2013
Cancer Care
Report to the
Community
The Vidant Medical Center (VMC) Cancer Committee is pleased to announce that in March 2013 the Cancer Care program was re-accredited by the American College of Surgeons Commission on Cancer (ACoS CoC). VMC received the full three-year accreditation with commendation to achieve silver level accreditation as part of the Academic Comprehensive Cancer Program designation.

Here at VMC we are committed to our mission, to enhance the quality of life for the people and communities we serve, touch and support. It is of utmost importance for VMC to provide comprehensive, high-quality cancer care in accordance with the standards set forth by the commission on cancer (ACoS CoC) in conjunction with local private practice physicians and physicians from Brody School of Medicine at East Carolina University and Vidant Medical Group.

Over the next year, the Cancer Committee will continue to focus on improving clinical care, offering the latest in clinical trials, equipment and facilities. Focus will be on the top five cancer sites with emphasis on screening and early detection, patient navigation to improve access, remove barriers to care and coordinate care so patients can be treated closer to home, and creating a network of cancer providers and services.

2013 Cancer Committee

Adam Asch, MD
Sharon Ben-Or, MD
Brian Brodish, MD, liaison physician
Timothy Fitzgerald, MD
Mauro Grossi, MD
Eleanor Harris, MD
Heng Hong, MD
Charles Knupp, MD
Peter Kragel, MD
Stuart Lee, MD
Clinton Leinweber, MD
Darla Liles, MD
Daniel Moore, MD
Jon Moran, MD
Rachel Raab, MD
David Rodeberg, MD
Robert Schosser, MD
Michael Sharts, MD
Chris Thomas, MD
Nasreen Vohra, MD

Paul Walker, MD
Jan Wong, MD
Emmanuel Zervos, MD, chair
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Paula Brinn, RN, BSN
Kimberly Chandra, RD
Johnna Cowin, FNP, BC
Patricia Curl, ACS
Phyllis DeAntonio, RN, MSN, FAAMA
Vickie Downing, RN, BSN, OCN
Natalie Edwards, ACS
Debra Ellison
Colleen Fenlon-Coda, RN, BS
Kathleen Fleming, ACS
Leighann Henley, RN, BSN
Todd Hickey, FACHE
Daniel House, MSW, LCSW
Rosalyn Jordan, RN, MSN, OCN
Daryl Kelly, chaplain resident
Evelina Kolychev, PharmD, BCCP

Judy Koutlas, RN, MS, OCN
Suzanne Lea, PhD
Stacie Markel-Clark, RD, CSO, CSG, LDN
Debra Mascarenhas, RN, BSN, CBCN
Henry Mascarenhas, RN, BSN
Vicki McClawhorn, NP
Allyson Meyer, genetics counselor
Michele Miller, MHA
Janet Moye, PhD, RN, NEA-BC
Kim Myatt, RN, BSN
Teresa Parent, RN, OCN
Chelsea Passwater, RN, BSN, OCN
Marsha Rehm, RN, MSN, AOCN, CNS
Janet Reimer, RN, BSN, OCN
Barbara Rouse, community member
Robbie Tilley, ACS
Jackie Unger, RN, OCN, CCRC
Catherine Wallace, PharmD
Anna Weaver, RN, MSN, CNOR
Following are some of the noteworthy accomplishments for 2013:

- Obtained ACoS CoC reaccreditation with commendation in the following standards: cancer committee attendance, clinical trial accrual, cancer registrar education, data abstracting and submission timelines, and accuracy of data.
- Implemented psychosocial distress screening on 3-West and 1-East Inpatient.
- Continued partnership between 3-West and Vidant Wellness Center to have personal trainers work with patients twice a week.
- Presented Survivorship 101 program at the Medical Fitness Association’s international meeting.
- Hired new managers for nursing units. Palliative Care – Janet Moye, PhD, RN, NEA-BC; 3 West/1 East – Rosalyn Jordan, RN, MSN, OCN.
- Hired Vickie Downing, RN, BSN, OCN as education nurse specialist (ENS).
- Hired new PharmD for Oncology, Evelina Kolychev, PharmD, BCCP.
- Applauded five registered nurses receiving honors as oncology certified nurses: Jodi-Lee Baker, Caitlin Lawrence, Sabrina Oleskey, Chelsea Passwater and Rebecca Simmons.
- Hired Katarzyna Rela, MSN, ANP-BC as physician extender for hematology service.
- Welcomed new doctors: Dr. Mahvish Muzaffar, Dr. Hassan Ebrahim, Dr. Andrew Ju, and Dr. Daniel Oh.
- Provided cancer awareness information to more than 6,000 people. Used the following media to disseminate information: radio broadcasts, educational displays and packets, presentations, health fairs and information socials. Provided more than 172 people with cancer screenings (breast, skin and head/neck).
- Offered support services and complementary/alternative therapies to cancer patients and family members and survivors, including 16th year of Camp Dove; Survivorship 101: Exercise and Nutrition (grant funded); more than 10 support groups; and pet, art, massage, healing touch and Reiki therapies. Started new group for caregivers.
- Offered community benefit totaling 1,307 hours and valued at more than $80,840.
- Through VMC Cancer Registry, began assuming responsibility for registry services at Vidant Health regional hospitals.
- Through Cancer Registry, responded to more than 100 data requests for research and outcome studies, including county-based data, follow up and annual case load statistics. Site specific studies include: triple negative breast studies, lung, brain, thyroid, ovarian, prostate, pancreatic, melanoma, liver and gastrointestinal cancer data.
- Hired regional registrar.
- Offered professional educational programs for physicians, nurses, allied health and registrars.
- Through Festival of Hope fundraiser, accepted donations of more than $30,000 to support survivorship/support programs.
- Hired VMC navigators for top five cancer sites to model implementation locally and in the region.
- Began planning for new cancer facility with focus on inpatient/outpatient volumes and the patient experience.
- Hardwired “return to care” initiative on inpatient units which includes bedside shift report, white board completion and hourly rounding.
- Achieved Magnet accreditation from the American Nurses Credentialing Center (ANCC).
- Implemented BEACON, the oncology module for the Electronic Health Record.
- Eliminated use of all RN travelers on clinical units.
- Replaced original Gamma Knife with Perfexion™ unit, allowing for treatment of a wider range of indications.
• Maintain compliance with the American College of Surgeons Commission on Cancer (ACoS CoC) standards to assure high quality, multidisciplinary, comprehensive cancer care, both locally and in the region through cancer committee/subcommittee work. New standards published with compliance by 2015 (navigation, survivorship program care plan, palliative care). The Cancer Committee monitors standards compliance and patient outcomes. It uses 90-day action plans to modify practices, policies and procedures to ensure favorable outcomes.

