



2016 Annual Cancer Committee Report

Fairmont Regional Medical Center

As the new chairman of the Cancer Committee I am pleased to release the 2016 Annual Report on the Oncology Program at Fairmont Regional Medical Center. This year has been one of transition with positions shifting within the Cancer Committee. Dr. David McLellan, who has been our Cancer Liaison Physician for over twenty years, decided with regret to step down this year as CLP. The nomination was made and voted on by the committee to appoint myself as the new chairman of the committee and to appoint Dr. John Azar, previously the chairman of the Cancer Committee, as the new CLP. We continue to have an active practice, however this year as in 2015, has shown a decrease in the total number of oncology patients seen. We feel this is due largely to the practice seeing a decrease in the number of days that Dr. Azar is present in the office and the practice of Primary Oncology Network going from two oncologists to one. Dr. Azar continues his practice in Morgantown at Monongalia General Hospital as their medical director of the oncology program. We continue to maintain a robust support system for our patients including an oncology nurse navigator and palliative care program and a strong presence in the community. We have also maintained our position of being the top referring hospital for the American Cancer Society services in the South Atlantic Division, regardless of hospital size. Our Look Good Feel Better programs and other cancer services have the highest patient attendance in the tri-county area.

Melanoma Monday

The first Melanoma Monday program was held on Monday May 2 from 3 PM to 6 PM and was staffed by oncology nurses and Dr. Beth Rosenberger, area dermatologist. An additional event was held on Monday May 9th at Dr. Rosenberger’s office. Thirty-one patients were seen by Dr. Rosenberger, many of them employees of Fairmont Regional Medical Center. Patients with positive findings were given information on contacting her office to set up an appointment to be seen as well as literature on their specific findings. Dr. Rosenberger then followed up with all patients with positive results. The following are the screening findings.

Number of patients	Finding
6	Possible basal cell
3	Possible squamous cell
8	Actinic keratosis
14	No substantial findings requiring follow up

3	Patients counseled by Dr. Rosenberger about the dangers of using suntan beds
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Annual Women's Health Awareness Day

The annual Women's Health Awareness Day was held on Friday October 7, 2016 from 4 PM to 7 PM. The intent of the program is to provide free education and screening opportunities to area women who may not have access to such services. It continues to be extremely successful and the number of attendees has increased each year since it's inception. Screenings offered are listed below.

Service	Number screened
Clinical breast exams	27
Pap tests	19
EKGS	20
Carotid artery screening	20
Bone density	50
Blood glucose	43
Blood pressure	45
Dental health/oral cancers	18
Carpal tunnel	11
Spinal assessment	15
Lymphedema	5
Skin Cancer	53
Radiology	69
Outreach Stations	
Cardiac pulmonary rehab	25
WVU Health Care Radiation	26
Advance Directives	8
Wig Bank	32
Reach to Recovery	32
Cancer Resource Center	32
Look Good Feel Better	32
Ride to Survive	53
Smoking Cessation	50
Colon cancer	50
Breast cancer	50

Cervical cancer	50
Life Line	10
West Virginia Breast and Cervical Cancer Screening Program	22

The WVBCSP saw 22 patients as noted above with 3 eligible for the program, 9 eligible for free screenings. All patients will be followed by Shelley Dusic, regional director of program.

Spinal assessments- one patient needed follow up with orthopedic physician.

Skin cancer screening produced six abnormal results: one was a suspected melanoma, two were suspected basal cell carcinomas, and three were actinic keratosis. All positive results were given written copies of their results and scheduled with the dermatologist doing the screening for follow up biopsies.

Clinical breast exams produced no abnormal results recommending follow up. Pap testing results produced two abnormal results which were mailed to patients, physician, with follow up phone call to patient to check status of consultation.

Ages of attendees

Age Group	Number of attendees
Under 40	45
40-60	70
60-80	63
81 +	2

Community Speaking Engagements and Collaborations

Tricia Julian, Program Coordinator for Oncology Services at FRMC completed the following community presentations for 2016. All requests for community speaking engagements are honored.

