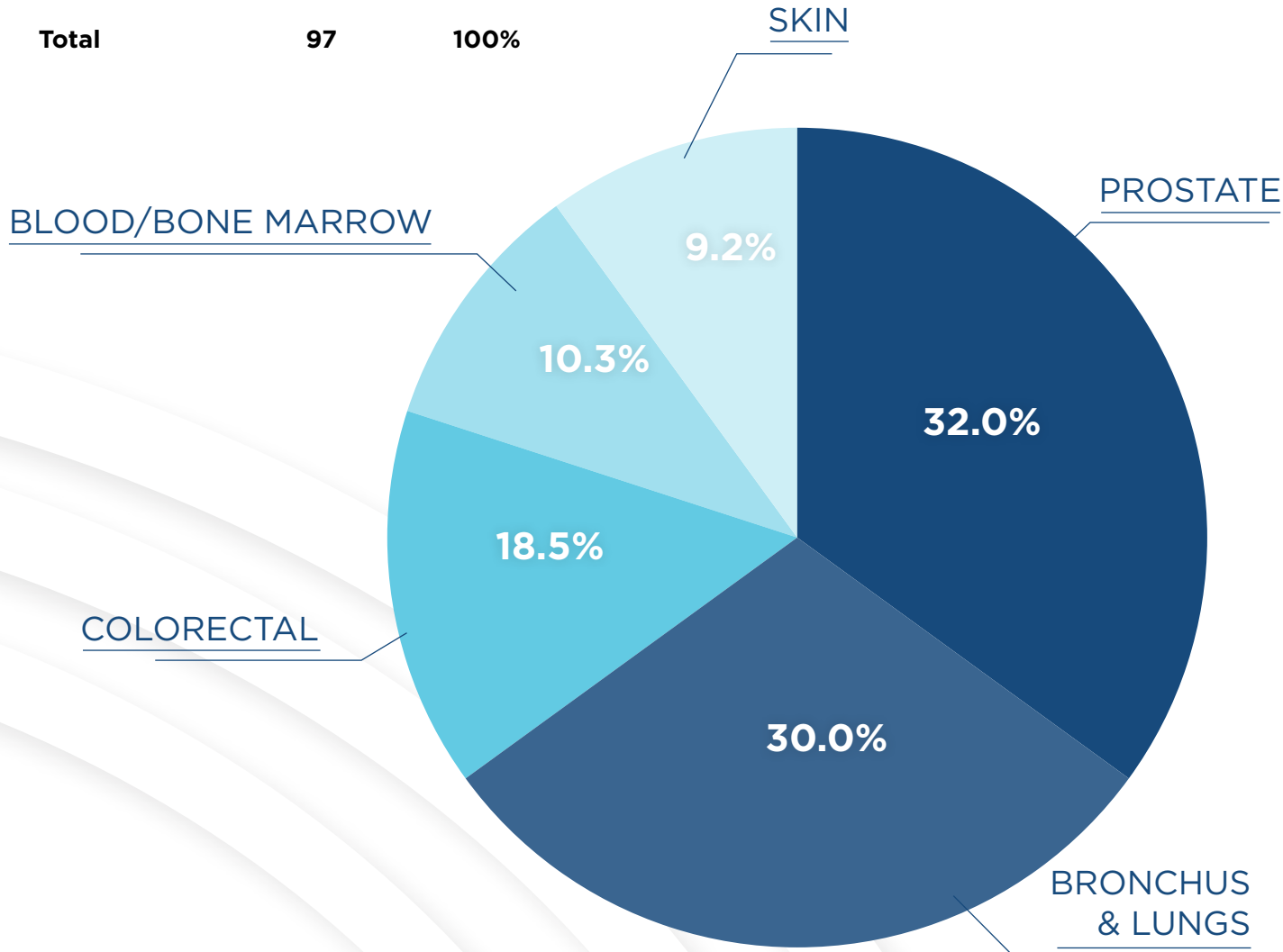
	HCCC	PERCENTAGE	OHIO	PERCENTAGE	NATIONAL	PERCENTAGE
Breast	61	19.5%	8,950	13.8%	231,840	14.0%
Lung/Bronchus	56	17.9%	10,000	15.4%	221,200	13.3%
Colorectal	38	12.2%	5,430	8.4%	132,700	8.0%
Prostate	31	9.9%	8,150	12.5%	220,800	13.3%
Melanoma of Skin	17	5.4%	2,790	4.3%	73,870	4.5%
Uterine Corpus	14	4.5%	2,410	3.7%	54,870	3.3%
Lymphoma	14	4.5%	2,790	4.3%	71,850	4.3%
Leukemia	12	3.8%	1,930	3.0%	54,270	3.3%
Bladder	10	3.2%	3,040	4.7%	74,000	4.5%
Uterine Cervix	4	1.3%	450	0.7%	12,900	0.8%
All Others	56	17.8%	19,070	29.2%	510,070	30.7%
TOTALS:	313	100.0%	65,010	100.0%	1,658,370	100.0%



