

2018  
Annual  
Report  
on 2017  
Data



# Richard G. Laube Cancer Center



## Introduction

The diagnosis of cancer is a frightening, life-altering experience for patients and their families. The multidisciplinary group of healthcare professionals at the Richard G. Laube Cancer Center recognizes this and is committed to assisting patients through diagnosis, treatment and follow-up care, maintaining the patient at the heart of the treatment team. Our program, is accredited by the American College of Surgeons (ACOS), Commission on Cancer (CoC), which recognizes high quality care, provides comprehensive medical and radiation oncology care utilizing the latest advances in technology in a convenient community setting. We continue to work in close collaboration with tertiary care centers and their physicians to offer our patients optimal, personalized care close to home. With pride, we present our annual report offering a glimpse into the many programs and services available at ACMH's Richard G. Laube Cancer Center.

The Cancer Care Team and staff recognize the importance of early detection and prevention of cancers and offer several screening and education programs for the community. We continue to provide free skin cancer screenings, which are very well received. We also recognize a need to emphasize to our community at large the need for early colorectal cancer screening. We are pleased to have been able to collaborate with other area agencies, such as the American Cancer Society, Adagio Health and The Pittsburgh Affiliate of Susan G. Komen for the Cure to provide these services to the community. Dedicated oncology staff also target our local high schools and businesses with prevention and early detection information, particularly related to skin cancers and tobacco related cancers.

We continue to actively accrue patients to clinical trials realizing the importance of the participation benefits for patients who enroll, as well as the importance of clinical trials for advancing cancer care, prevention and treatment options for cancer patients throughout the world. We continue to participate with NRG Oncology which has brought the National Surgical Adjuvant Breast and Bowel Project (NSABP), Radiation Therapy Oncology Group (RTOG) and the Gynecologic Oncology Group (GOG) all together. We also participate in data studies as well as industry trials just to name a few.

The role of the oncology nurse navigator continues to expand at ACMH Hospital. Our navigator enthusiastically acts as a liaison assisting patients as they navigate through often complex cancer care and treatments while providing emotional support. This assists in bridging the potential gaps in care. Our navigator has received much positive feedback from patients as well as the medical community and is an asset to our program.

A Licensed Clinical Social Worker is on site full time and offers personal counseling and support in accessing resources for medications, transportation, utilities, insurances and financial support.

As part of our ongoing commitment to our patients and continued improvement, a utilization of the education simulation lab was used for testing oncology nursing competencies. Our goal was met having 100% of the chemo trained nurses having their chemo administration and management of chemo-related anaphylaxis competencies completed.

The Cancer Center also continues to promote a Lung Screening Program unveiled by Foundation Radiation Therapy Group and ACMH Hospital.

Thank you to all whose dedication and hard work have helped to make the Cancer Program at ACMH Hospital successful as we continue to strive for excellence.

Sincerely,

**The Cancer Care Team**

## Cancer Registry

The Cancer Registry collects detailed information for all patients diagnosed and/or treated at ACMH with a malignancy, as well as any central nervous system tumor. Information collected and analyzed includes demographics, personal and family histories, medical history, findings of tests and procedures to diagnose cancer, site and histology, prognostic indicators, staging, treatments, follow-up and survival data for each case. Data is collected following a strict set of coding rules and must meet the requirements of the Pennsylvania Cancer Registry (PCR), the Commission on Cancer (CoC), and the Cancer Committee. Cases are submitted to the PCR monthly and the NCDB (National Cancer Database) annually.

The information in the registry is used for purposes of quality improvement, meeting the CoC standards necessary to maintain accreditation, statistics, and research. Benchmark reports are provided by the NCDB for review of patient outcomes and to see how our hospital delivers care in comparison to other facilities across the nation. Cancer registry data is used by facility administration as well as by public health officials and researchers. State laws made cancer a reportable condition in 1993. Because of this, nationwide data on cancer is available for allocating resources to specific areas or populations for cancer prevention and control activities, and also as a resource for cancer researchers. Confidentiality of patient information is strictly maintained.

