

2015
Annual
Report
On 2014
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 2014 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, and head and neck cancer screenings, prostate screenings, as well as breast cancer screenings. 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 promoted a Lung Screening Program unveiled by Foundation Radiology Group and ACMH Hospital. The goal of this low dose CT scan project is to increase the rate of detection of stage I and II cancers.

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 Summary

The Cancer Registry collects, manages and analyzes information for all patients with a malignancy and any central nervous system tumor. The core functions of the registry are to identify all reportable cases, complete an abstract for each case, and monitor each patient annually. 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.

The computerized software system used by the ACMH Hospital registry is Oncolog. The registry offers access to a broad range of data including, but not limited to, demographics, primary site, histology, stage, treatment, recurrence and follow-up information.

The information in the registry is used for purposes of quality improvement, meeting the CoC standards necessary to maintain accreditation, statistics, and research. Cases are submitted to the PCR monthly and the NCDB (National Cancer Database) annually. 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. This information can be used as a tool to implement improvement processes as well as to identify areas of excellence.

Continuing education is a requirement for Certified Tumor Registrars. In 2014 the ACMH registrar submitted CE credits to the National Cancer Registrars Association and was randomly selected for an audit of the CE hours. Documentation was provided and approved. Continuing education requirements are met through 12/31/16.

323 cases were abstracted for 2014. 290 were analytic (newly diagnosed) and 33 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 top analytic cancer sites, including in-situ and invasive, for 2014 were:

- Breast – 74 cases, 26%
- Colorectal – 33 cases, 11%
- Lung – 29 cases, 10%
- Prostate – 17 cases, 6%
- Bladder – 16 cases, 6%

Each patient in the database is followed annually in order to acquire information on recurrences, subsequent treatment, and survival. This process benefits patients because it serves as a reminder to physicians of the need for continued surveillance. The ACMH registry is currently following 2,640 patients. The required follow up rate of over 90% is maintained in order to meet the CoC standard.

Top 24 Sites-AJCC Stage
Analytic Site Distribution-ACMH Hospital 2014 Cases

Diagnostic Site	Gender		Stage							Totals	% Total
	Male	Female	0	I	II	III	IV	NA	UNK		
Breast Female	0	74	10	35	17	7	5	0	0	74	25.52
Lung	15	14	0	1	1	5	21	0	1	29	10.00
Colon	12	10	0	4	6	7	2	0	3	22	7.59
Prostate	17	0	0	6	6	0	4	0	1	17	5.86
Urinary Bladder	13	3	8	2	2	0	3	0	1	16	5.52
Lip oral cavity Pharynx	10	3	0	3	1	1	7	0	1	13	4.48
Corpus Uteri	0	12	0	6	0	1	1	0	4	12	4.14
Rectum	8	3	0	0	1	3	6	0	1	11	3.79
Pancreas	4	4	0	0	1	1	6	0	0	8	2.76
Melanoma skin	3	5	0	3	0	2	1	0	2	8	2.76
Non-Hodgkins Lym- phoma	6	2	0	2	1	3	2	0	0	8	2.76
Benign Brain and CNS	2	6	0	0	0	0	0	8	0	8	2.76
Myeloid & Mono- cytic Leukemia	4	1	0	0	0	0	0	5	0	5	1.72
Other Hematopoietic	3	2	0	0	0	0	0	5	0	5	1.72
Multiple Myeloma	3	2	0	0	0	0	0	5	0	5	1.72
Cervix	0	5	0	1	1	0	3	0	0	5	1.72
Thyroid	1	3	0	3	0	0	1	0	0	4	1.38
Other Digestive Organ	2	2	1	0	0	0	0	3	0	4	1.38
Larynx	3	1	0	2	1	1	0	0	0	4	1.38
Esophagus	4	0	0	0	0	1	2	0	1	4	1.38
Stomach	3	1	0	1	0	1	0	1	1	4	1.38
Kidney	0	3	0	0	1	1	1	0	0	3	1.03
Other Skin	1	1	0	1	0	0	0	0	1	2	0.69
Ovary	0	2	0	0	1	0	0	0	1	2	0.69

This graph is the top 24 sites so doesn't include all 290 analytic cases

Clinical Research

ACMH Hospital is a community hospital which participates in a number of clinical trials which are approved through ACMH Institutional Review Board. Our programs are affiliated with the Allegheny Health Network Programs that enables ACMH to enroll patients into clinical trials through NRG Oncology which is a Pennsylvania nonprofit corporation founded to consolidate three adult NCI clinical cooperative groups: National Surgical Adjuvant Breast and Bowel Project (NSABP), Radiation Therapy Oncology Group (RTOG) and Gynecologic Oncology Group (GOG). ACMH also enrolls patient through the Cancer Trials Support Unit (CTSU) which is a service of the National Cancer Institute (NCI) that provided clinicians across the United States and Canada access to cancer trials through the adult cooperative groups. We also have access to pharmaceutical sponsored trials as well as prevention and compassionate use protocols, observational studies and data registries.