2015 NATIONAL COMPARISON OF ESTIMATED TOP CANCER SITES

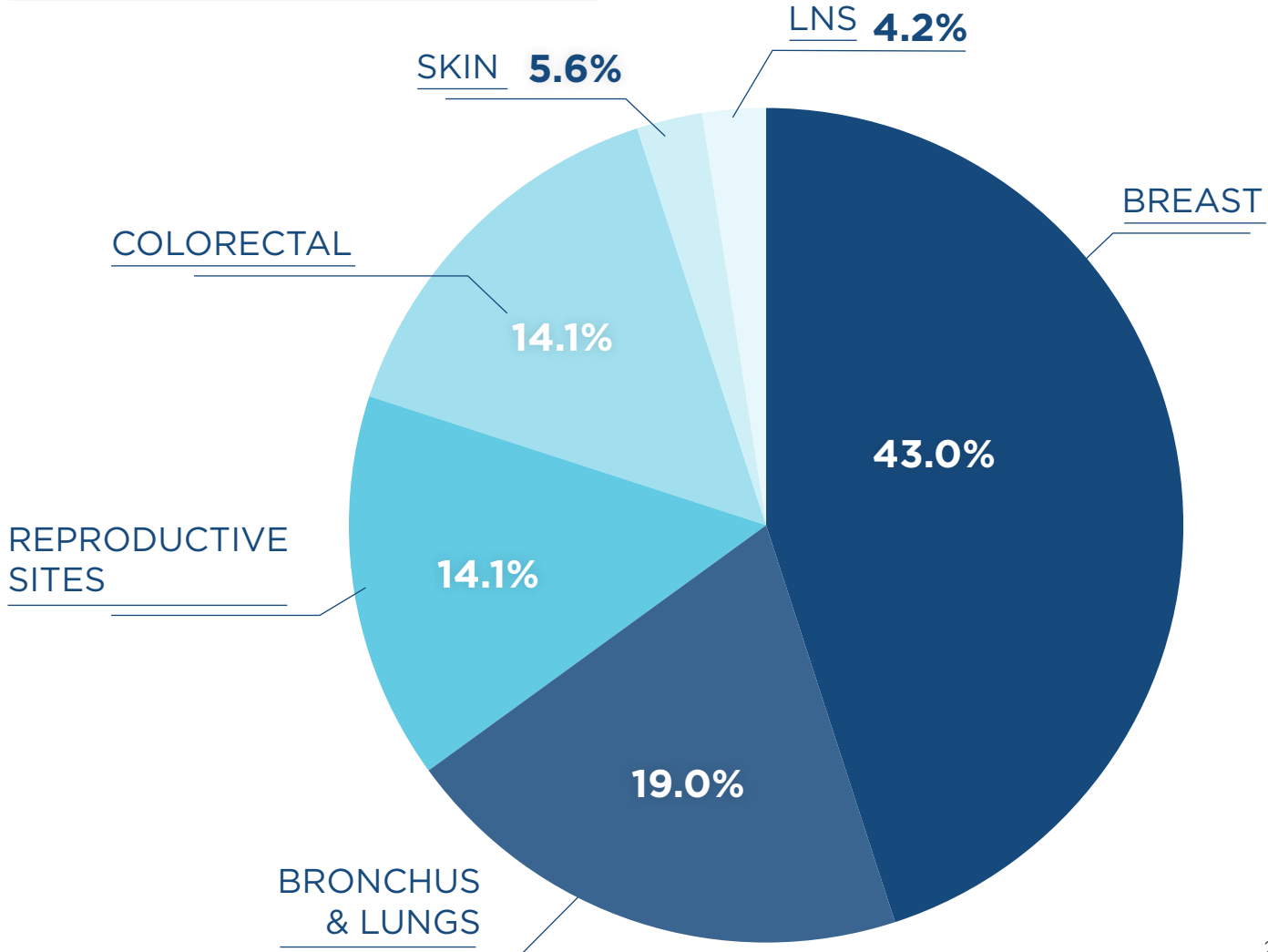
Top Sites for Men 2015

PRIMARY SITE	CASES	PERCENT
Prostate	31	32.0%
Bronchus & Lung	29	30.0%
Colorectal	18	18.5%
Blood / Bone Marrow	10	10.3%
Skin	9	9.2%
Total	97	100%



Top Sites for Women 2015

PRIMARY SITE	CASES	PERCENT
Breast	61	43.0%
Bronchus & Lung	27	19.0%
Reproductive Sites	20	14.1%
Colorectal	20	14.1%
Skin	8	5.6%
LNS	6	4.2%
Total	142	100%



SITE OF FOCUS

Colon Cancer is the third most common cancer in both men and women in the United States and also is the third leading cause of cancer-related deaths in the U.S. It's estimated that more than half of all cases could be prevented by regular colonoscopy screenings.

COLORECTAL CANCER: Preventable, Beatable, Treatable

COLORECTAL CANCER FACTS

- Colorectal cancer is a result of cancer cells that form in the lining of the colon (large intestine) or rectum.
- Most colorectal cancers develop from polyps; removal of the polyps can prevent colorectal cancer.
- Colon polyps and early cancer often have no symptoms. Therefore, regular screening is important.
- Diagnosis of colorectal cancer can be made by sigmoidoscopy or by colonoscopy with biopsy confirmation of cancer tissue.

TYPES OF COLORECTAL CANCER