Continuing education is a requirement for Certified Tumor Registrars. In 2017 the ACMH registrar attended a PCR workshop on AJCC staging at UPMC Altoona and completed 8 webinars on various registry related topics offered by the National Cancer Registrars Association. CE credits were also awarded for each of the 11 webinars required for the CoC prostate special study.

In 2017 all CoC-accredited programs participated in a prostate cancer special study. The goal of the study was to assess post-treatment surveillance testing to identify the benefits and harms from the different surveillance frequencies. Each program was assigned 12 patients. The study required gathering information from original diagnosis (PSA, biopsy, stage, Gleason Score, pathology, and all treatment info), comorbidities, all PSA's from any physician for a period of eight years, any imaging or biopsies pertaining to prostate cancer, any recurrences and the treatment given, and any other cancer diagnosis. Researchers will use the results to improve the current approach to surveillance after treatment for prostate cancer.

The Cancer Registry participates in the Rapid Quality Reporting System (RQRS), which is a quality tool of the National Cancer Data Base available to CoC-accredited cancer programs. Breast and colon cases are reported in real time and analyzed for National Quality Forum-endorsed quality performance measures. A clinical alert system notifies cancer programs for individual cases that treatment hasn't been reported to the system, preventing patients from "slipping through the cracks". Cases are reported to RQRS monthly and alerts are monitored.

Cancer Registry (Continued from prior page.)

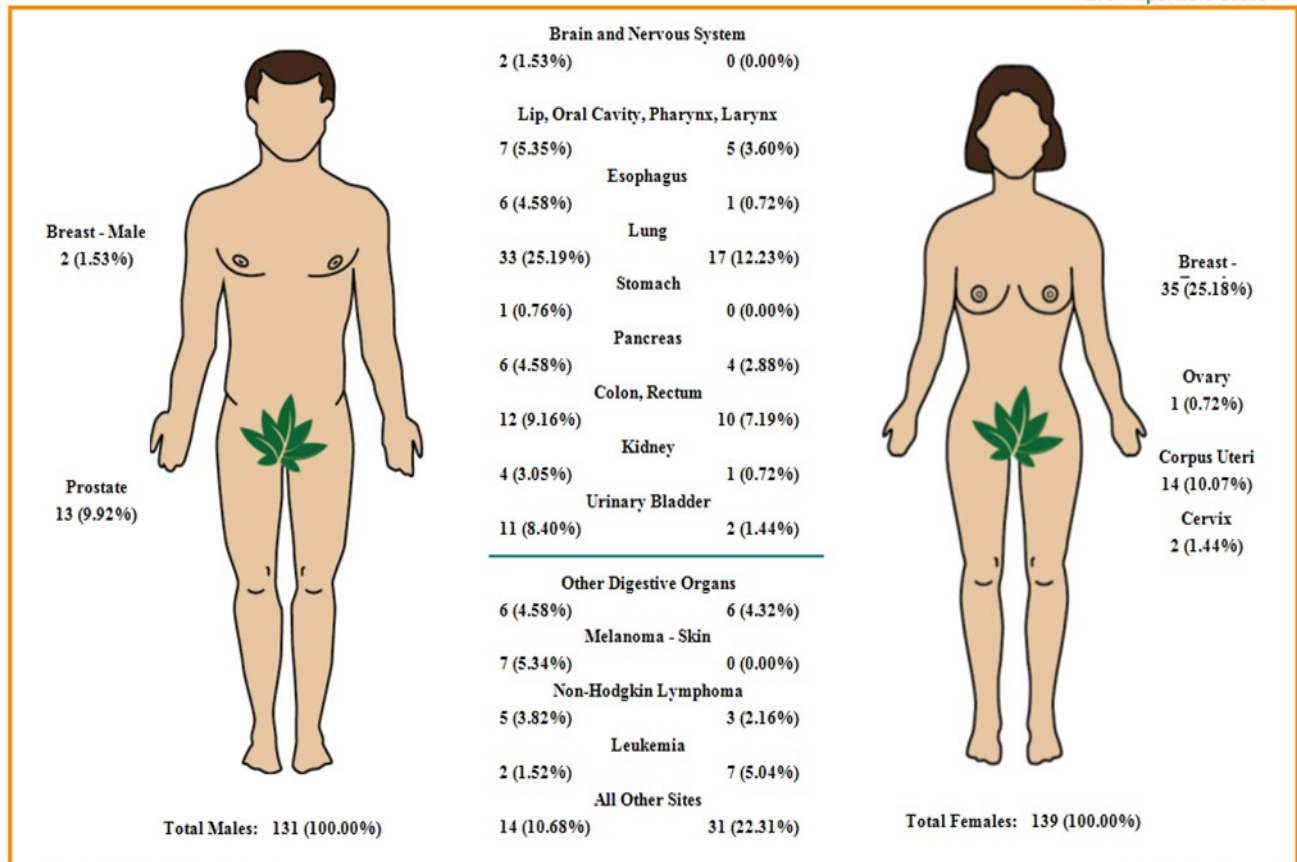
A total of 312 cases were entered into the registry data base for 2017. 270 were analytic (newly diagnosed) and 42 were non-analytic (seen for recurrent or persistent disease not initially treated at ACMH). The quality of the registry data is verified by extensive edits built in to the registry software as well as a physician review of 10% of the cases. The NCDB Annual Call for Data was submitted error free.

