



2014 Annual Cancer Committee Report

Fairmont General Hospital / Fairmont Regional Medical Center

I am pleased to present our 2014 Annual Report for the Cancer Committee of Fairmont General Hospital. There have been many changes over the past year, and challenges to our program. I feel we have met those challenges as a committee and are committed to maintain our status as a quality cancer program that will continue to meet the needs of area cancer patients and their families. I remain in the position of Chair of the Cancer Committee while Dr. David McLellan continues in his role as Cancer Liaison, a position he has held for over twenty years. Dr. Martin Tapia, my partner, left the practice due to family obligations. In October of this year, my practice welcomed Traci Tannehill, MSN, APRN, FNP-BC. Traci has been a true asset to the practice and we welcome her to the Cancer Committee. Tumor Boards are held on the first and third Wednesday of each month and are extremely well attended by a multidisciplinary team of physicians and appropriate ancillary personnel. Fairmont General Hospital maintains Joint Commission Accreditation, assuring patients the highest level of care, and the Committee successfully completed required tasks to continue our accreditation with commendation by the Commission on Cancer.

The Cancer Committee made a decision in 2013 to begin offering one of the newest screenings to be recommended by the NCCN. Low Dose CT screening for high risk smokers was started here in July and by the end of 2013, eight patients had been screened. We saw a 50% rate of abnormalities detected and one lung cancer diagnosed during the screening process. Marketing of the program will be increased and I continue to present educational programs to the medical staff on the benefit of the program. Educational posters have been distributed to physician's offices and posted in strategic areas of the hospital to make the public aware of the existence of the service. Since the screening is not currently covered by insurance, Fairmont General Hospital made a decision to offer the screening for \$99.00 to those patients who qualify.

The Foundation of Fairmont General Hospital began a fundraising project in 2013 and realized that goal by the end of 2013. A navigational bronchoscopy unit was purchased and is currently in use by Dr. Prasad Devabhakthuni, pulmonologist for our facility. The unit enables greater access to peripherally located tumors and thus will enhance our ability to diagnose and treat lung cancers in a more efficient manner.

The program started in 2012 as a joint venture by Fairmont General Hospital and the American Cancer Society continues to flourish. The Cancer Resource Center, located on the campus of the hospital and funded by the American Cancer Society and the Volunteer Association of the hospital, continues to see more patients than any other center in the South Atlantic region. The group of four volunteers go out into the hospital and see any cancer patients who are here. They provide health record folders, educational information on specific cancer types, and any other services that may be appropriate that the American Cancer Society provides. Additionally, the volunteers are frequently seen just sitting and providing emotional support to the patients and their families. The implementation of this program has resulted in a ten -fold increase in patients seen and provided with American Cancer Society services.

Two major screening events were held in 2013 that continue to be very successful programs for identifying those patients who may need services that can be provided by community programs for cancer prevention and treatment following a cancer diagnosis. Those events are the OHANCAW oral head and neck cancer screening program and Women's Health Awareness Day. The Women's Health Awareness Day continues to attract between 150-175 women annually for health education and cancer screenings.

WHAD Free Screenings with number of screenings completed:

- Clinical Breast Exams- **31**
- Pap tests- **27**
- EKGs- **48**
- Carotid artery- **27**
- Blood glucose- **73**
- Blood pressure- **50**
- Dental checks- **10**
- Skin cancer- **28**
- Carpal tunnel- **21**
- Ask the doctor (health questions for Dr. Misenhelder)
- Patients seen for information on breast/cervical screening services available in county to low income families- **26**

All patients received written documentation of outcomes of testing. In cases where there was a positive outcome, follow up phone calls were made to be certain that follow up visits were kept and that patients had adequate information and resources.

Educational displays were provided on the following topics:

- Nutrition including obesity
- Exercise
- Tobacco cessation

- Breast cancer
- Colon cancer
- Dental hygiene
- Heart health
- Lymphedema
- Carpal Tunnel syndrome
- Skin cancer

During the event, a need was identified for provision of mammography for women between the ages of 40 and 50 who did not meet the criteria for either community program available for mammography for low income or women with no insurance. Fairmont General Hospital then decided to provide up to 100 mammograms free of charge to any woman between the ages of 40 and 50 who did not meet criteria for any other community program providing mammograms.