• Monitor and evaluate the registry data monthly to assure accurate, timely data collection and standard compliance to allow for evaluation of patient outcomes and opportunities for improvement. The registry strives to:
  » Improve our treatment percentages on the ACoS CoC NCDB Cancer Program Practice Profile Reports for Breast, Colon and Rectal Cancer.
  » Participate in the ACoS CoC NCDB Rapid Quality Reporting System to ensure timely treatment of patients.
  » Review registry support at Vidant community hospitals.
  » Participate in national or regional cancer-related meetings once during the three-year survey cycle.

• Implement Beacon, the cancer module for the VMC electronic medical record system. This module went live in June 2013.

• Provide high-quality, safe patient care for 3-West/1-East Inpatient Oncology, 1-South, 1-East Infusion, PCU, Gamma Knife® Cancer Center and other units where cancer care is provided. Emphasis will be on the Vidant Medical Center 2013 quality initiatives including: excellence, patient/family experience, performance improvement and safety.

• Continue implementation of patient- and family-centered care initiatives for the oncology population, including patient/family advisor meetings.

• Focus on cancer prevention, early detection, education and screening activities locally and regionally on the most common cancers in North Carolina. Provide one or more programs (screenings/presentations or awareness education information) a year related to lung, breast, prostate, head and neck, pancreas and colorectal cancers. Involve physician specialists with program planning and how to address mortality.

• Develop at least one new support services program focusing on oncology caregivers.

• Hold one professional education program to include staging for physicians, nurses, allied health and registrars.

• Continue ongoing review of all cancer conferences for adherence to Cancer Committee policy revised Nov. 15, 2011. (Standard 1.7)

• Utilize Cancer Program Practice Profile Reports (CP3R) data to compare standard of care quality outcomes to benchmarks. Develop actions for improvement as needed.

• Open all oncology beds obtained through state Certificate of Need (CON) approval.

• Develop a process, driven by a community needs assessment, to address health care disparities and barriers to care.

• Install Perfexion™ technology (new Gamma Knife).

• Develop and implement a process to disseminate a comprehensive care summary and follow-up care plan (survivorship care plan) for patients with cancer who are completing treatment.

• Complete psychosocial distress screening pilots for inpatients and outpatients. Implement screening process unit-by-unit and re-evaluate as needed.

• Open satellite pharmacy adjacent to 1-East to improve patient throughput.
Goal
To be the primary cancer educational and resource facility in eastern North Carolina for patients, health care professionals and the public.

Program scope
For all citizens of the 29-county referral area served by Vidant Medical Center, as well as health professionals. Topics will include prevention, early detection, treatment and cancer survivorship.

Method for selecting activities
Educational activities were chosen based on the most frequently occurring cancer diagnoses, from patients and their caregivers, input received by health care professionals and as discussed by the Cancer Committee.

Objectives
1. Cancer education resources are readily available for patients, families and public.
   Actions
   • Continue to provide cancer patient resource materials that are available to the Spanish speaking population.
   • Revise educational packets and distribute them to patients with a cancer diagnosis. Distribution of educational packets should include, but is not limited to 3-West, 1-East Infusion and 1-South. Packets contain information regarding support services, nutrition, clinical trials, advanced directives, after-diagnosis booklet, hospital map and tumor registry.
   • Continue to utilize updated ACS, NCI, Leukemia and Lymphoma Society, Cancer Care and pharmaceutical materials for patients, families and the public (brochures, videos, internet, books, PDQ faxes).
   • Encourage all disciplines to have written educational materials available and promote utilization of such resources.
   • Update cancer resource centers (CRC) on 3-West and 1-East to ensure information is current and includes Spanish materials. Partner with the American Cancer Society to update the CRC (CRC grant).

2. Cancer Committee will continue quarterly review of the educational plan and outcomes for Cancer Care.
   • Feedback to include
     - Telephone requests
     - Support groups
     - Written/verbal evaluations from Cancer Care events
     - Registry statistics

3. Continue to offer patients, families and the public cancer education forums and support services emphasizing prevention, early detection and treatment as well as coping and survivorship. Examples include:
   • Support groups/programs
     - Living On After Loss
     - Look Good…Feel Better
     - Making It
     - Brother to Brother
     - New Colors
     - Positive Image
     - Brain Trust
     - Camp Dove
     - Caring Conversations
     - Cancer Transitions
     - Equine therapy
     - Survivorship 101: Exercise and Nutrition
   • Education/Screenings 2013
     Continue to provide free screening and educational programs to the general public and increase the focus on reaching the underserved population of Pitt County.
     - Skin cancer
     - Colorectal cancer
     - Prostate cancer
     - Breast cancer
     - Gynecological and cervical cancer
   • Continue to offer the following alternative and complementary therapies to our cancer survivors: art therapy and animal-assisted therapy.
   • Initiate caregiver support programs.
   • Continue participation in health fairs at businesses, industry, civic groups, churches and local events.

4. Continue utilization of educational resources such as VMC, ECU medical, nursing and allied health programs, private physicians, Eastern Area Health Education Center and area community colleges.
   Actions
   • Collaborate with Eastern AHEC to identify education needs of professionals in the region.
   • Continue CME credit for tumor boards and other educational sessions offered. Encourage collaboration with ECU medical, nursing and allied health programs and private physicians. Include them in clinical and support service efforts.
   • Collaborate with pharmaceutical companies to offer CME opportunities to staff throughout the year.
5. **Continue to offer forums such as cancer conferences and seminar series by securing local and nationally recognized experts to discuss cancer-related topics.**

**Actions**
- Evaluate forums to ensure that programs are meeting the educational needs of health care providers.
- Offer topics to include all cancer specialties.
- Continue to send professional staff to specialty-related conferences, as budget will allow.
- Document educational offerings in notebook.

