Call to Action
Healthcare That Works
Healthcare That Is Safe
Healthcare That Leaves No One Behind For Life

Core Values
Service of the Poor
Reverence
Integrity
Wisdom
Creativity
Dedication

Enabling Strengths
Inspired People
Trusted Partnership
Empowering Knowledge
Vital Presence
Stewardship
In 1989 our Cancer Program at St. Vincent’s East was established to serve its community. Today, I’m pleased to say our St. Vincent’s East Cancer Program remains committed to the delivery of excellent and compassionate care.

This fiscal year we are excited to announce we will be adding the Varian TrueBeam, an advanced radiotherapy system, to our campus.

The Varian TrueBeam not only allows us to address a variety of tumor types, but to improve the ease, precision and speed of patient treatment, while minimizing radiation exposure to healthy tissue.

However, our focus at St. Vincent’s East is not on treatment alone. Since early detection is one of the best defenses against cancer, our Cancer Program continues to focus on community events that promote awareness, prevention and early detection of all types of cancers. Our prevention efforts are only strengthened by the American College of Radiology’s designation of St. Vincent’s East as a Lung Cancer Screening Site.

St. Vincent’s East is engaged with a variety of community partnerships, including our present work with the Leukemia & Lymphoma Society’s Light the Night fundraising team.

As always, we appreciate the support of the St. Vincent’s Foundation, St. Vincent’s East Auxiliary, physicians and St. Vincent’s associates who continue to work together to ensure we are able to meet the needs of our patients and their families during their diagnosis, treatment and recovery.

I look forward to another very successful New Year for the Cancer Program at St. Vincent’s East.

Best regards,
Johnny Karr BS, (R) ARRT
Administrative Director of Clinical Services

An enhanced treatment tool: St. Vincent’s East adds Varian TrueBeam

St. Vincent’s East will be upgrading its equipment in 2016 to include the Varian TrueBeam. Although the Varian TrueBeam will deliver the same radiation doses as the current Linear Accelerator, it will improve treatment in the following ways:

• Digital imaging will allow more precise radiation delivery to tumors, decreasing radiation exposure to surrounding tissue.

• New respiratory tracking capabilities will shorten treatment sessions, as radiation will be delivered at specific inhale/exhale points that patients can anticipate, speeding the process.

• Since St. Vincent’s Birmingham recently received the same technology, both facilities will have identically-tuned equipment, ensuring treatment availability without delays due to recalibrating the radiation dose distributions and calculations required for each patient/machine.

• Although physicians successfully treat brain, breast, lung, prostate, cervical and metastatic cancers with what has been considered the state-of-the-art Linear Accelerator at St. Vincent’s East, installation of the Varian TrueBeam in 2016 will allow faster and more focused tumor treatment than ever before.
On behalf of the St. Vincent’s East Cancer Committee, I am pleased to present our 2015 Annual Report reflecting 2014’s goals, quality studies, improvements, incidence data, screening and prevention activities.

Our comprehensive cancer program, governed by a multidisciplinary Cancer Committee, provides an oncology services specialty network spanning prevention, diagnosis, treatment and management. Our team includes radiation and medical oncologists, surgeons, pathologists, diagnostic radiologists, the Center director and radiology director and chief quality officer. Members represent nursing, marketing, behavioral health, pharmacy, pain management, chaplaincy, social work, data analytics, quality coordination, rehabilitation, hospice, the American Cancer Society and others.

The committee also participates in care quality and outcome studies. We are particularly grateful to Dr. Stephen Heinzman, our cancer liaison physician, for his colon cancer treatments report.

We are also grateful that St. Vincent’s East is now able to screen, diagnose and treat lung cancer at its earliest stage. Although a significant cause of death, lung cancer has an 88 percent survival rate when caught early. In addition to standard bronchoscopy, we now offer minimally-invasive Electromagnetic Navigation Bronchoscopy through collaboration with St. Vincent’s Birmingham.

The Tumor Registry collects type, stage, first treatments and lifelong patient follow-up data. In 2014, our 620 analytic cases were added to the Registry’s database. St. Vincent’s East is fortunate to have specialists managing these challenging cases.

To our community, our Cancer Program offers quality care, close to home. We also support community screenings, education and prevention. We are fortunate to offer Bosom Buddies, TOUCH, Camp Bluebird, and other programs, including “Look Good … Feel Better” for patients’ emotional support.