OHANCAW

Outcome:

13 patients screened	5 abnormal results- all patients were given written results of their exams with contact information for area clinicians with whom they could make appointments for follow up. All patients with abnormal results were followed up by phone to assure that follow up visits took place.
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Palliative Care patients continue to be seen by the Palliative Care Coordinator, Tricia Julian, RN, BSN, OCN, VA-BC. The patients are tracked by a state program with the WV Center for End of Life Care in Morgantown, WV, one of the most successful end of life programs in the nation. Over 50 patients were seen and offered services for 2013. The Programmatic Goal for 2013 was to increase use of the E-registry that is affiliated with the WV Center for End of Life Care. The program registers state health care facilities, giving them access to fax and have access to patient’s advance directives. Once advance directives are faxed to the E-registry, registered health care facilities may access the site and view advance directives for patients who are under their care. This is particularly helpful in the ER when patients may be brought in without a copy of their advance directives. To date, Fairmont General Hospital is the fourth highest in the state of WV for submitting advance directives to the site with over 370 forms submitted since it began using the service.

The Fairmont General Hospital Relay for Life Team remains very active and in 2013, raised over \$7,000.00 for the American Cancer Society. Participation in the team has steadily grown over the past five years.

Cancer Cases by Year and Outcomes

101-499 annual cases required for COC Community Cancer Center

2011- Total cases- 228

Lung	58
Breast	30
Colon	29
Endometrium	13
Lymphoma	9

2012- Total cases- 217

Breast	50
Lung	39
Colon	13
Prostate	14
Pancreas	12

2013- Total cases- 165

Lung	27
Breast	25
Colon	24
Prostate	20
Bladder	16

Fairmont General Hospital
Top Five Cancer Sites for 2014

Cases by Stage

Site	# of cases	In situ	Local	Regional	Distant
Lung	30	0	4	7	19
Breast	24	0	17	7	0
Prostate	22	0	16	5	1
Colon	21	1	5	7	8

Urinary bladder	16	9	6	1	0
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Cases by Race and Sex

Site	Caucasian	African American	Male	Female
Lung	30	0	14	16
Breast	24	0	0	24
Prostate	22	0	22	0
Colon	20	1	9	12
Urinary Bladder	16	0	8	8

As a requirement for Standard 1.12 for the Commission on Cancer, Fairmont General did a review on a specific type of cancer and how the treatment at our facility compares to other facilities of our size nationwide especially pertaining to the use of nationally recognized guidelines for that treatment. Lung cancer was chosen as the cancer site for 2014 for review. A summary of the review is as follows:

- There were 23 cases of lung cancer abstracted from 2013. Ten of the patients are still alive at the time of review, 13 have expired.
- 10/23 cases were squamous cell lung cancer. All patients had PT, CT, or CT-PET with the exception of 1 patient who had a chest x-ray and then went to another facility for biopsy & treatment.
- There were 10 smokers, 5 ex-smokers, 7 never smoked, and 1 unknown.
- 6/23 patients had surgery, 4 at other facilities.
- Of the 10 cases defined as adenocarcinoma, 1 received ALK/EGFR testing as recommended in NCCN guidelines.
- Of the never smokers, 1 received ALK/EGFR testing, done at another facility.
- Smoking cessation counseling was offered to all patients.
- 8/23 patients received no treatment – 6 had distant metastases, 4 refused treatment (1 chose hospice and 1 chose comfort measures only), 2 died w/in 2 weeks of diagnoses, 1 was transferred to a nursing home, and 1 treatment was not recommended (95 yrs old). In all other cases, treatment was as recommended in NCCN guidelines with the exception of ALK/EGFR testing.
- The committee is committed to providing care according to NCCN guidelines and following a careful review of the above cases, a policy was written utilizing NCCN guidelines for ALK/EGFR testing.
- Reflex testing will now be done on all lung cancer cases for ALK/EGFR that is adenocarcinoma in nature and in patients who are non-smokers.

An additional suggestion according to NCCN and ASCO guidelines is to offer palliative care to late stage newly diagnosed lung cancer patients at the time of diagnoses or as soon as possible in the disease trajectory. The office and the Palliative Care Coordinator will work together to assure that this offering takes place.