The study coordinator reviews all new cancer patients that are diagnosed at ACMH facility in the inpatient and outpatient setting for potential eligibility for clinical trials. The study coordinator works closely with the Medical Oncologist, Nurse Practitioner and the Pharmacist to discuss new and available studies and the possibilities of patient enrollment. We continue to have steady enrollment in the number of patient electing to participate in clinical trials at ACMH. We are proud to offer this program as an additional treatment option in our community.

Protocol enrollment for 2014 is as follows: 4 patients for Neoadjuvant Breast Registry-Symphony Trial (NBRST), NSABP-B43 Breast Protocol-1 patient, Radiation Outcome Consents-RC5167-128 patients. 1 patient referred to Hillman Cancer Center for Small Cell Lung Cancer and 1 patient referred to UPCI for Blood Biomarker Protocol.

Education & Enlightenment

TUMOR BOARD (Cancer Conference)

The Tumor Board at ACMH typically meets the 1st, 3rd and 5th 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. Forty-nine cases were presented in 2014 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 for

2014 included: Current considerations in the Management of Patient with Acquired Anemias, Immunology: Seeking to Transform the Treatment of Cancer through Immunotherapy, Avastin in CRC Case-Based Approach, A Review of the TNM Staging System 7th Edition for Lung Cancer and Its Clinical Relevance, An Overview of Metastatic Adenocarcinoma of the Pancreas and Treatment Options, Oncology Genetic Testing and Multiple Myeloma.

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 patient to discuss the risk assessment and testing. Patients have the opportunity to speak with the medical oncologist specializing in cancer genetic testing via teleconference. In the year 2014, 62 patients were seen, 54 new patients and 8 follow-up patients. 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, June 21, 2014, ACMH Hospital and the Foundation supported a free cancer screening which was held in the Richard G. Laube Cancer Center. The cancer screenings consisted of skin screening, prostate screening and head and neck screening.

There were 59 participants for the skin screening, 26 (44%) of which were referred for additional care. We also offered free prostate and head and neck screenings. Five men participated in the prostate screening, which included a PSA level and digital rectal exam by a physician. One participant was

referred for additional care. Ten people took part in the head and neck cancer screening, which a physician performed. All participants had normal exams. All abnormal exams were followed to ensure follow-up appointments were made.

We also asked the participants to bring a nonperishable item, if able, to the screening. The items were donated to the Kittanning Food Bank.

On Wednesday, October 15, 2014, the Cancer Care Team held a 2nd free skin screening in the Richard G. Laube Cancer Center from 5:00-8:00 p.m. The screening was for the people who were placed on a waiting list from the spring screening. We had 71 people scheduled for the day. There were actually 59 participants on the day of the screening, 26 (44%) of which were referred for additional care. A call was made three months after to each participant with an abnormal screening to ensure they had scheduled a follow up appointment.

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

2014 Cancer Committee Members

Denny Tang, MD

Committee Chairman

General Surgery

James Betler DO

Radiation Oncology

Mark Casteel, MD

Radiology

John Oehrle, MD

Pathology

Diane BuchBarker, MD

Medical Oncology/Palliative Care

Richard Bernat, MD

Otolaryngology

Randall Barrett, DO

Pain Management/Palliative Care

Tracy Klayton, MD

Radiation Oncology

Natalie Obradovich

American Cancer Society

Lauren Bailey, RD, LDN

Nutrition

Kimberly Schultz, RPH

Pharmacist

Kayla McGregor, PA

Pain Management/Palliative Care

Dana Klingensmith RN, BSN, OCN

Nurse Manager

Medical/Radiation Oncology

Linda Reesman, CTR

Tumor Registrar

Linda Atwood

Secretary, Cancer Center Program

Michelle Wilson, RN

Research Protocol Nurse

Cari Chavira, RN

Oncology Nurse Navigator

Rhonda Gengler

Quality Management

Miriah Moore, RN

Oncology Nurse Manager

Gretchen Young, LCSW

Social Worker

Emily James, MS

Genetic Counselor

Jeff Lasko, MPT

Director, Outpatient Rehab Services

Rev. Mark Davis

Clergyman

Lynn Stennett, RN

Oncology Nurse/Palliative Care