The top analytic cancer sites for 2017, including in-situ and invasive, were:

Site	Number of Cases	Percent of Total Cases
Lung	50	19%
Breast	35	13%
Colorectal	22	8%
Endometrial	14	5%
Urinary Bladder	13	5%
Prostate	13	5%

### Occurrence of Cancer by Site and Sex 2017 Analytic Cases Armstrong County Memorial Hospital

270 Reportable Cases



## Top 24 Sites - AJCC Stage

### Analytic Site Distribution-ACMH Hospital 2017 Cases

Diagnostic Site	Gender		STAGE							Totals	% Total
	Male	Female	0	I	II	III	IV	NA	UNK		
Lung	33	17	0	13	4	9	22	1	1	50	18.52
Breast - Female	0	35	13	10	9	2	1	0	0	35	12.96
Colon	8	9	0	3	8	3	3	0	0	17	6.30
Corpus Uteri	0	14	0	11	0	1	1	0	1	14	5.19
Urinary Bladder	11	2	5	2	4	0	2	0	0	13	4.81
Prostate	13	0	0	6	4	0	1	0	2	13	4.81
Lip Oral Cavity Pharynx	5	5	0	2	1	4	2	0	1	10	3.70
Pancreas	6	4	0	1	3	0	5	0	1	10	3.70
Benign Brain and CNS	1	9	0	0	0	0	0	10	0	10	3.70
Non-Hodgkin Lymphoma	5	3	0	2	2	0	4	0	0	8	2.96
Thyroid	1	6	0	5	0	1	0	0	1	7	2.59
Esophagus	6	1	0	0	0	5	1	0	1	7	2.59
Melanoma - Skin	7	0	1	2	0	1	2	0	1	7	2.59
Liver	3	3	0	1	1	2	2	0	0	6	2.22
Rectum	4	1	0	2	1	0	2	0	0	5	1.85
Multiple Myeloma	2	3	0	0	0	0	0	5	0	5	1.85
Kidney	4	1	0	1	1	1	1	0	1	5	1.85
Other Respiratory	2	2	0	0	0	1	0	3	0	4	1.48
Soft Tissue	2	2	0	1	1	0	0	1	1	4	1.48
Myeloid/Monocytic Leukemia	1	3	0	0	0	0	0	4	0	4	1.48
Unknown Sites	2	1	0	0	0	0	0	3	0	3	1.11
Small Intestine	1	2	0	0	1	1	1	0	0	3	1.11
Hodgkin Lymphoma	1	2	0	0	3	0	0	0	0	3	1.11
Lymphoid Leukemia	0	2	0	0	0	1	0	1	0	2	0.74

