

2018 CANCER PROGRAM / ANNUAL REPORT

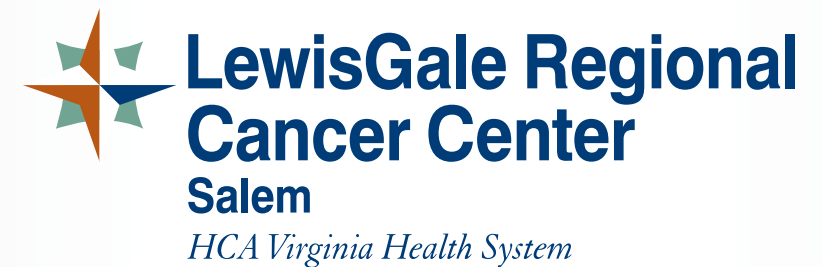
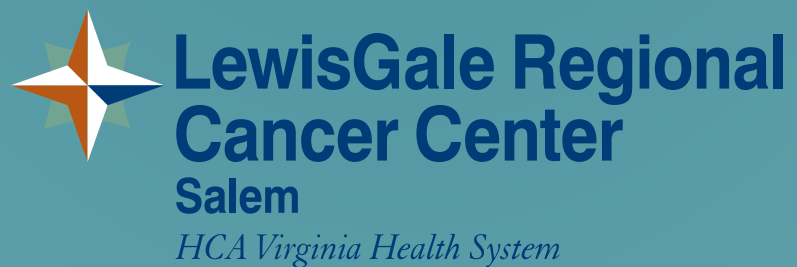
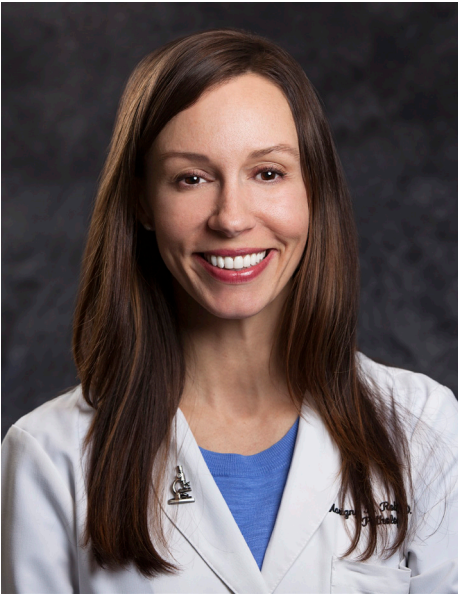




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CHAIRMAN’S REPORT



It is my distinct pleasure to present the 2018 LewisGale Medical Center Cancer Program annual report, which highlights the many facets of the LewisGale Cancer Program. The activities of the Cancer Program include virtually every department of the hospital and outpatient setting and every component of the medical staff. We are truly fortunate to work collaboratively with so many devoted physicians, nurses and other healthcare professionals to bring comprehensive and coordinated care to our patients and their families.

The past year saw our staff achieve many accomplishments. Most importantly was the renewal of our accreditation by the American College of Surgeons Commission on Cancer. This three-year seal of approval recognizes the work our team at LewisGale Medical Center has done to ensure the highest standards of treatment are provided to every patient.

The 2017 annual report highlights our efforts covering our comprehensive subspecialty care programs. This year’s focus on thyroid cancer is described in detail by Dr. Brian Gross.

As stated by Dr. Brian Gross, an Ear Nose and Throat Specialist – Otolaryngologist, “I am so excited to be able to participate in the Thyroid Cancer Collaborative Initiative (TCCC). This is the only thyroid cancer care portal, educational tool and data registry in existence. The site allows physicians to not only record important data about their thyroid cancer patients, but also share that data with both the patient and the other doctors on the care team. The site is completely HIPAA-compliant and very easy to use. An added feature is that the TCCC also allows patients to store and access their own records securely and share them with their doctors as needed.”

The LewisGale Medical Center Cancer Program is indeed fortunate to have a superb team of medical specialists, nurses, social workers, dietitians, physicists, engineers, counselors, pastoral staff and others to devote time and effort to collaboratively developed, individually tailored treatment and support plans for patients and their families. These individuals also give of themselves by serving on the Cancer Committee in order to provide the best system of care for our patients and continually educate our trainees and ourselves.