Adenocarcinoma (cancers that begin in cells that make and release mucus and other fluids) is the most common type of colorectal cancer.

Other colorectal cancers include:

- Gastrointestinal stromal tumors
- Primary colorectal lymphoma,
- Leiomyosarcoma
- Melanoma
- Squamous cell carcinoma
- Gastrointestinal carcinoid tumors



RISK FACTORS

Non-controllable: Some risk factors for getting colorectal cancer are beyond your control. The following all increase the risk of getting colorectal cancer:

- Inflammatory bowel disease
- Colon polyps
- Age over 50
- Family history of colorectal cancer

Controllable:

- Eating a diet high in red or processed meat, or eating meat cooked at high temperatures
- Being overweight or obesity
- Inadequate exercise
- Cigarette smoking
- Drinking alcohol

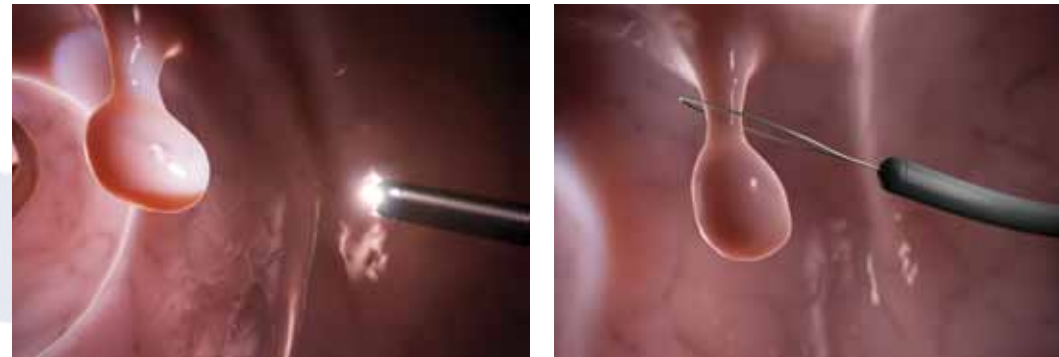
WARNING SIGNS

Screening is important because colorectal cancer in its early stages usually doesn't produce any symptoms. Screening can detect the cancer before it produces symptoms, when it is most curable. After the disease begins to

spread, it can produce blood in the stool, changes in bowel patterns (like diarrhea or constipation), abdominal pain, weight loss, or fatigue. Tumors that cause symptoms are typically larger and harder to treat.