This graph is the top 24 sites so doesn't include all 270 analytic cases



## Clinical Research

ACMH is a community based hospital which participates in a number of clinical trials. In 2016, we have affiliated with Allegheny Health Network and their physicians to offer our patients access to AHN Clinical Trials in our Cancer Center. Each new cooperative group trial offered here will have a specific Study Site Agreement. AHN 's Institutional Board (IRB) will serve as the IRB of record for ACMH on any AHN study offered here on our campus. ACMH will maintain their Federal Wide Assurance in good standing and our independent IRB will remain intact when needed. Patients on trials will be discussed with ACMH 's IRB Committee. Access to trials is offered through NRG Oncology which is a Pennsylvania nonprofit corp. founded to consolidate three adult NCI clinical cooperative groups: National Surgical Adjuvant Breast & Bowel Project (NSABP), Radiation Therapy Oncology Group (RTOG) and Gynecologic Oncology Group (GOG). ACMH also enrolls patients through the Cancer Trials Support Unit (CTSU) which is a service of the National Cancer Institute (NCI) that provides clinicals across the U.S. and Canada access to cancer trials. ACMH Cancer Center also has access to pharmaceutical sponsored trials, prevention, screening and compassionate use protocols, observational studies and data registry studies.

The study coordinator reviews history & pathology of all new cancer patients diagnosed at our ACMH facility in the inpatient & outpatient setting for potential eligibility to participate in a clinical trial. The study coordinator works closely with the Medical Oncologists, Nurse Practitioners, Physician Assistants and Clinical Pharmacists to discuss new and available studies along with the possibilities of patient enrollment. We continue to have steady enrollment in the number of patients electing to participate in a clinical trial at ACMH. The study coordinator also assists the Medical Oncologists in referring patients to other research facilities if there is an open trial that may benefit our patient but cannot offer participation here at ACMH. We are proud to offer this program as an additional treatment option in our community.

## Education & Enlightenment

### TUMOR BOARD (Cancer Conference)

The Tumor Board at ACMH typically meets the 1st, 3<sup>rd</sup> and 5<sup>th</sup> Tuesday of each month to present cancer cases for prospective review. The Cancer Conference offers multidisciplinary consults on every case presented. This structure ensures the availability of modern pretreatment evaluation, including accurate staging, up-to-date multidisciplinary treatment, and ongoing quality assessment including management guidelines. Cancer Conference focuses on problem cases and on pretreatment evaluation, staging, treatment strategy and quality of life. Participants include physicians from the Departments of Pathology, Medical Oncology, Radiation Oncology, Diagnostic Radiology and Surgery, as well as oncology nursing, social services, nutrition and tumor registry.

All major sites of cancer diagnosed and/or treated at ACMH are covered throughout the year with an average of twelve in attendance. Sites discussed included lung, gastric, pancreatic, breast, colon, B-cell lymphoma, hepatic, testicular, bladder, rectal, brain, head & neck, Hodgkin 's lymphoma, skin, urothelial, papillary, cervical, liver, endometrial and appendix cancers. Staff physicians are welcome and are invited to bring any oncology case to Tumor Board for discussion and/or second opinion review.