I congratulate each committee member, leadership member, physician, nurse, ancillary department member and others for their excellent work. While our cooperative efforts have made our program successful, we continually seek to improve our care.

James M. Kamplain, M.D. FACR
Radiation Oncologist

Cancer Committee 2015

James M. Kamplain, MD
Radiation/Oncology Chairman

Stephen Heinzman, MD
General Surgery
Cancer Liaison Physician

Kent Tucker, MD
Hematology/Oncology
Conference Coordinator

Jared Cox, MD
Urology

Bryan Pruitt, M.D.
Obstetrics and Gynecology

Demetrius K. Morros, MD
Radiology

Maria Johnson, MD
Internal/Pulmonary Medicine

Jonathan G. Phillips, MD
Pathology

Shaily Lakhanpal, MD
Hematology/Oncology

Marc Bloomston, M.D.
V.P. Medical Staff Affairs

Andrew Gnann, MSHA, MBA, FACHE
V.P. Operations

Johnny Karr, BS, (R) ARRT
Cancer Program Director

Rhonda Reese, RN, BSN
Navigator
Community Outreach Coordinator

Carol Kennemur, RHIT, CTR
Cancer Registry Coordinator

Joel Shumaker, RN, BSN, MA
Oncology Unit Manager

Linda P. Adams, RPH, MBA
Pharmacy Director

Daniel Hall, RN, BSN, MPA, CRRN
Quality Improvement Coordinator

Emily Hopkins, RHIA, HIM
Health Information Management

Barry Bruce, M.Div., BCC
Spiritual Care

Deidra Bentley, RN, BS
Operating Room Representative

Rose Waddell, RN
Case Management

Karen Willette, MS, CCC-SLP
Physical Therapy

Erin Adamson, BS, CRC
Clinical Research Coordinator

Kimberly Wigley, MSHA, LPC, FACHE
Psychosocial Services Coordinator

Kristi Lovell
American Cancer Society
2015–2016 Educational and Cancer Support Programs

St. Vincent’s East is grateful to partner with the American Cancer Society, area professionals with wide-ranging expertise and an army of volunteers as we seek to educate and support area cancer patients. That dedicated team, which includes St. Vincent’s East associates who are cancer survivors themselves, constantly seeks to find new ways to better serve its community.

All programs are offered at no cost. Unless otherwise noted, each group meets in the Cancer Center conference room. To register or to learn more, please call St. Vincent’s East’s Cancer Support Services at 205-838-3519.

**Bosom Buddies**

Bosom Buddies is a breast cancer support group offering women the opportunity to talk with others with similar experiences. The group is usually comprised of 15 to 20 women, ranging from the recently diagnosed to long-term survivors.

Bosom Buddies meets on the third Tuesday of each month, from noon to 1:30 p.m. Pre-registration is required.

**Look Good... Feel Better**

This quarterly program is for any woman undergoing cancer treatment. A certified professional teaches women how to cope with the appearance-related side effects of cancer treatment, including hair loss and complexion changes. Free makeup kits valued at $300 are provided. Registration is required to ensure availability of kits.

For more information, call St Vincent’s East Cancer Support at 205-838-3519 or the American Cancer Society at 205-930-8876.

**Reach to Recovery**

Reach to Recovery is an American Cancer Society volunteer visitation program helping breast cancer survivors meet emotional, physical and cosmetic needs related to breast cancer. Call St. Vincent’s at 205-838-3519 for a referral.

**Us TOO (Prostate Cancer Support Group)**

Us TOO is a prostate cancer survivors’ support group giving men the opportunity to discuss the symptoms and side effects of their diagnosis. The group meets the second Wednesday of each month from noon to 1:00 p.m.

**TOUCH (Today Our Understanding of Cancer is Hope)**

TOUCH is a general support group providing information, understanding, caring and hope for cancer survivors and their families. TOUCH meets the first Wednesday of each month from noon to 1:00 p.m.
St. Vincent’s East’s Cancer awareness, prevention and screening efforts

St. Vincent’s East continues to address local barriers to awareness, prevention and screening as identified through its Community Needs Assessment. The following outlines some of those past-year efforts and future plans.