According to the Commission on Cancer Standard 1.10: Each year, the Cancer Committee offers at least one cancer-related educational activity (other than cancer conferences), to physicians, nurses and allied health professionals. The activity is focused on the use of American Joint Committee on Cancer (AJCC) staging in clinical practice, which includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning.

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**Goals 2014**

- Implement consolidated inpatient/outpatient navigation model locally and in the region as outlined by Cancer Care planning group by April 2014.
- Implement Rapid Quality Reporting System (RQRS) data reporting at monthly Cancer Committee meetings. Discuss outliers and propose remedies with involved physicians.
- Provide one or more screenings and awareness programs a year connected to early detection/prevention of top five cancer sites.
- Create Survivorship Subcommittee to develop care plans for top five cancer sites by January 2015. Align support/survivorship goals for VMC and Leo W. Jenkins Cancer Center. Review programs and evaluate need and effectiveness.
- Multidisciplinary Trial Groups (MTGs), including breast, thoracic, GI, Hem/Onc, head/neck and neurology, will increase clinical trial accruals from 2013-209 to 2014-230, and increase trials available to cover the top disease sites.
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Updates on accruals and portfolio will be given quarterly at the Cancer Committee Meetings by the trials office. Implement psychosocial distress screening (PDS) for patients, both inpatient and outpatient, by January 2015.

- Incorporate service chief end-of-year reports for discussion by the Cancer Committee. This will include Observe to Expected (O-E) rates for quality variables.
- Conduct a community needs assessment including clinical services, navigation, support and survivorship programs. Evaluate findings by June 2014.
- Incorporate palliative care/hospice into reporting cycle for Cancer Committee.
- Advise hospital administration in developing a cancer quality dashboard. Create subcommittee.

These goals were presented to Cancer Committee for approval.
1-East Inpatient and 3-West Oncology Unit

Over the past year, growth has been achieved in our medical oncology units both in capacity and in expertise. In addition to the 10 inpatient oncology beds on 1-East, the 3-West Oncology Unit has grown from 32 beds to 36 beds, all offering intermediate-level care. This helps ensure that cancer survivors requiring inpatient care remain on their specialty unit throughout all levels of care, excluding the intensive care level. Specialty-trained physicians and nurses provide comprehensive care to cancer survivors with diagnoses including, but not limited to, leukemia, lymphoma, breast, lung, prostate, esophagus and myelomas. In addition, the medical oncology unit provides care to patients with coagulopathies and anemias including sickle cell disease.

Specialization is our focus

The medical oncology team consists of hematology/oncology physicians, oncology fellows and residents. The interdisciplinary team also includes nurses, care partners, unit secretaries, supply clerks, nurse practitioners, nurse case managers, social work case managers, recreation therapists, pharmacists, dietitians, staff development assistants, educational nurse specialists and clinical nurse specialists. This team collaborates to provide patient- and family-focused comprehensive care.

Staff nurses, many of whom are either nationally certified oncology nurses or are preparing for certification, are encouraged and supported in their professional and specialty growth. Clinical ladder opportunities enable nurses to address patients’ educational and clinical needs as well as provide educational opportunities for their peers. Medical oncology supports and participates in the local Oncology Nursing Society chapter with two staff members serving on the chapter’s boards. The chapter presents educational dinners, oncology certification review courses and chemotherapy/biotherapy certification review courses. Cancer Care would like to increase the number of oncology certified nurses (OCN) on our oncology units. OCN is a distinguished honor that validates expertise in oncology nursing. We offer study sessions to prepare our nurses for the OCN examination. Our new OCNs are Jodi-Lee Baker, Caitlin Lawrence, Sabrina Oleskey, Chelsea Passwater and Rebecca Simmons.

Patient safety and compassionate care are our goals

Patient safety is reflected in our quality focus. The target for our cancer patients’ safety is to prevent central venous line infections and urinary tract infections. This year, the results of this effort are remarkable as the number of infections has been reduced by half compared to the number of infections from the previous year.

A healing environment is necessary to achieve the best possible patient outcomes. Promoting this on the medical oncology unit has been a joint project between the staff, patients and their families. Patient advisors have been essential in discovering new and innovative ways to meet this goal. Along with physical alterations such as more comfortable chairs, sleeper chairs, chemo and isolation carts resembling furniture rather than utility, other amenities have been added. We recently renovated our family resource room and updated all of the cancer information. Healing Touch therapies and massage therapies are offered at varying times throughout the year. Vidant Wellness Center trainers continue to come to the medical oncology unit to assist patients in staying as active as possible using our exercise equipment on the unit. Animal-assisted therapy continues to be a special highlight for our patients, creating smiles and laughter.

1-South Inpatient Surgical/Oncology Unit

The 1-South Inpatient Surgical Oncology Unit, consisting of 30 beds, is capable of providing general, general monitored and intermediate levels of care. This state-of-the-art unit provides a seamless transition from surgical oncology care to medical oncology treatment. Patient care is provided for gastrointestinal, genitourinary, head/neck and gynecologic surgical procedures. Our surgical oncology team includes physicians, advance practice practitioners, nurses, nurse case managers, social worker case managers, dietitians, pharmacists, physical/occupational therapists and care partners. The surgical staff utilizes a team approach with preoperative and postoperative care. This collaborative approach provides our patients and their family with the knowledge and skills necessary for transitioning to independence and recovery in their home environment.

High quality care and clinical decisions respectfully include the individual’s preferences, values and needs. Bedside shift reporting, Tell Us Now program and interdisciplinary conferences assist with patient and family involvement in establishing priorities for all aspects of care. Additionally, patient advocates participate in the unit activities and decision making.
Professionalism, compassionate care and a commitment to continuous improvement are key qualities of our nursing staff. Nurses engage in unit and hospital practice councils for decision making and clinical practice recommendations. Nursing development is encouraged through advanced degrees, professional organizations, specialty certifications and participation in professional clinical pathways.

Nurses participate in quality improvement projects to bring awareness to quality initiatives. Quality improvement outcomes include a 44 percent reduction in infection rates related to catheter associated urinary tract infections; a 16 percent decrease in utilization of central venous lines; zero MRSA infection rate; and 96 percent in hand hygiene year to date. 1-South received recognition for developing computer surround templates for bundle initiatives compliance. These templates were adopted throughout the entire health system. 1-South also received patient recognition for cleanliness and quietness at night.