In addition to our three-year accreditation by the American College of Surgeons Commission on Cancer in the community hospital comprehensive category, our cancer registry maintains an excellent record of acquiring and analyzing data heavily utilized by researchers. Research remains an important part of our mission and we continue to be active in seeking clinical trials, cancer communications, research, and cancer quality of life research. Education of our patients, families, the public and health care professionals is also of utmost importance to our mission. In 2018 we look forward to our affiliation with the Sarah Cannon Cancer network and to the positive benefits that partnership will bring to our program.

Marigny Roberts, MD
Medical Director
Pathology and Laboratory Services
PathGroup
LewisGale Medical Center

DIRECTOR'S REPORT

The LewisGale Regional Cancer Center program is proud to be accredited by the American College of Surgeons Commission on Cancer. Our program is committed to following the guidelines and standards that have been set forth by the Commission on Cancer. We provide treatment for patients 18 years of age and up with any tumor type. Our multidisciplinary team of highly skilled physicians and staff include:

- Radiation Oncologist
- Medical Oncologist
- Surgeons – specialized and general
- Pathologists
- Rehabilitation
- Nurses, navigator, dieticians, cancer registrars, genetic counselor, therapists, physicist, dosimetrist and clergy

Each of these important staff members work together to ensure each specific patient need is met with compassion, kindness and a high level of skill. Each patient will be carefully guided through the process, from the initial consult through the therapy planning and treatment.

Our goal is to offer the best care possible as well as provide excellent therapeutic, diagnostic and surgical services. In addition, we strive to improve upon the general health of our community by participating in health screenings and early-detection programs and by providing community educational opportunities.

If you would like to learn more about our oncology program and the support services we provide please call 540-776-4160 or visit our website at www.lewisgale.com

Scott Myers, Director of Radiation Oncology Outpatient Services

ANALYTIC PROSTATE CANCER STUDY

60 patients were diagnosed and/or treated at LewisGale Medical Center in 2016. Of those 60 patients, 42 were referred to Radiation Oncology for consultation. Of these 42 patients, one patient sought treatment elsewhere, one received palliative therapy and two chose seed implantation as the treatment option.

There are 39 patients who fall into the following categories:

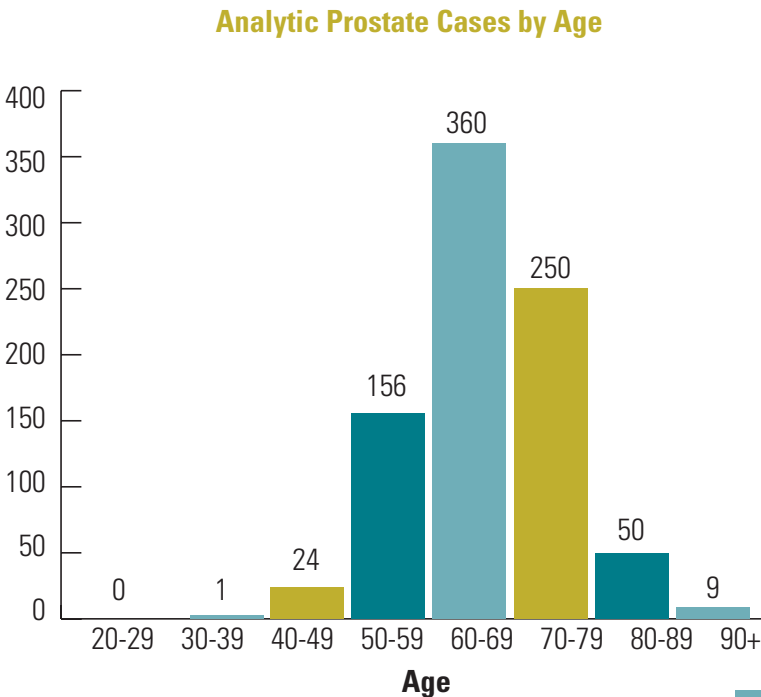
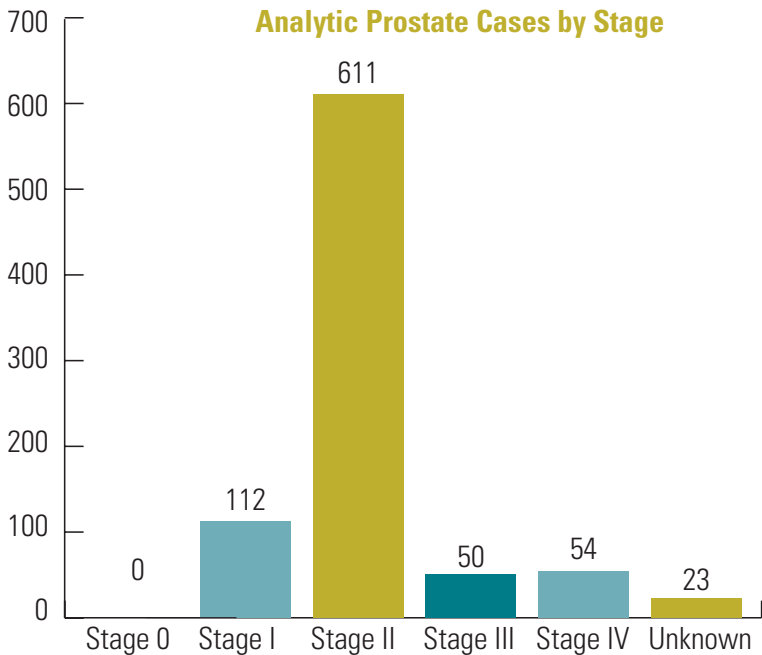
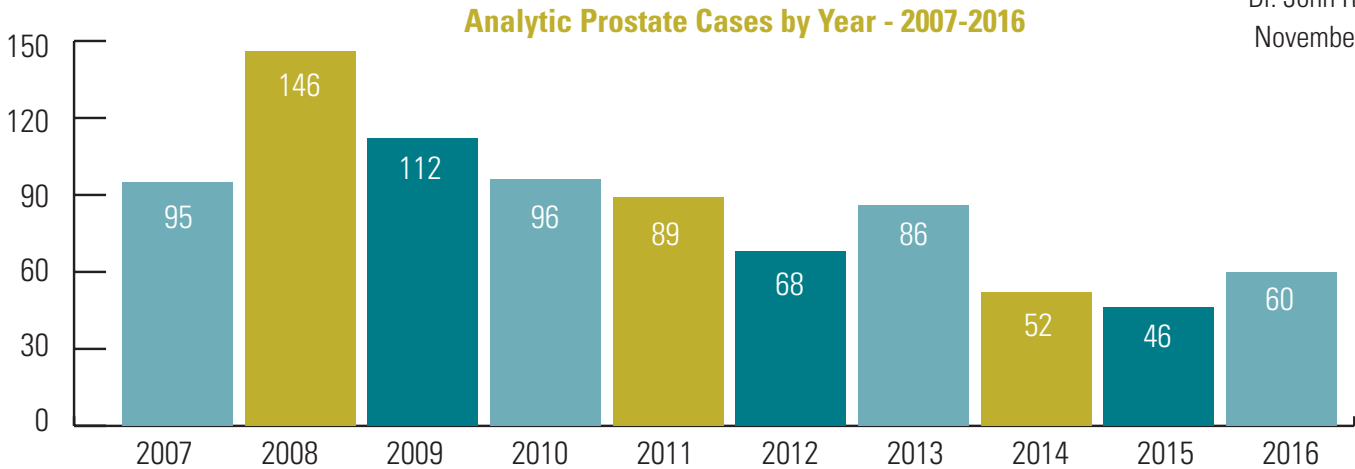
High Risk – 12 patients. All patients in this group were treated with a dose of 7920 conformal (IMRT) curative intent with neoadjuvant, adjuvant and concurrent hormone ablation. Initial treatment included the pelvic lymph nodes, prostate and seminal vesicles followed by a boost to the prostate and proximal seminal vesicles.

Intermediate Risk – 16

Low Risk – 11

The study provides assurance that all high-risk prostate cancer patients were provided a treatment plan approach using conformal (IMRT) and hormone ablation. The guidelines provided by the NCCN have been observed and followed appropriately.

Dr. John Rogers MD
November 23, 2017



CANCER REGISTRY REPORT

The Cancer Registry at LewisGale Medical Center (LGMC) has been collecting cancer data for all patients diagnosed and/or treated at our facility since 2000. The cancer registry is an essential component of the Commission on Cancer’s (CoC) accredited cancer program. Data collected by the cancer registry is an invaluable tool in the fight against cancer. As an accredited CoC facility, the registry collects demographic and disease-specific data elements on each cancer patient presenting for diagnosis or treatment. The information collected is utilized by physicians, administration, and other healthcare professionals. Among the many uses are:

- measuring quality outcomes
- tracking community outreach initiatives
- supporting clinical, diagnostic, and treatment research
- evaluating the effectiveness of current treatment modalities
- presenting data for individualized patient treatment planning
- submitting to local and national databases for incidence and outcome comparison

As mandated by law, cancer data is submitted monthly to the Virginia Cancer Registry (VCR). LGMC also participates in the Commission on Cancer (CoC) National Cancer Data Base (NCDB) on a yearly basis. Each year, NCDB issues a call for data to approximately 2,000 participating hospitals nationwide. All analytic cases for the previous year are sent, along with several other years of data used for survival statistics and quality-of-care measurements.