2015 Highlights
- The Huffman High School Festival, where 160 young adults received information about smoking. Activities included scenarios of what they would do if peers pressured them to smoke.
- The Springville Walmart Health Fair, where 180 area residents received Early Detection and Prevention pamphlets. Most recipients said they had no knowledge of health screening guidelines.
- The Brenda Ladun Conquer Cancer Run/5K/Fun run, designed to raise awareness and funds. The St. Vincent’s East team was recognized as the event’s top fundraising team.

2016 Plans
- A colon cancer screening kickoff in March, coordinated with the American Cancer Society.
- Lung screening through a newly-available Low Dose CT, aimed at reducing Stage 4 lung cancer incidence.

What is the Oncology Patient Navigator service?

This free program helps patients “navigate” oncology services at St. Vincent’s East. While receiving a cancer diagnosis can be frightening in itself, the diagnosis is often followed with a wide array of testing and treatment options. Patients may be confronted with unfamiliar choices and new information at an already-uncertain time. St. Vincent’s East therefore provides this free service to assist oncology patients and their families as they navigate the healthcare system throughout diagnosis, treatment and life beyond cancer.

What does the Oncology Patient Navigator do?

Our St. Vincent’s East’s Oncology Patient Navigator serves as a contact person for the cancer patient. Our services include:
- Facilitating patient communication with the cancer care team
- Providing patient education for specific types of cancer, treatments and side effects
- Addressing patients’ financial questions
- Offering emotional support

How can someone access the Oncology Patient Navigator Services?

Call Rhonda Reese, RN at (205) 838-3657. Navigator services could be initiated through a patient or family phone call, physician referral or inpatient referral.

Meet Rhonda Reese

“Our Oncology Patient Navigation Service goal is to help reduce some of the stress that can accompany a cancer diagnosis. We want our patients to be able to focus solely on their treatment, healing and recovery. I find this work at St. Vincent’s East to be particularly rewarding, because when we can help patients and their families know what they can expect before, during and after treatment, we can lessen their fears of the unknown.

“Sometimes my job is as simple as giving directions, answering a question or offering a smile. Whether we are helping someone gather treatment information or simply helping them find their way to an appointment, the ultimate goal of our free service is for our patients and their families to know that they are not alone. We are here for them.”

—Rhonda Reese, RN, BSN
**Low Dose Screening CT for Lung Cancer:**

**State of the Art Medicine at St. Vincent’s East**

**Lung cancer is the number one cause of** cancer-related death in men and women. The American Cancer Society predicts over 220,000 new cases in the United States for 2015. For years, physicians have worked to detect this disease at an earlier stage, when treatment is more likely to be successful and prognosis is better. Although chest x-rays have been used historically to detect lung cancer, it has been known that small cancers may go undetected even with regular screening.

With the development of Chest CT (Computerized Tomography), smaller lung nodules and cancers have become easier to detect. Many of these small nodules are a result of a non-cancerous or benign process. These benign nodules require follow-up as well. This can increase costs to the medical system and result in patient and physician anxiety.

Over the years our understanding of the growth of malignant nodules has increased. We are now better able to separate the benign from the malignant nodules with short-term follow-up on CT and, in some situations, by using metabolic imaging (PET/CT). The challenge has been to develop screening strategies that are not only capable of finding cancer at an early stage, but those that, in a cost-effective way, also truly impact the ultimate outcome (mortality) and improve quality of life in cancer patients.

Knowledge of lung cancer detection and treatment has progressed through research and clinical trials. In certain patient populations at high risk for lung cancer, solid data demonstrates regular screening with low dose Chest CT is clearly cost-effective and worthwhile using defined algorithms. Screening with low dose CT reduces lung cancer-specific mortality by 20 percent in high-risk patients. In these patients, the benefits undoubtedly outweigh the risks.

Medicare will cover Low Dose Screening CT for patients meeting the following criteria:

- 55 to 77 years of age
- Current smokers or those who have quit smoking in the last 15 years
- Smoking history of at least 30 pack years (smoking one pack per day for 30 years)
- Those who have a written order from a healthcare provider and have undergone counseling and shared decision-making on risks and benefits of Screening CT for Lung Cancer

This test is now available at all four hospitals in the St. Vincent’s Health System. Now our patients can have this screening exam performed after discussing it with their physician and meeting the above criteria. We look forward to finding this disease earlier and having a significant impact on the treatment and prognosis of our patients.