**Palliative Care Unit**

Palliative care is designed to provide relief to patients by managing their symptoms and addressing the spiritual, emotional and psychosocial burdens of disease. Admission to the Palliative Care Unit occurs when the therapeutic focus changes from curative care to relieving uncomfortable symptoms and maintaining the highest quality of life. Palliation is simply managing uncomfortable symptoms even when other treatment is being given. Palliative care has been proven to prolong life, not shorten it. The Palliative Care Unit has 18 acute care beds and was updated this year to improve appearance and comfort. The family room also underwent a facelift to better meet the needs of families. The care team includes nurses, care partners, unit secretaries, physicians, nurse practitioners, social workers, chaplains and trained volunteers. A special Butterfly Room is designed to meet the needs of children and their families. Children are cared for by pediatric nurses and their support staff.

Palliative care consults are available throughout the hospital. Helping patients and families establish goals of care and carrying out their wishes is an important aspect of palliative care education. It is important to initiate the discussion and incorporation of palliative care as early as possible when a life-limiting illness is first diagnosed.

**Providing compassionate care**

Staff nurses have many opportunities to pursue education and develop professionally. These include the Human Caring Journal Club, Hospice and Palliative Care Conferences, Center to Advance Palliative Care Conferences, clinical ladder projects and Hospice and Palliative Nurses Association literature and educational offerings. VMC staff attended the national Hospice and Palliative Care Nurses Conference and the Center to Advance Palliative Care Conference this year.

**Commitment to quality care and support**

Palliative care monitors quality outcome compliance daily. The goal is to prevent secondary infection and pressure sores. The staff monitors the care of central venous lines, urinary catheters and skin integrity. They also monitor hand-washing compliance and safety and regulatory compliance in order to reduce the chance of infection. Our bundle compliance rate this year in preventing infection exceeds 95 percent.

The palliative care staff is dedicated to providing a positive and comfortable environment. The staff and volunteers encourage activities that preserve fond memories and provide support for grieving. Animal-assisted therapy, art therapy, music therapy and massage therapy are provided weekly. Access to support groups and child life professionals is provided as needed. Palliative care houses a library of resources in the family room called Fred’s Books. The family of a former patient donated funds for the initial collection and continues to provide resources to update the books available. Patients and visitors use the books regularly.

**1-East Outpatient Infusion Center**

1-East is an infusion center designed to deliver chemotherapy, blood products and other infusions in an outpatient setting. The center delivers necessary treatments and therapies to patients while allowing them to maintain, as much as possible, their normal routine. It provides the best of both worlds by providing an outpatient service located within a major medical center.

1-East is currently a 34-bed/chair center featuring six private rooms and 28 state-of-the-art chairs. It offers the following amenities to keep patients comfortable and entertained during their stay: TVs for patients with individual controls, art therapy, meal trays and snacks, iPads,™ and a resource room for patients and families with information on support groups and various treatment therapies. Shuttle and valet services are available to all patients to assist with transportation from the parking areas and from LWJCC. A patient/family advisory group provides input on clinical space, activities and unit décor.

The 1-East staff, consisting of nurses, care partners, a unit secretary and a social worker, works closely with all referring providers. Nurses are chemotherapy certified with an average of 20 years nursing experience. Six are certified oncology nurses and many others are working toward this achievement, which is the gold standard of oncology nursing. Every nurse on 1-East has a genuine commitment to our oncology patients. Our staff remains dedicated to enhancing the quality of life for patients and their families.
Clinical Trials

The Department of Oncology Clinical Trials Office coordinates and facilitates clinical research to improve the cancer care of tomorrow and to provide patients in eastern North Carolina access to innovative therapies and the latest advancements in cancer treatment. Patients are seen in the outpatient setting of LWJCC and in all areas of VMC. Our participation in the research process establishes a connection with the National Cancer Institute and oncology cooperative groups that currently include Alliance and Radiation Therapy Oncology Group (RTOG). East Carolina University maintains a collaborative relationship with UNC-Chapel Hill’s UNC Cancer Network Clinical Trials (UNCCN) and we are able to offer some of their investigator-initiated studies to patients. Our oncology physicians write protocols to specifically meet the needs of patients. We also work directly with pharmaceutical companies on selected studies. It is anticipated that patient participation in studies will improve disease control, increase survival rates and provide more tolerated treatment regimens. The following summarizes accrual information for the calendar year 2013.

### Clinical Trials
January 1 – December 31, 2013

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<td>Outside referrals</td>
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Navigation program expanding at Vidant Medical Center

VMC has expanded navigation services to implement a system-wide navigation model as one avenue to providing high quality cancer care locally and regionally. Nurse navigators have been assigned to the top cancer sites, including breast, lung, head/neck and genitourinary, hematology (benign and malignant) and gastroenterology. A navigation coordinator will work with the team of nurse navigators at VMC and social work/nurse navigators in the region to assure that cancer care is timely, specialized, cost-effective and individualized. Patients will be linked with resources to keep them close to home. A diagnosis of cancer can be complex. A navigator will navigate the care continuum to provide patients/families with support to ensure compliance with treatment, remove the barriers of the health care system, facilitate care close to home, and provide resources to help patients and families cope. Navigators will play an integral role in screening, early detection and prevention of the top cancers. Early diagnosis can improve a patient’s chance of cure and eventually decrease cancer mortality.

Measures to address in 2014 include:
• Patient satisfaction
• Increase in cancer awareness through screening/early detection programs
• Increase in patients accrued to available clinical trials
• Increase in patient referrals to support groups and survivorship programs
• Improved patient access to care at VMC and other Vidant Health hospitals.