SCREENING FOR COLORECTAL CANCER

It is recommended that most people have a screening colonoscopy every 10 years starting at age 50. A colonoscopy allows examination of the entire colon and rectum using a tiny camera. This test can find cancers in the early, most treatable stage and actually prevent cancers from developing by removing polyps.



Source: Shutterstock
LEFT: A 3D illustration of a colonoscopy.
RIGHT: A 3D illustration of a polyp removal.

ALTERNATIVE SCREENING: VIRTUAL COLONOSCOPY

An alternative to colonoscopy uses CT scan images to visualize the colon. This is known as a virtual colonoscopy. As with a conventional colonoscopy, the colon must be emptied as thoroughly as possible prior to the examination. In virtual colonoscopy, polyps or tumors are visualized without inserting the camera into the intestine. One disadvantage is that a virtual colonoscopy can only identify and not

remove any polyps that are found. A real colonoscopy is needed to remove polyps that may be identified.

ALTERNATIVE SCREENING: COLON X-RAYS (LOWER GI)

An X-ray of the colon, known as a lower GI series, can provide another way to image the colon and rectum. A chalky liquid known as barium is used as a contrast agent. This photo shows an example of an "apple core" tumor that narrows the colon. As with a virtual

colonoscopy, a real colonoscopy or other surgical procedure would be needed to remove any tumors or polyps that may be found.

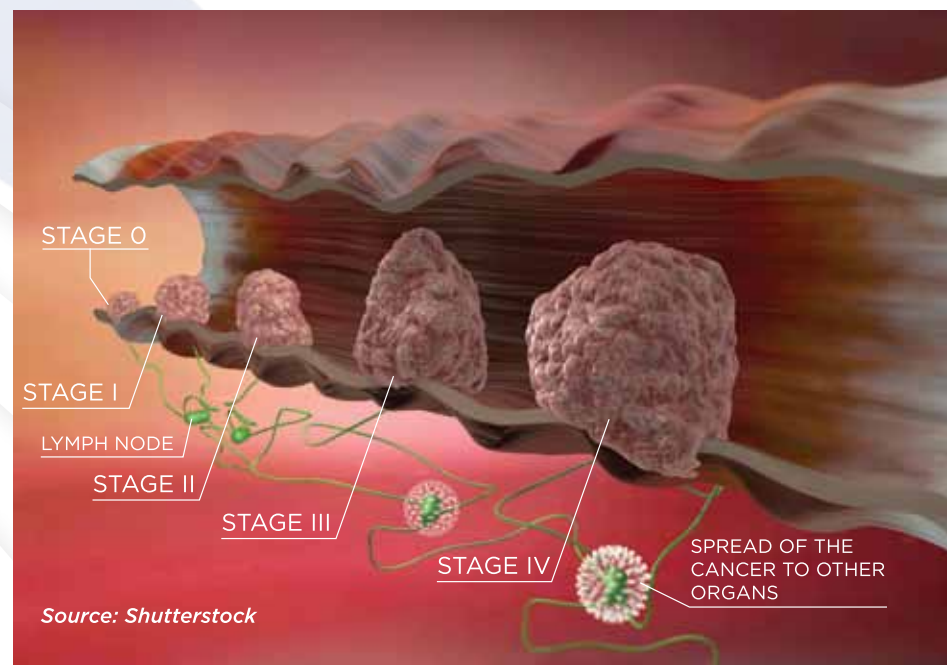
COLORECTAL CANCER DIAGNOSIS

If there are abnormalities seen in your colon or rectum, a biopsy is done to determine whether cancer is present. This can be done during a colonoscopy. The tissue is examined microscopically to look for cancer cells.

COLORECTAL CANCER STAGING

Staging is the process of determining how far a tumor has spread beyond its original location. Staging may not be related to the size of the tumor. Treatment decisions also depend upon the stage of a tumor. Staging for colorectal cancer is as follows:

- **STAGE 0** - The cancer is found only in the innermost lining of the rectum or colon.
- **STAGE I** - The cancer has not spread beyond the inner wall of the rectum or colon.
- **STAGE II** - The cancer has spread into the muscle layer of the rectum or colon.
- **STAGE III** - The cancer has spread to at least one lymph node in the area.
- **STAGE IV** - The cancer has spread to distant organs, most commonly to the liver or lungs.