### TUMOR CONFERENCE

The Tumor Conference typically meets quarterly at ACMH to offer educational opportunities, at least one of which relates to the use of staging and national treatment guidelines, for all physicians as well as hospital staff. This is a conference given by the speakers' bureau as well as industry speakers. Topics

included: Lung Cancer Presentation by Rodney Landreneau, MD on March 16, 2017, learning objectives included: Review AJCC Staging System and TNM Guidelines, Discussion of Prognostic and Predictive Factors, Review the National Comprehensive Cancer Network (NCCN) Clinical Practices Guidelines in Oncology for Lung Cancer, and Understanding of how staging, prognostic indicators, and evidence based treatment guidelines are used in treatment planning. Innovations in Lung Cancer Diagnosis and Treatment by Matthew Synan, MD and Rodney Landreneau, MD on May 23, 2017. Closing the Gaps: Colorectal Cancer Screening Webinar Series on December 18, 2017

## Care & Compassion

### **NUTRITION SERVICES**

Nutrition is an integral part of the management of cancer and related therapies. The maintenance of an adequate nutrition status may reduce the complications from oncologic therapy and may contribute to the patient's sense of well-being. A Registered Dietitian is part of the ACMH Hospital Cancer Care Team and is available for consultation as the need arises.

Patients and families can request to meet with a Dietitian for nutrition concerns and suggestions for optimizing meal planning.

### **REHAB SERVICES**

ACMH Rehab Services (Physical, Occupational, and Speech Therapy) are available to provide services to patients who may have functional limitations/impairments, disabilities, or changes in physical function and health resulting from injury, disease process or other causes. Our highly skilled therapists can provide care to patients in a variety of settings across the continuum of care (Inpatient, Outpatient, Skilled Nursing, and Acute Rehab). The therapists design individual treatment programs to address each patient's physical and functional deficits. Our Physical Therapists, Occupational Therapists and Speech Therapists are available to treat Cancer related problems such as: pain, weakness and fatigue, difficulty with gait or unsteadiness (loss of balance), lymphedema, loss of joint range of motion or function, stress/anxiety, difficulty with activities of daily living and speech and swallowing dysfunctions.

### **CANCER GENETIC COUNSELING**

In collaboration with Allegheny General Hospital, we are able to provide cancer genetic counseling to our patients and their families on-site. A genetics counselor is available monthly to meet with patients to discuss the risk assessment and testing. Patients have the opportunity to speak with the medical oncologist specializing in cancer genetic testing via teleconference. We are fortunate to be able to offer this important service on-site for patients with significant family medical histories of cancer.

### **ONCOLOGY SOCIAL WORKER**

The Oncology Social Worker assists in identifying psychosocial issues of patients, families and significant others who are facing the impact of cancer. The social worker acts as an advocate for patients and their families by helping others understand their needs. The social worker is also responsible for counseling, education, case management, financial assistance and networking community services.

## ONCOLOGY NURSE NAVIGATOR

The Oncology Nurse Navigator at ACMH Hospital is available to assist cancer patients obtain timely and efficient care from diagnosis to treatment to follow-up cancer care. Currently the Navigator ' s primary focus is our breast cancer patient population, but is available for any oncology patient in need of assistance.

Getting a breast cancer diagnosis can be very scary. Getting through the maze of appointments with radiology, cardiology, laboratory, surgery, oncology, and radiation oncology can be confusing and overwhelming. Once a newly diagnosed patient receives her diagnosis of breast cancer, the nurse navigator contacts her and provides information about her pathology report, diagnosis, possible treatment options, and what to expect at her first visit with the surgeon or oncologist. The time period between diagnosis and initial appointment with the specialist is extremely stressful. Having a point of contact during this critical time can be very helpful for patients who may have additional questions or need emotional support.

Once the patient ' s treatment plan is in place, the nurse navigator stays in contact with the patient. Patients are contacted post-op to monitor for pain and drain management. If chemotherapy is indicated, patients are monitored for treatment-related side effects. Patients often call with questions related to diarrhea, constipation, and infection. The nurse navigator often serves as a triage nurse, directing patients on how to manage these symptoms at home, recommending they call their doctor, or urging them to visit the emergency room. The nurse navigator also acts as a liaison, updating the physicians on the patient ' s care team as needed.