Patient Navigators

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<tr>
<td>Janet Reimer, RN, BSN, OCN (head and neck cancer/GU)</td>
<td>252-341-3688</td>
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<tr>
<td>Debra Mascarenhas, RN, BSN, CBCN (breast cancer)</td>
<td>252-341-0917</td>
</tr>
<tr>
<td>Chelsea Passwater, RN, BSN, OCN (heme malignancies)</td>
<td>252-531-2680</td>
</tr>
<tr>
<td>Judy Koutlas, RN, MS, OCN (coordinator/GI cancer/other sites)</td>
<td>252-814-3580</td>
</tr>
<tr>
<td>Teresa Parent, RN, OCN (lung and esophageal cancer)</td>
<td>252-341-0834</td>
</tr>
<tr>
<td>Henry Mascarenhas, RN, BSN (brain – Gamma Knife®)</td>
<td>252-847-2611</td>
</tr>
</tbody>
</table>
In February 2013, VMC replaced its Gamma Knife® 4C model with the state-of-the-art Perfexion™ model. It offers expanded clinical treatment capacity that includes the upper spine, as well as treating a greater number of brain metastases. The Gamma Knife provides precise treatment for malignant and non-malignant brain lesions, in less time than traditional brain surgery. Most patients return to their normal routine within 24 hours.

VMC employees attended the unveiling of the new unit in May 2013. Local physicians were invited to a presentation by Dr. Stuart Lee, medical director for the Gamma Knife Center, followed by a tour of the suite. He has since visited many of the physician practices in the region to discuss the new technology and encourage patient referrals. Physicians are encouraged to watch procedures at any time.

The following diagnoses indicate Gamma Knife surgery:

- Brain metastases
- Meningiomas, acoustic neuromas, pituitary adenomas, cranopharyngiomas and other benign tumors
- Trigeminal neuralgias
- Primary or recurrent malignant brain tumors including astrocytomas and oligodendrogliomas
- Vascular malformations of the brain such as AVM and cavernous malformation
- Intracranial tumors such as nasopharyngeal carcinomas and ocular melanomas

A total of 102 patients were treated. The top indications were brain metastases, trigeminal neuralgias and meningiomas.

Community benefit is designed to promote the health of a population broad enough to assist the community as a whole. VMC defines community benefit as a program or activity that responds to a demonstrated health-related community need and seeks to achieve at least one of the four community benefit objectives: improves access to health services, enhances public health, advances knowledge or relieves government burden.

VMC’s mission statement is to enhance the quality of life for the people and communities we serve, touch and support. These words have deep significance and provide a framework for service to community. Cancer Care takes a proactive approach to health care through its involvement in various community service events. During the past year, Cancer Care provided 1,306.90 hours of community outreach valued at $80,840.

Community benefit activities include support group meetings, cancer screenings, awareness presentations, resource fairs/clinics, health symposiums, complementary therapies, survivorship programs and dinner-and-learn health information sessions. This information is detailed in various sections of our report. For Cancer Care staff, the ultimate reward comes from the participants’ expressions of appreciation for the services and information they received.
Some people may equate cancer to Goliath; yet more than 14 million cancer survivors have proven otherwise and have remained resilient in overcoming the challenges of this disease. It is imperative that the general public understands the face of cancer. Cancer Care provides education and awareness within the community and neighboring counties. Outreach programs educate the community on cancer awareness, early detection, prevention and screening guidelines. Additionally, Cancer Care offers cancer screening programs and awareness/prevention events to our underserved population.

Programs reaching the underserved population are strengthened by community health collaborations with private practice physicians and staff, public health centers, public and private industry, cancer survivors, faith-based organizations and community health advisors. These valuable partnerships support the expansion of community health awareness.

Making sense of the many facets of cancer is challenging. Research indicates that many environmental factors can increase the risk of cancer. Our prevention program endorses the adoption of good health habits. Simple adjustments in nutrition and increased physical activity along with the avoidance of tobacco products and reduction in alcohol consumption helps reduce risk factors for certain cancers.

**Cancer prevention and screening programs**

VMC Cancer Care is accredited by the Commission on Cancer. The commission defines the following standards for prevention and screening programs:

**Standard 4.1 Prevention programs**

- Each year, the Cancer Committee provides at least one cancer prevention program that is targeted to meet the needs of the community and should be designed to reduce the incidence of a specific cancer type. The prevention program is consistent with evidence-based national guidelines for cancer prevention.

**Standard 4.2 Screening programs**

- Each year, the Cancer Committee provides at least one cancer screening program that is targeted to decrease the number of patients with late-stage disease. The screening program is based on community needs and is consistent with evidence-based national guidelines and evidence-based interventions. A process is developed to follow up on all positive findings.

**Awareness/prevention programs**

Cancer Care has partnerships with regional health care providers, survivors, faith-based organizations, colleges, senior groups, local government and businesses. These collaborations enable us to provide cancer education in diverse formats.

Our outreach programs are designed to meet the needs of our audience and include lunch-and-learn sessions, evening socials, health and resource fairs, presentations, speaking engagements and visual displays.

**Colorectal cancer**

A colon and rectum cancer awareness and prevention education session was held at a local faith-based organization in March 2013. Glenn Harvin, MD, with Brody School of Medicine, presented an educational session entitled *Colon Cancer: Why Get Screened?* Laura Matarese, PhD, RD, LDN, CNSC, FADA, FASPEN, with Brody School of Medicine, presented valuable information on nutrition and the relationship between good nutrition and the prevention of colorectal cancer.

**Breast cancer**

Cancer Care has remained steadfast in its cancer message. Programs are formatted to emphasize disease awareness, early detection, recommendations for breast cancer screening and prevention measures. We recognize the need to reach our underserved population and find the best method to accomplish this task through local media.

The tenth annual V103.3 radio broadcast was held at VMC on October 1 to kick off breast cancer awareness month. This four-hour broadcast featured eight guest speakers who provided information on the Breast and Cervical Cancer Control Program (BCCCP), available grant-funded screening programs, lymphedema, patient navigation, breast cancer risk factors and symptoms, prevention and recommended screening guidelines. Oncologists from the medical school discussed programs including the multidisciplinary breast cancer clinic. They also explained the treatment for women at high risk for breast cancer as well as introducing the latest technology for radiation therapy. Information on breast cancer navigation, survivorship programs and the importance of physical activity complemented the program.

On October 24, WOOW-1340 AM radio hosted a 30-minute health information segment featuring breast cancer awareness to a primarily minority listening audience. Topics included breast cancer incidence, risk factors, prevention, services for the uninsured, breast cancer screening guidelines and the importance of mammography.