Source: Shutterstock

PREVENTION

Eating a nutritious diet, getting enough exercise, and controlling body fat could prevent 45% of colorectal cancers, according to researchers. This means that adopting a healthy lifestyle can dramatically lower your risk of getting colorectal cancer. The National Cancer Institute recommends a diet low in fat with plenty of fiber and at least five servings of fruits and vegetables each day.

One study showed that people who got the most physical exercise were 24% less likely to get colorectal cancer than their least active counterparts. There was no difference if this activity was related to work or recreation. The American Cancer Society recommends at least 30 minutes of exercise a day for 5 or more days a week.

TYPES OF TREATMENT AT HOLZER

Colorectal cancer that has spread to the lymph nodes (stage III) can sometimes still be cured. In this case treatment usually consists of surgery and chemotherapy for colon cancer. In cases of rectal cancer, radiation therapy is added both prior to and following surgery in more advanced cases. Cancers that return after treatment or spread to other organs are harder to treat and more difficult to cure, but treatments may relieve symptoms and prolong life.

CHEMOTHERAPY

Modern chemotherapy drugs are less likely to cause nausea and other troubling side effects than older drugs, and medications are also available to help control these side effects. Clinical trials are always underway to develop better and more tolerable chemotherapy drugs.

RADIOFREQUENCY ABLATION (RFA)

Radiofrequency ablation (RFA) is a kind of cancer treatment that uses heat to destroy tumor tissue. CT scanning is used to guide insertion of a needle-like device into the tumor, through which intense heat is applied. RFA can be an option for destroying tumors that cannot be removed by surgery. In patients who have a few metastatic tumors in the liver that cannot be removed by surgery,

COLORECTAL CASES BY TREATMENT

TREATMENT	NUMBER OF CASES	PERCENTAGE
Segmental Resection w/Chemoradiation	9	23.7%
Segmental Resection w/Chemotherapy	5	13.2%
Segmental Resection only	6	15.8%
Hemicolectomy/Chemoradiation	1	2.6%
Hemicolectomy/Chemotherapy	3	7.9%
Hemicolectomy Resection only	7	18.4%
Chemoradiation w/o surgery	5	13.2%
Radiation only	1	2.6%
Chemotherapy only	1	2.6%
Total	38	100%

chemotherapy is sometimes combined with RFA to destroy the tumors.

SEGMENTAL RESECTION

The most commonly performed colon surgery is a segmental resection, which is often performed laparoscopically. In this procedure, surgeons remove the cancer, a section of normal colon on either side of the cancer, and nearby lymph nodes, and then reattach the sections of the remaining colon. Sometimes a temporary colostomy may be needed for recovery.

HEMICOLECTOMY

The colon, or large bowel, has three sides: the ascending colon (right side), the transverse colon, and the descending colon (left side). When one of the three sides is removed, it is called a Hemicolectomy. The remaining sections are then joined together.

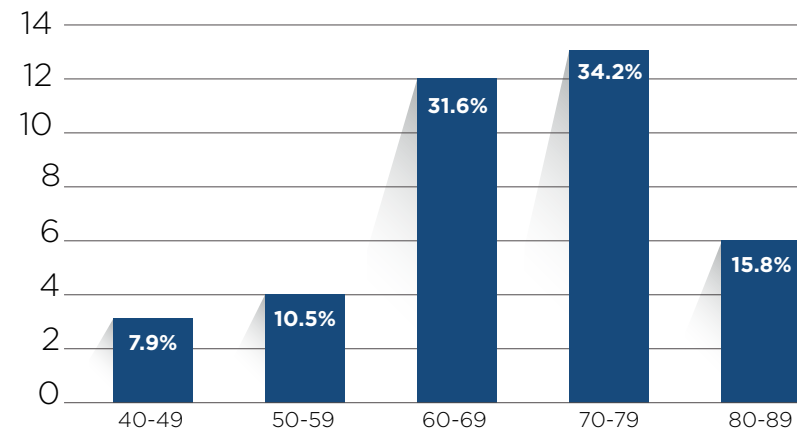
COLECTOMY

In a Colectomy, the entire colon is removed, along with surrounding lymph nodes. The remaining bowel is then joined together.