Date	Topic	Number of attendees
2/4/16	Cancer Prevention for Fairmont State University Community Health Degree students	Four students and instructor
3/3/16	Smoking Cessation class for low income housing facility scheduled to go smoke free in the fall of 2016	Three attendees

4/27/16	WAJR Radio Program “Wellness Wednesdays” – presentation on prevention and recognition of skin cancers	Radio audience
4/27/16	Fairmont State University Community Health Students- assisted them with a display in the hospital on promotion of screening colonoscopies and other cancer prevention strategies	Thirty six people stopped for information
5/5/16	Presentation for the Sharing and Caring Cancer Support Group on Caring for the Caregiver	Sixty attendees
7/7/16	Presentation for the Sharing and Caring Cancer Support Group on Advance Directives	Eighteen attendees completed advance directives and had them
		uploaded to the state E-Registry
8/29/16	Advance Directive Event held for employees of Fairmont Regional Medical Center	Thirty four people received information on advance directives- 20 employees completed advance directives and had them uploaded to the E-Registry
9/8/16	Presentation for the Women’s Club of Fairmont on Cancer Prevention and Healthy Lifestyles	Twenty five attendees
10/18/16	Presentation for the Ladies Guild of Life United Methodist Church on Cancer Prevention and Breast Health	Twenty five attendees
10/19/16	Presentation for the Community Health class at Fairmont State University on Cancer Data Collection and the Impact on Community Health	Four attendees
12/1/16	Hospice Tree Lighting for Hospice Care Corporation	Eight attendees

The site chosen for review was breast cancer for Standard 4.6 as an annual requirement of the Commission on Cancer. The following report was constructed with input from all those at the

subcommittee meeting and the results were presented at the Cancer Committee meeting held on November 16, 2016.

Subcommittee meeting held October 19, 2016

Attending: Dr. Verma, Chair of Cancer Committee, Dr. McLellan, CLP, Dr. Rob McCoy, Pathology, Traci Tannehill, NP for Drs. Azar and Verma, Tricia Julian, Quality Studies Coordinator, April Feathers, CTR

All data for all breast cancer cases for 2014 was reviewed with the following noted by those in attendance:

- The group noted that only 5/27 breast cancers were stage 3 or above, with only one stage 4 cancer detected. All others were IS, and stages 1A-2B indicating that it is likely that patients are complying with good screening measures, and that educational information distributed and displayed in the area served by FRMC has been effective. Women's Health Awareness Day, an event that annually attracts over 180 women from the surrounding area and focuses on education as well as finding sources for mammography for underserved women, has had a positive impact on the early stage at time of diagnosis.
- Ductal carcinoma, as expected, was the most frequently diagnosed histology type.
- Average age at time of diagnosis was 66.5 which reflects national trends.
- Laterality of the breast cancers was noted with a surprisingly vast variation in left and right occurrence. According to research almost nothing is known about the etiology of cancer laterality, even though it has been explored for over 50 years. Mammary carcinoma is 5-10% more likely to arise in the left breast. It has been well-established that on average, the left breast is slightly larger than the right, which lends itself to the logic that there is more tissue to be affected by cancer cells. One of the most recent studies by Anders et al. from Harvard showed that left sided disease was more common only after reaching the age of 45. For women younger than 45, a somewhat higher incidence of right sided breast cancer was seen. The left side of the body is also 10% more prone to melanoma development, whereas the right side has a predominance of lung, ovarian, and testicular cancers. The right prominence of these cancers may possibly be explained by the greater organ mass on that side, but possible reasons for the mammary carcinomas and melanoma predominance on the left is highly speculative. Sleeping behavior, handedness, nursing behavior, and asymmetric sun exposure have all been named. Studies on cancer laterality in mice are needed to make progress in this field.
- In looking at history of smoking, nearly half of all patients were never smokers, while over half were never users of alcohol. The group noted that the category "not mentioned" was troublesome since history of alcohol and tobacco use along with family history need to always be present in the H&P so that it may be tracked in the analytic cases. This is to be further investigated as an area of improvement for office documentation.
- Perjeta as a neo-adjuvant treatment, was given in only two cases and both were at other facilities. Traci suggested looking into the NCCN directives for this practice and presenting it

to Tumor Board as a suggestion for change in practice. Chemotherapy was initiated in all but one patient treated at this facility.