The CAP (College of American Pathologists) Protocol for the purpose of assuring quality in the pathology cases was completed by Dr. McLellan, Cancer Liaison, and Sherry Charles, CTR. Ten percent of the pathology reports with a cancer diagnosis are required to be reviewed quarterly. Between ten and fifteen percent of eligible cases were reviewed quarterly. Scientifically validated data elements are completed. All met criteria.

CP3R results

All facilities accredited by the Commission on Cancer must review cancer cases for appropriate treatment based on submissions to the National Cancer Data Base by the Tumor Registrar. The results of the review are as follows:

- **Breast:** Radiation is administered within 1 year of diagnosis for women under 70 receiving breast conservation surgery for breast cancer. **Results are 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. **Results are 100%.**
 - 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. **Results are 83%.**

- **Colon:** At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. **Results are 75%.**
 - Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III colon cancer. **Results are 100%.**

- **Lung:**
 - At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage 1a, 1b, 2a, and 2b, resected NSCLC (surveillance). In 2012, 39 lung cancer cases were reported to NCDB. *None of the cases were eligible for consideration for the measure. No cases were eligible in 2010 or 2011.*
 - Systemic chemo administered within 4 months to day preoperatively or day of surgery to 6months post op is considered for surgically resected cases with pathological lymph node positive pn1 or pn2 NSLC (Quality Improvement). **Results were 100% in 2010 & 2012. For 2011, there was no data for the cases reviewed; they were either small cell or did not have pathology.**

- **Gastric:**

- At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer (Quality Improvement). There was 1 case in 2012 that met the standard. **Results were 100%.** *No cases met the standard in 2010 or 2011.* these patients are offered the service.

Our cancer program continues to have a strong presence in the community. Below are the community educational and other collaborative activities within the area.

Community Activities and Collaborations for 2014

Date	Activity or collaborative event
February 10	Through with Chew display at Fairmont Regional Medical Center (display on prevention and cessation of smokeless tobacco) 50 visitors to display and educational materials
February 12	Tobacco display on prevention of tobacco use in children and cessation of smoking for adults- 44 visitors to display and educational materials
March 22	Hats with Hugs- raising money for ACS and providing hats for Wig Bank used by area patients
April 14	Whitehall Town Meeting- presentation on cancer services available to area representatives of municipality
April 24	OHANCAW- Oral Head and Neck Cancer Awareness Week- 13 patients seen with 5 abnormal results
May 9	West Virginia Oncology Society presentation on the local North Central WV Oncology Nursing Society- functions and goals- presented to oncologists practicing in the state of WV
May 9	Clinical Trials dinner- collaboration with WV Oncology Society and other area oncologists to discuss plans to increase clinical trial participation by WV residents

June 6	Relay for Life with Fairmont Regional Medical Center relay team raising more than \$5000 for ACS
June 11	Luncheon for Cancer Resource Center and the volunteers who staff it for our patients- attended by 4 volunteers and other staff
August 16	Back to School Event for area underprivileged school children- educational displays for parents on cervical cancer prevention, tobacco prevention and cessation, colon cancer, and breast cancer. See full report in Standard 1.8- attended by over 300 area residents
August 23	Breakfast and training session for Community Health Awareness volunteers who go to areas where underprivileged and underserved patients are likely to be (fairs, local food banks, other local events)

	and provide information on where they can obtain free screenings and health services. Attended by 5 volunteers.
September 24	One hour presentation on Effective Pain Management including cancer pain for hospital volunteers at the Greenbriar
December 1	Hospice Tree Lighting- attended by several area patient family members
December 17	Presentation at the Arbors Apartments for low income housing on Cancer Prevention and Health Lifestyles- Attended by six residents who were given information on accessing free programs for screening and health care

As we look forward to beginning 2014, we know there will be challenges to face. Health care is becoming extremely difficult to navigate and there are many hurdles for patients to clear in order to receive treatment. We are dedicated as a committee to continuing our accreditation with the Commission on Cancer and providing excellent state of the art care to all our oncology patients.

Respectfully submitted,

John Azar, MD
Chairman, Cancer Committee
Fairmont General Hospital/Fairmont Regional Medical Center