**Pink Power**

VMC and Vidant Edgecombe Hospital co-hosted their Pink Power evening social on October 8 at Rock Springs Center. This was one of seven breast cancer awareness events presented by Vidant Health that included eight community hospitals in the region (Vidant Beaufort, Vidant Bertie, Vidant Chowan, Vidant Duplin, Vidant Edgecombe, Vidant Pungo, Vidant Roanoke-Chowan, and The Outer Banks Hospital).
More than 225 participants heard a valuable message of hope and enjoyed delicious food, camaraderie and good conversation. Lynette Taylor, WITN-TV news anchor, served as the mistress of ceremonies. She introduced the two speakers — Dr. Eleanor Harris and DeLores Pressley. Dr. Harris, radiation oncologist at Leo W. Jenkins Cancer Center, provided an outstanding presentation on the current advancements and protocol in radiation oncology for breast cancer treatment.

Pressley was the keynote speaker for Pink Power. She is an international motivational speaker and is a respected and sought-after expert on confidence, motivation and personal power. Her mantra is Be Undeniably Powerful.

**Skin cancer**

East Carolina University, Pitt Partners for Health and VMC Cancer Services collaborated on a program to promote skin cancer awareness. Skin cancer information, sunscreen packets and sun safety information were disseminated to the students. Mannequins dressed in swimwear displayed a *garment tag* as a visual reminder of sun safety. This picture speaks volumes.

Sun safety awareness was introduced to after-school students. Elementary school children were provided an age-appropriate sun awareness message developed from the American Cancer Society. *Slip, Slop and Slap* — *Slip on a shirt, Slop on sunscreen and Slap on a hat* is a clever way to remind everyone of sun safety. The sun safety program is a fun way to engage children in sun awareness and prevention and is followed by a related craft project and literature.

**Prostate cancer**

The American Cancer Society screening guidelines for prostate cancer have been revised with the recommendation for men to make an informed decision after consulting with their health care provider. The two prostate cancer presentations for the general public provided an opportunity for individuals to learn about prostate cancer, risk factors and signs/symptoms of the advanced disease process. Participants had an opportunity to ask the physicians questions. Cancer Care expresses appreciation to Darla Liles, MD, with Brody School of Medicine, and Jonathan Taylor, MD, with Eastern Urological Associates, for presenting current information on prostate cancer. Dr. Taylor also provided prostate cancer information to our community in a 30-minute radio segment on WOOW-1340 AM radio.

Poster displays were created as an educational tool at health fairs and clinics. The posters featured risk factors, signs, symptoms, screening guidelines and methods of prevention for various cancers (cervical, breast, colorectal, lung, ovarian, oral, head/neck, prostate, skin and thyroid).

**Skin cancer screenings**

Dermatologists from the Brody School of Medicine provided three skin cancer screenings in the Greenville community. Various skin abnormalities were detected.

Of particular concern are presumptive diagnoses for melanoma, basal cell and squamous cell carcinoma. Referrals and recommendations to a dermatologist for further diagnostics are provided to all individuals with presumptive skin cancers as well as referrals for questionable findings.

<table>
<thead>
<tr>
<th>Presumptive diagnosis</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melanoma</td>
<td>0</td>
</tr>
<tr>
<td>Basal cell carcinoma</td>
<td>1</td>
</tr>
<tr>
<td>Squamous cell carcinoma</td>
<td>0</td>
</tr>
</tbody>
</table>

**Your birthday suit**

*Designed by your parents*

*Instructions*

Please treat with a gentle cycle of care
Do not mix with harsh chemicals
Do not fry, broil, or bake in harmful rays
Warranty: Should last your entire lifetime
Oral/head and neck cancer screenings
Early detection is a key message in treating oral/head and neck cancers. In years past, tobacco usage (cigarettes and pipe) and heavy alcohol consumption were the leading risk factors of oral/ head and neck cancers. Now research has found an increased risk of oral cancer associated with the human papilloma virus. Screening for these cancers takes very little time and expense. ECU School of Dental Medicine provided two oral/ head and neck cancer screenings this year for 51 people. One screening was offered during a sporting event and the other was held at a men’s health fair.

Cancer Care welcomes new partnerships and the involvement of talented individuals to facilitate the creation of new methods of education that enable a united effort for cancer awareness. The following table captures the scope of our outreach endeavors.

### 2013 Cancer outreach events

<table>
<thead>
<tr>
<th>Screenings</th>
<th>Presentations Including awareness and prevention education</th>
<th>Media interviews</th>
<th>Health fairs</th>
<th>Total community hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer – 3*</td>
<td>Colorectal (CRC) – 2</td>
<td>CRC – 1</td>
<td>Faith-based organizations – 4</td>
<td>283</td>
</tr>
<tr>
<td>Skin cancer – 3</td>
<td>Breast cancer – 12</td>
<td>Breast cancer – 2</td>
<td>Various facilities with the community – 10</td>
<td></td>
</tr>
<tr>
<td>Oral/head and neck cancer – 2</td>
<td>Prostate cancer – 2</td>
<td>Prostate cancer – 1</td>
<td>Total – 14</td>
<td></td>
</tr>
<tr>
<td>Leo W. Jenkins Cancer Center – 1</td>
<td>Ovarian cancer – 1</td>
<td>TV – cable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men’s health fair – 1</td>
<td></td>
<td>General cancer – 1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Partnership with Pitt County Breast Wellness Initiative (breast screening grant funded through Susan G. Komen Foundation)
Support Services

Vidant Medical Center Cancer Care is committed to ensuring that all residents of eastern North Carolina have access to high-quality health care. This includes providing comprehensive supportive services to patients and their families.

Camp Dove
The 16th Annual Camp Dove retreat for cancer survivors was held April 28-30 at the Eastern 4-H Environmental Center in Columbia. This event developed fellowship among the 24 participants (18 survivors and six guests) and gave survivors the opportunity to share their stories and support one another through fun and educational programs.

This year campers participated in various activities including nutrition, exercise, arts and crafts projects and spirituality. An evening party held at a location overlooking the water featured good food and fun dancing music.

Six counselors volunteered their time to assist campers. This year’s counselors included social workers, nurses, a chaplain and an exercise specialist.