- Oncotyping results in all patients with the exception of one were deemed to be in the lower risk category. Oncotype DX is typically done for Stage I or II invasive breast cancer, ER+ breast cancers, breast cancer that has not invaded the lymph nodes, and in ductal carcinoma in situ. The test looks at 21 different genes within the cells of a tumor sample. For those patients without DCIS, the scoring is as follows:
 - A score of 17 or smaller means that you have a low risk of the cancer returning if you get a hormone treatment. With this score, the patient probably would not require chemotherapy.
 - A score between 18 and 31 means you have a medium risk of cancer returning. Chemotherapy might help patients in this score range.
 - A score greater than 31 means you have a higher risk of the disease returning. For women in this score range, chemotherapy and hormone therapy are likely to be recommended.
 - For those patients with DCIS, the results are called a DCIS score and they are as follows:
 - A score of 38 or lower means that you have a low risk of cancer returning and the risk of radiation outweighs the benefit to you
 - A score between 39-54 means you are at medium risk and it's unclear if radiation will help
 - A score greater than 54 means you're at high risk of the cancer coming back and you will likely benefit from radiation therapy.

In the one patient deemed to be at "intermediate risk" a large study called the TAILORx trial is underway for women who have a mid-range score. Researchers want to gather additional information on which types of breast cancer will most benefit from chemotherapy.

References

- ¹Center of Anatomy, Department of Anatomy and Cell Biology, University Medicine Goettingen, Goettingen, Germany. joerg.wilting@med.uni-goettingen.de
- [Ekbom A et al. Cancer Causes and Control. 5\(6\):510-16, 1994.](#) ● [Hsieh C et al. European Journal of Cancer. 27\(2\):131-5, 1991.](#) ● [Howard J et al. Human Biology. 54\(2\):365-71, 1982.](#) ● [McManusic et al. Lancet. 2\(8032\):297-98, 1977.](#)

CAP Protocols

The CAP Protocols were completed for 2016 by Dr. David McLellan, Cancer Liaison Physician, and April Feathers, CTR for the purpose of assuring consistent quality in the Pathology cases at Fairmont Regional Medical Center. Ten to fifteen percent of the pathology reports with a cancer diagnosis

were reviewed quarterly and results were reported at the four quarterly Cancer Committee meetings. All cases met criteria and scientifically validated data elements are complete.

CP3R Results

All facilities accredited by the Commission on Cancer must review specific cancer cases for appropriate treatment based on submission of data to the National Cancer Data Base by the Tumor Registrar. The results of the reviews were 100% with the exception of one category: Tamoxifen or third generation aromatase inhibitor s considered or administered within one year of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer. The results of this particular study were 83%. We are striving to get those results to 100% by careful observation by the CTR of cases that do not meet criteria. Physicians are notified that patients are not meeting the goal by phone calls and/or written notification. We will continue to follow carefully and devise an action plan should the number not improve in 2017.

With the many challenges that the coming year will bring, we will consistently strive to provide quality cancer care close to home. We are committed to working with ancillary county agencies and the people of Marion County to assure a brighter healthier future for our community.

Quality Studies/Improvements

Two quality studies are required annually by the Commission on Cancer for accredited hospitals. The first study completed for 2016 was whether or not Herceptin had been completed for an entire year on appropriate patients in the breast cancer setting. The second study was one to determine if follow up colonoscopies were being completed in a timely fashion following completion of treatment for colon cancer. In both instances, there was the discovery that very few patients were missed in either process. There were factors that came in to play causing the processes to be missed and those factors will be addressed to achieve 100% compliance with these practices that are recommended by NCCN guidelines.

The two quality improvements implemented for 2016 were refinement of the hospice readmission process and the process for reminding patients to get their DEXA scans while receiving Arimidex to monitor for osteoporosis. The hospice process is a continuing process and the administration of FRMC continues to meet with area hospices to educate the patients utilizing their services and the public about the concept of the correct use of hospice services. Outcomes of additional meetings will be reported to Cancer Committee upon their completion. The quality improvement for the DEXA scan reminders consists of two areas to remind patients about the need for their scan every other year. Primary Oncology Network will issue an order at the time of prescribing Arimidex as a way of reminding patients that the scan is needed. A reminder will be posted in the patient chart as a way for staff to remind patients at subsequent visits that they need to be scanned. The Meditech system of FRMC will also track when the next DEXA scan is due and issue a post card reminder much as is now done with mammogram reminders.

We hope to grow our practice in 2017 and as always, we will strive to offer the best possible quality oncology care to our patients in the area.

Respectfully submitted,

Dr. John Azar

Chairman, Cancer Committee

Dr. David McLellan

Cancer Liaison Physician, Cancer Committee (term ending December 31, 2016)

Dr. Vaibhav Verma

Cancer Liaison Physician, Cancer Committee (term beginning January 1, 2017)