2015 COLORECTAL CASES AT HOLZER

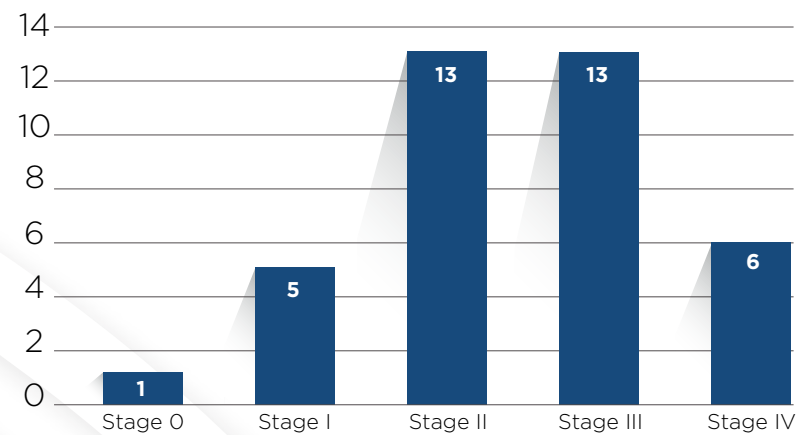
Colorectal Cases by Age Graph

AGE RANGE	CASES	PERCENT
40-49	3	7.9%
50-59	4	10.5%
60-69	12	31.6%
70-79	13	34.2%
80-89	6	15.8%
Total	38	100%



AJCC Stage Graph

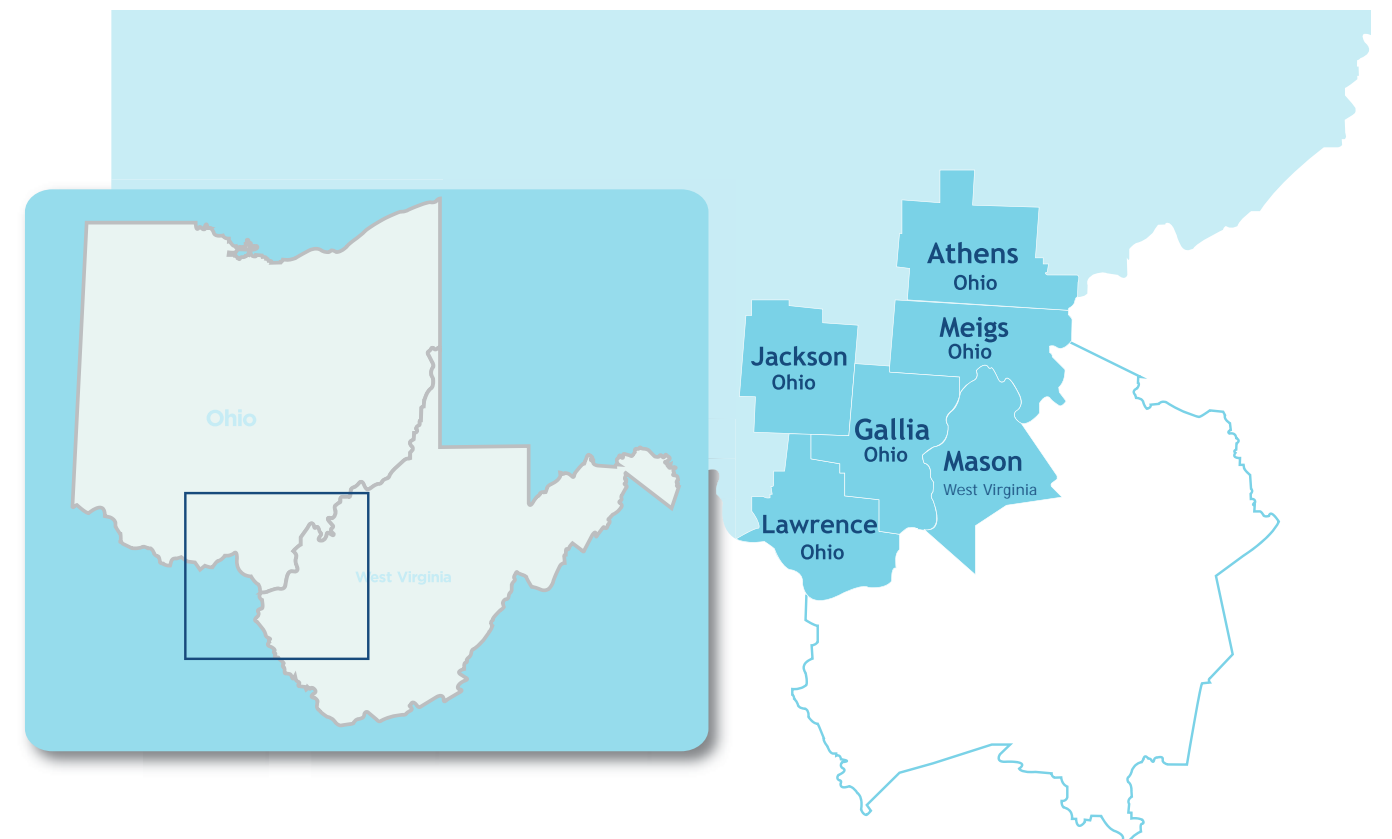
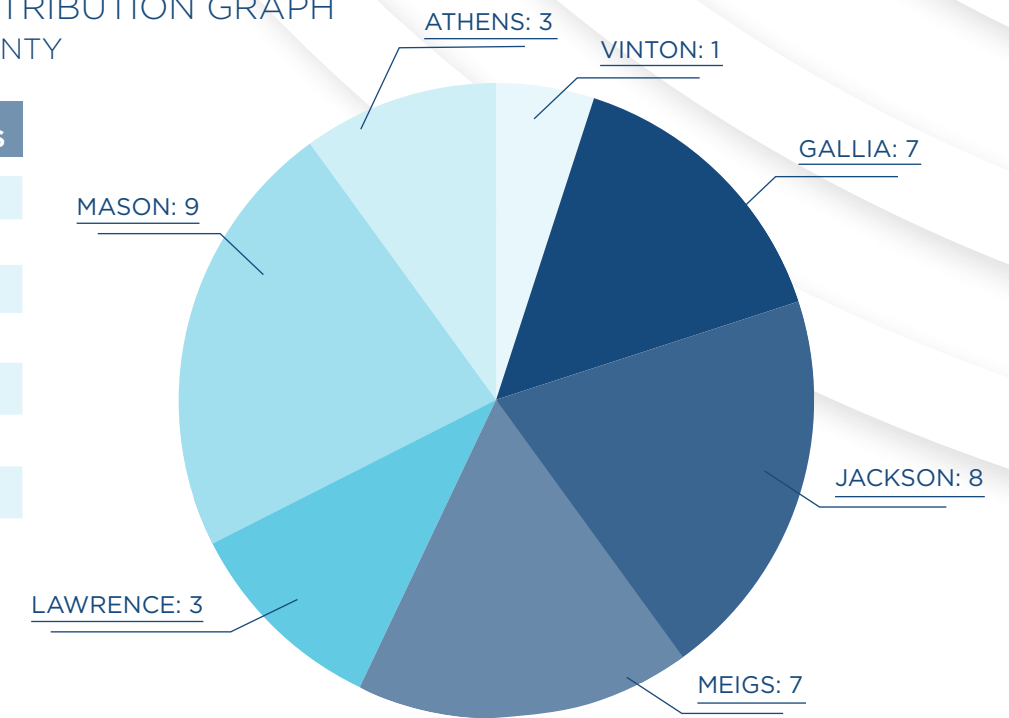
AGE RANGE	CASES
0	1
I	5
II	13
III	13
IV	6
Total	38



HCCC covers a broad geographical area. Counties represented in 2014 were Gallia, Meigs, Jackson, Vinton, and Lawrence, Ohio, and Mason County, West Virginia.

DIAGNOSIS COUNTY DISTRIBUTION GRAPH 2014 BREAST CASES BY COUNTY

DIAGNOSIS COUNTY	CASES
Gallia	7
Jackson	8
Meigs	7
Athens	3
Mason County, WV	9
Lawrence	3
Vinton	1
TOTALS	38





HEALING GARDEN

Modern cancer treatment is about mental and emotional health as well as physical health. Our contemporary chemotherapy treatment area overlooks the lovely Healing Garden, reminding us of not only the medical aspects, but also the natural and spiritual components so important to the healing process. Many people choose to walk the path of a labyrinth as a tool for meditation, reflection, prayer, and comfort.



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