**Demetrius K. Morros, MD**

**Radiology**

Reference:

Christiansen, Jared, Laroia, Archana et al. *Lung Cancer Screening Education From Science to Practice*, 2015, Kanne, Jeffrey, Online Course, American College of Radiology <http://www.acr.org/Education/e-Learning/Lung-Cancer-Screening-Education>
The goal of the Cancer Committee at St. Vincent’s East is to ensure that every aspect of each cancer patient’s experience and care continues to be the highest quality available. The Committee is responsible for leading the cancer program of St. Vincent’s East. That responsibility includes making decisions about the program’s goals as well as evaluating and improving the quality of care provided to the patients diagnosed and treated here. In addition, the Committee is dedicated to extending cancer program services to meet additional patients’ needs as necessary. The Cancer Committee provides for those needs by focusing on cancer prevention, detection and treatment, as well as education and support. Some of the Committee’s 2014 accomplishments included:

- Evaluating cancer care by continually monitoring cancer registry data which includes College of American Pathology Guidelines, Commission on Cancer Quality of Care Measures (CP3R) and Rapid Quality Reporting Systems (RQRS).
- Developing and evaluating 2014 Goals and Objective for the Cancer Program, which includes at least one clinical and one programmatic goal for endeavors related to cancer care. The programmatic goal selected for 2014 was to implement a cancer patient navigation process prior to the ACoS standard requirement. The clinical goal for 2014 was to improve patient pain assessment based on results of the 2013 Pain Assessment Study of Quality.
- Submitting 2012 data, along with updated information from selected years, to the National Cancer Data Base after completing quality edits during January 2014.
- Selecting and reviewing kidney cancer cases for St. Vincent’s East’s annual report in-depth study, as well as comparing St. Vincent’s East data with national statistical data, narrated by Dr. Jared Cox, Urology. A variety of quality studies and audits were conducted by the Cancer Committee to compare treatment trends for St. Vincent’s East to other CoC approved Cancer Programs.
- Reviewing all ACoS CoC standards and taking appropriate action when necessary.
- Reviewing College of the American Pathologists (CAP) Anatomic Protocols with 90 percent compliance.
- Reviewing all Cancer Committee activities and accomplishments.
- Conducting bi-weekly prospective (22), multidisciplinary Cancer Conferences and monthly Chest Conferences (12) which promote quality patient diagnoses and treatment by evaluating prognostic factors, national treatment guidelines and appropriate stage of cancer. Discussion of possible clinical trial activity for cancer diagnoses has also been added to cancer conferences.
- Monitoring AJCC accuracy of staging with 90 percent of applicable cases being staged appropriately, as well as monitoring the use of AJCC staging, site specific prognostic indicators and evidence-based national treatment guidelines in treatment planning for cancer patients.
- Developing goals for and implementing numerous prevention, education, and support programs for the community and St. Vincent’s East Cancer patients through Cancer Support Services.
- Participating in Rapid Quality Reporting Systems (RQRS) to better monitor and track compliance of appropriate standard of care for Breast, Colon and Rectal cancer patients, beginning with 2012 cases.
- Continuing to improve the process for implementing psychosocial stress monitors, patient navigation and survivorship tools prior to 2015 to comply with ACoS CoC requirements.
**Colorectal cancer** is the third most-common cause of cancer deaths in the U.S., for both men and women. Approximately 132,700 cases of colorectal cancer will be diagnosed in 2015. An estimated 2,350 new cases of colorectal cancer were diagnosed in Alabama in 2014, with an estimated 950 deaths attributed to the disease that year.

Between 2006 and 2010 both the incidence and number of deaths due to colorectal cancer has decreased. That decrease is attributed to increased screening rates, risk factor reduction and improved treatment.

**Screening recommendations**

Colorectal cancer is preventable through effective screening. Since the majority of colon and rectal cancers arise from adenomatous polyps in the lining of the bowel, cancer screening is directed towards identifying and removing these sites of potential future cancer. The five-year survival rate for colorectal cancer detected through early screening is approximately 90 percent, though only 40 percent of cancers are detected this early.

The options to begin recommended screening for colorectal cancer at age 50 in both men and women (or earlier and more frequently for persons considered at-risk) include yearly fecal testing, either with the guaiac fecal occult blood test or FIT fecal immunochemical testing. Radiographic screening options include double-contrast barium enema and CT (virtual colonoscopy). Endoscopic screening options include flexible sigmoidoscopy every five years or a colonoscopy every ten years. A colonoscopy should be performed if any of the above screening tests are abnormal.