Benchmark and survival reports are prepared by the NCDB using this data and made available on the American College of Surgeons website (www.facs.org). Please contact the registry for assistance if you would like to access these reports.

The Cancer Registry accessioned 790 new analytic cases in 2016. Meaningful survival and outcome measures require reliable tracking of disease, recurrence and vital status for the lifetime of each patient record. Accurate follow-up data enables LGMC to compare outcomes with regional, state, or national statistics. The successful follow-up rate at LGMC for the last five years is 94%, and the rate since the established registry reference year (2000) is 88%. Both rates are well above the CoC requirement of 90% and 80% respectively.

In May, 2017, the CoC granted the LGMC Cancer Program a Three Year Approval with Commendations. LGMC Cancer Committee’s teamwork approach actively monitors outcomes data generated from site analysis studies using LGMC data to gauge trends occurring in treatment modalities and quality measures.

In response to the increased demand of quality registry data, national and international standard setters are revising and expanding the level of data elements collected by the Cancer Registry. 2018 will see tremendous changes in the patient care standards, and certification of registry personnel will be a priority.

The Cancer Registry is committed to collecting quality data for our Cancer Program, the State of Virginia and the NCDB, and appreciates the support of LGMC to achieve this goal.

Sandy Rodabaugh, CTR
Regional Cancer Registrar

GENETIC COUNSELING

Genetic Counseling services at LewisGale Medical Center provide consultation and evaluation for individuals who may be at increased risk of developing cancer due to a personal or family history of cancer. Genetic counseling is provided by an American Board of Genetic Counseling (ABGC) board-certified genetic counselor. This is in accordance with the Commission on Cancer’s standard for risk assessment and genetic counseling. Patients are provided with cancer genetic risk assessment and pre-and post-test counseling, according to the evidence-based cancer guidelines published by the National Comprehensive Cancer Network (NCCN). The genetic counselor will develop and use a pedigree analysis with available risk assessment models to determine whether a family history is suggestive of sporadic, familial or hereditary cancer. The evaluation includes education on sporadic, family clustering and hereditary cancer syndromes appropriate to the patient’s personal or family histories. Counseling will include a discussion about the benefits and limitations to genetic testing, and appropriate and cost-effective tests will be ordered if needed. During the visit, the genetic counselor will also help the patient: anticipate medical management concerns regarding the condition of interest; address cancer risks associated with the genetic condition(s) in question; discuss the likelihood of a positive result, or inconclusive results; understand the technical aspects and accuracy of the test and economic considerations of testing; educate the patient on the risks of genetic discrimination; explain the federal Genetic Information Nondiscrimination Act (GINA); and address psychosocial concerns as they arise. — Misti Williams, ABGC-Certified Genetic Counselor



Dr. Marigny Roberts,
Medical Director, Pathology
and Laboratory Services

CANCER COMMITTEE MEMBERS

Marigny Roberts, MD

Anatomic & Clinical Pathology
PathGroup
Chairman

Brian Gross, MD

Physician Liaison
Otolaryngology
LewisGale Physicians

John Rogers, MD

Radiation Oncology
Blue Ridge Cancer Care

Mark Currie, MD

Medical Oncology
LewisGale Physicians

Matthew Wagner, MD

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Valley Internal Medicine Associates

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Conference Coordinator

Sandy Rodabaugh, CTR

Cancer Registry
Registry Quality Coordinator

Scott Myers

Director
Radiation Oncology Outpatient Services
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Jennifer Reece

Director of Patient Safety

Lori Firebaugh

Case Management
Psychosocial Services Coordinator

Jessica Nichols

Clinical Research Coordinator

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William Iler

Pastoral Care

Elise Manning

Rehabilitation Services

Annika Dean

American Cancer Society

Ashley Madura & Sarah Ahmed

Dietary

Susan Meyer

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Hillary Rosenfeld

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Health System



ACKNOWLEDGEMENTS

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Cancer Committee Chairman

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Misti Williams
Genetic Counseling

Scott Myers
Director of Radiation Oncology
Outpatient Services

Cancer Committee Members
LGMC Cancer Registry
LGMC Marketing Dept.