Camp Dove concluded with a Celebration of Life service, a special time set aside to honor loved ones and memorialize the departed.

Celebrate the Season
Celebrate the Season is a tradition that began over a decade ago. This program gives hospital employees the privilege of providing for less fortunate families in eastern North Carolina. They donate food, which is distributed to cancer patients and their families who are in need during the holiday season. This year, 100 bags of food were distributed.

National Cancer Survivor Day
June 2 was National Cancer Survivor Day. Cancer Care expanded this to include the entire month of June. Survivors were celebrated during the month with posters on our inpatient units. Patients were also given inspirational cards when they were admitted to celebrate their survivorship. Cancer Care offered a variety of activities for survivors during June, which included exercise, healing touch, reiki and zentangle art.

Support Groups
The following support groups are available to help cancer patients and their families/caregivers as they cope with the effects of cancer. These groups provide patients with the opportunity to learn more about their disease and receive support for their psychosocial needs.

Brain Trust – a support group for patients living with a benign or malignant brain tumor. Meets at 6:00 pm on the second Monday of each month in the Gamma Knife Center at VMC. For more information call 252-847-9450.

Breathe Easier – new support group for 2013. Breathe Easier began November 2013 and is designed to provide support and education for people with lung and/or thoracic cancer. The group meets the first Tuesday of the month at noon at CPW’s restaurant in Greenville. For more information, call 252-847-7943.

Brother to Brother – support group for men with prostate cancer. Meets the last Friday of each month at 9:00 am at the Seahorse Restaurant in Greenville. For more information, call 252-809-7185.

Caring Conversations – a support group for anyone who has been touched by any form of cancer including patients, survivors, family members, spouses, caregivers and friends. Meets the second Tuesday of each month at 5:00 pm at the Hope Lodge. For more information, call 252-847-9738.
Caring for the Caregiver – new support group for 2013. Caregivers are an important part of the healing process for people with cancer. However, being a caregiver can be physically and emotionally difficult. Cancer Services created a new support group specifically for caregivers to provide emotional support and education. For more information, call 252-847-7943.

Living On After Loss – a support group for adults dealing with the loss of a family member or loved one. This eight-week series is offered quarterly and includes two education sessions and six support sessions. Registration is required. For more information or to register, call 252-847-7943.

Look Good…Feel Better – a support group that helps patients confront and deal with changes in physical appearance resulting from cancer treatment. Call the American Cancer Society at 866-227-8837.

Making It – a support group for patients with breast cancer. Meets at 5:30 pm on the second Monday of each month in the Hope Lodge conference room. For more information, call 252-847-6550.

Positive Image – a support group for cancer patients focusing on mutual support and stress management. Meets at 5:30 pm on the first and third Monday of each month at Jarvis United Methodist Church. For more information, call 252-940-0994.

Integrative therapies
In addition to support groups, Cancer Care offers a variety of integrative therapies for patients while they are receiving treatment. These programs are designed to assist patients in the healing process. Integrative therapies focus on improving the patient’s physical, emotional, social and spiritual well-being during treatment.

Animal-assisted therapy
Animals have an amazing ability to lift our spirits and help us heal during times of sickness. With cooperation from the Delta Society, Cancer Care is able to offer animal-assisted therapy to patients and their families on a weekly basis. This therapy allows patient and their families an opportunity to enjoy the unconditional love from a specially trained canine.

Healing Touch
Healing Touch is a relaxing, nurturing energy therapy. Gentle touch assists in balancing your physical, mental, emotional and spiritual well-being. Healing Touch works with your energy field to support your natural ability to heal. It is safe for all ages and works in harmony with standard medical care.

Massage therapy
Massage involves the manipulation of muscles and soft tissues to enhance the functionality of the tissue and promote relaxation. Massage has the ability to decrease stress, anxiety, depression and pain. This service is provided by massage therapy volunteers.

Reiki therapy
Reiki is a Japanese energy-based therapy that promotes healing and wellness. In this therapy, the reiki practitioner will place their hands above the patient’s body and transmit “life force energy” to the patient. Cancer Care is able to offer this unique treatment through the help of volunteers who are trained reiki practitioners.

Survivorship programs
Cancer survivors are living longer with the physical, psychological and social effects of cancer and treatments, which can extend years beyond the end of their acute diagnosis. Cancer Care has survivorship programs that are designed to assist patients on their road toward survivorship and improve overall quality of life.

Equine therapy
Cancer Care, in partnership with Rocking Horse Ranch, offers a 10-week therapeutic horse riding program designed for adult cancer survivors. Equine therapy activities encourage survivors to apply certain skills, such as non-verbal communication, assertiveness, creative thinking, problem solving, leadership, teamwork and confidence. After each session, participants meet with an oncology social worker and riding instructor to share experiences and support one another.

Survivorship 101: Exercise and Nutrition
Recent research validates that exercise can improve one’s mood, combat chronic diseases, manage weight, boost energy and promote better sleep. Most cancer survivors are looking for ways to stay healthy following their diagnosis and treatments in an effort to increase stamina and prevent the recurrence of cancer. With this in mind, Cancer Care, in partnership with Vidant Wellness Center, created Survivorship 101: Exercise and Nutrition. This 12-week program gives survivors the opportunity to join the wellness center, receive 36 group personal training sessions and attend two nutrition classes with a registered dietitian.
A cancer registry is a data system for the collection, management and analysis of data on persons with a cancer diagnosis. The VMC Cancer Registry accesses more than 2,000 cases annually. The top five sites diagnosed and treated at this facility are breast, lung, colon, prostate and kidney/renal cancer.

The registry consists of one supervisor and four data abstractors, including three certified tumor registrars (CTR). Cancer registrars are highly specialized data management experts who are at the heart of a cancer program. They review, interpret and capture a complete summary of patient history, demographics, diagnosis, staging, treatment modality and follow-up information. They also provide a valuable service to the hospital and public health professionals in determining needs in the community for resources for cancer prevention, diagnosis and treatment services in order to address the cancer burden in eastern North Carolina. Cancer registrars provide a valuable service leading to better monitoring of trends, designing and evaluating programs and providing data for cutting-edge research.