**Screening initiatives**

Only about 66 percent of the Alabama population between ages 50 and 75 currently participates in colorectal cancer screenings. The number of patients screened without insurance is less than half of the number of insured patients.

A tremendous initiative is therefore underway to address these health care gaps. That initiative is led by a coalition of organizations, including the American Cancer Society and the American College of Surgeons Commission on Cancer, to screen 80 percent of the population by 2018. If this initiative is successful, it is expected to prevent more than 200,000 deaths by 2030.

**Risk factors**

In many cases early-stage colorectal cancer does not manifest any symptoms. That is why screening is so important. Symptoms that may develop over time include rectal bleeding, possibly causing anemia, a change in the stool caliber, straining, decreased appetite and weight loss.
Ninety percent of cases of colorectal cancer occur after the age of 50. Other risk factors unrelated to age include male gender, obesity, physical inactivity, tobacco and alcohol abuse, excessive ingestion of red meat and a diet low in fruits and vegetables. Some patients have an increased overall risk due to a polyposis syndrome, a family or personal history of colorectal cancer or inflammatory bowel disease.

**Colorectal cancer treatments**
Surgery is the mainstay treatment for colorectal cancer. When caught in the early stages, surgery can be curative in many cases. Colorectal cancer complicated by obstruction, perforation or lower rectal involvement may also require a colostomy. Chemotherapy is offered to patients with documented lymph node involvement or metastatic disease.

Radiation therapy is reserved for select patients with rectal cancer to reduce the risk of recurrence and to improve the operative ability to resect the rectal cancer without requiring a colostomy.

**Survival rates**
Survival rates at St. Vincent’s East mirror the national survival rates. The overall five-year survival for colorectal cancer is 65 percent. However, patients treated at an early stage have five-year survival rates of 90 percent.

When colorectal cancer spreads to lymph nodes, the five-year survival rate decreases to 70 percent. When the disease has spread to other organs, five-year survival rates dip to 13 percent.

**Summary**
In the majority of cases, colorectal cancer can be prevented. Patients who participate in a screening program, maintain a healthy lifestyle and diet, consume red meats and alcohol only in moderation and avoid all tobacco products are most likely to avoid this third most-common cause of U.S. cancer deaths.

**Stephen Heinzman, MD**
General Surgery
Cancer Liaison Physician
The Cancer Registry at St. Vincent’s East has collected valuable data for patients diagnosed with and/or treated for cancer since 1989. The Registry’s collection and analysis of over 25 years of cancer diagnoses, along with annual follow-up of cancer survivors, serves as a valuable resource for physicians and other health professionals. The Registry is also an integral part of providing cancer support services and educational resources to cancer patients and their families. Under the direction of the St. Vincent’s East Cancer Committee, the Registry participates in the National Cancer Data Base and Rapid Quality Reporting Systems (RQRS). This reporting system allows the Registry to not only report the breast, colon and rectal cases at a time when treatment could be affected, but also provides a method to monitor approaching treatment deadlines to meet nationally-accepted guidelines for quality patient care. Our goal for 2015 is to begin abstracting other cancer sites more concurrently as well.

Cancer data statistics are reported to the Alabama Department of Public Health and National Cancer Data Base and are utilized by physicians, administrators, quality managers and other healthcare professionals to enhance quality and efficiency in all aspects of care for St. Vincent’s East cancer patients. The Registry at St. Vincent’s East, coordinated by a Certified Tumor Registrar, serves as the nucleus for documenting cancer program activities, collecting quality cancer data and coordinating conference activities that ensure quality patient care as well as evaluating and promoting the use of ACoS Standards in Cancer Program activities. The Cancer Registry also facilitates Prospective Cancer Conferences and monthly Chest Cancer Conferences. These serve as excellent opportunities to improve patient care by providing national treatment guidelines based on staging of malignancies during case presentations. Physicians participate in a roundtable discussion for each diagnosis presented.

The St. Vincent’s East Cancer Program was presented with The Outstanding Achievement Award during the program’s most recent ACoS Survey.
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*Green indicates top ten analytic cases treated at St. Vincent’s East in 2014.*
CANCER PROGRAM

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205.838.3660
stvhs.com

A member of
ASCENSION