Patient navigation services are constantly being reviewed and changed based on the needs of our patient population and the needs of the physicians. Although breast cancer patients are our main focus, any patient can be referred for navigation services. If you would like to refer a patient to the patient navigator, please call 724-525-6496.

## Community & Commitment

### COMMUNITY HEALTH SCREENINGS

On Saturday, May 6, 2017, ACMH Hospital and the Foundation supported a free skin cancer screening which was held in the Richard G. Laube Cancer Center. There were 48 participants for the skin screening, 19 of the 48 ( 40% ) were referred for follow up care. The patients were referred to a dermatologist and/or surgeon ( general or plastic ) depending on their individual circumstance.

Breast cancer has traditionally been a top site of cancer diagnosis at ACMH Hospital. This has been determined by biopsy and positive cancer diagnosis. According to the community needs assessment information breast cancer – 104.24 per 1000,000 compared to 83.34 statewide averages. On August 26th ACMH Hospital held a “ purse bash ” to accomplish two goals. The goals included raising money for the ACMH foundation ( helping cancer patients ), and providing education along with preventative



tips to the target local population of the women of Armstrong County. The event hosted over 100 women and raised \$8,287.37 for the foundation. A large packet of information was given to every person in attendance outlining breast, cervical, and colon cancer in woman. This information gave statistical and preventative education and direction. The nurse manager of the Cancer Center also addressed the group discussing the community at risk targeting prevention with a main focus on breast cancer. She answered questions and involved local breast cancer patients to stress the need for surveillance with a take home message that prevention saves lives. The event was well received with positive verbal feedback.

### **Affiliations**

University of Pittsburgh Cancer Institute  
Eastern Cooperative Oncology Group (ECOG)  
National Surgical Adjuvant Breast and Bowel Project (NSABP)  
Allegheny General Hospital

### **References**

Cancer Facts and Figures Pennsylvania, American Cancer Society  
National Cancer Institute  
Department of Health  
PCR (Pennsylvania Cancer Registry)  
Division of Health Statistics and Research  
National Cancer Database

### **Accreditations**

American College of Surgeon's Commission on Cancer  
American College of Radiology  
FDA Certified under the Mammography Quality Standards Act (MQSA)  
College of American Pathology

## 2017 Cancer Committee Members

**Kelly Zbanic, MD**

General Surgery

**Tracy Klayton, MD**

Radiation Oncology

**Vishnu Ganta, MD**

Pathology

**Kyo Song, MD**

Pathology

**Diane BuchBarker, MD**

Medical Oncology/Palliative Care

**Rodney Landreneau, MD**

Thoracic Surgery

**Randall Barrett, DO**

Pain Management/Palliative Care

**Saadia Khan, MD**

Radiology

**Natalie Obradovich**

American Cancer Society

**Holly Thomas, RD, LDN**

Nutrition

**Kimberly Schultz, RPH**

Pharmacist

**Kayla McGregor, PA**

Pain Management/Palliative Care

**Kyla Morphy, LLGC**

Genetics Counselor

**Dana Klingensmith RN, BSN, OCN**

Nurse Manager Medical/Radiation Oncology

**Linda Reesman, CTR**

Tumor Registrar

**Lynn Stennett, RN**

Oncology Nurse/Palliative Care

**Michelle Wilson, RN**

Research Protocol Nurse

**Brandi Mason, RN**

Oncology Nurse Navigator

**Rachel Verdi**

Quality Management

**Nichole Geraci, MS**

VP Patient Services & Operations

**Gretchen Young, LCSW**

Social Worker

**Maureen May, LLGC**

Genetic Counselor

**Jeff Lasko, MPT**

Director, Outpatient Rehab Services

**Rev. Mark Davis**

Clergyman

**Kevin Baskin, MD**

Radiology