Cancer data is used continuously throughout the year. In 2013, there were more than 100 data requests for research and outcome studies. Data for these studies include county-based data, follow up and annual case load statistics. Site specific studies include triple negative breast studies, lung, brain, thyroid, ovarian, prostate, pancreatic, melanoma, liver and gastro intestinal cancer data. Information was analyzed and reported for the Brody School of Medicine National Accreditation Program for Breast Centers Survey. Cancer registry data is utilized to report standard information to the American College of Surgeons Commission on Cancer for accreditation purposes. The registry reports annually to the National Cancer Data Base (NCDB) and quarterly to the North Carolina Central Cancer Registry. Data reported to the NCDB is used in the Cancer Program Practice Profile Reports (CP3R) tool in order to monitor the facilities compliance with national standard treatment guidelines of care.

**Rapid Quality Reporting System (RQRS)**

The VMC accredited cancer program began participating in the American College of Surgeons Commission on Cancer Rapid Quality Reporting System (RQRS) in December 2012. The objective of the RQRS is to promote and facilitate evidence-based cancer care at cancer programs accredited by the Commission on Cancer. The RQRS serves to assess compliance with four National Quality Forum-endorsed quality performance measures for breast and colon cancers and two surveillance measures for colon and rectal cancers in real clinical time. Participation in RQRS provides our cancer program with real clinical time alerts for individual cases in which pending adjuvant treatment has not been reported to the system. These alerts have been developed to provide a warning system for cancer programs to prevent patients from slipping through the cracks. Our accredited cancer program uses the RQRS alerts to help ensure the utmost quality of care is provided to patients.

**Education**

The VMC cancer registry serves as the eastern North Carolina host site for the North American Association of Central Cancer Registries webinar series. Each webinar is hosted once a month and is geared to educate cancer registrars on updates to abstracting, coding, treatment modalities and statistics.

### 2012 Leading Cancer Sites

<table>
<thead>
<tr>
<th></th>
<th>USA male*</th>
<th>Vidant Medical Center male**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new male cases</td>
<td>848,170</td>
<td>1,167</td>
</tr>
<tr>
<td>Prostate</td>
<td>29%</td>
<td>16%</td>
</tr>
<tr>
<td>Lung/bronchus</td>
<td>14%</td>
<td>22%</td>
</tr>
<tr>
<td>Colon/rectum</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Bladder</td>
<td>7%</td>
<td>5%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Kidney/renal pelvis</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>3%</td>
<td>8%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3%</td>
<td>4%</td>
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<table>
<thead>
<tr>
<th></th>
<th>USA female*</th>
<th>Vidant Medical Center female**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new female cases</td>
<td>790,740</td>
<td>1,379</td>
</tr>
<tr>
<td>Breast</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Lung/bronchus</td>
<td>14%</td>
<td>16%</td>
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<tr>
<td>Colon/rectum</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>Uterine Corpus</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Kidney/renal pelvis</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Ovary</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3%</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total males and females</th>
<th>USA</th>
<th>Vidant Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total males and females</td>
<td>1,638,910</td>
<td>2,546</td>
</tr>
</tbody>
</table>

*USA statistics were obtained from the American Cancer Society Cancer Facts & Figures 2012 publication (Leading Sites of New Cancer Cases – 2012 Estimates)

**Vidant Medical Center statistics were obtained from data collected by the cancer registry and reflects January–December 2012 cases.
Measuring the Impact of Increasing Volume on Quality of Care in Patients with Pancreatic Cancer

Authors
GI Tumor Group, LWJCC, VMC Cancer Care

Presented by
Timothy L. Fitzgerald, MD

Purpose
To examine the impact of increasing hospital and surgeon volume on 10 pre-defined quality indicators

Source
VMC cancer registry (pancreatic cancer data) from 1996 to 2012

Sample
239 pancreatic cancer patients undergoing surgery 1996 to 2012

Methods
We utilized a previously validated national quality index for pancreatic cancer programs comprised of eight patient-level and two hospital-level indicators to determine whether quality improved as more patients were cared for in our system.

Highlights over the course of study
- Patients undergoing surgery for pancreatic cancer increased more than fivefold per year.
- Documentation was unaffected by patient volume.
- 20 percent more patients with early (stage 1 or 2) pancreatic cancer successfully underwent surgical removal of their cancer.
- Twice as many patients received radiation as part of their treatment.
- Detection of advanced cancer (stage 4) before surgical intervention remained unchanged and surgery was (appropriately) not offered to these patients.
- 10 percent more patients not eligible for surgery received palliative chemotherapy.
- Definitive treatment was initiated within two months of diagnosis in all patients regardless of volume.
- There was a five percent improvement in complete surgical resection (negative margins) from 86 percent to 91 percent.
- The number of lymph nodes harvested during surgery remained unchanged.
- Surgical mortality remained unchanged and below our peer group (UHC) average (4 percent).

Summary and conclusion
As the number of patients with pancreatic cancer cared for in our system increased, so too did the quality of care they received. We noted improvements in at least 50 percent of the quality indicators measured. VMC is a high-volume, high-quality pancreatic cancer center of excellence.

Festival of Hope
The sixth annual Carolina at its Best wine tasting, food sampling and crafts event was held on April 19, 2013, at the Greenville Hilton, chaired by Dr. Heather White. David C. Herman, MD, CEO of Vidant Health, and Steve Lawler, VMC President, spoke briefly on the scope of cancer and the needs within our community as well as future plans for a cancer facility. Guests joined the chairperson and speakers in a heartfelt toast to all cancer survivors in attendance. The Main Event Band returned for the second year to provide dining and dancing music adding to the party spirit of the evening.

Participating vendors from throughout North Carolina provided food samples and products for sale including wine, beer, peanuts, candy, desserts and artisan products. Funding from this event is facilitated through unique auction items donated by local and regional businesses. More than $30,000 was raised from donations, ticket sales, a drawing and the sale of auction items.

Ride for the Cure
The 7th Annual Ride for the Cure motorcycle rally was held on October 5, 2013, to create awareness of breast cancer. More than 110 participants enjoyed a long ride in the beautiful autumn weather. Their journey started and ended at Eastern Radiologists Inc. Breast Imaging Center in Greenville and traveled to three locations – Washington, Kinston and Winterville. A car show featuring 45 restored or modified classic cars and new vehicles roused curious comments and nostalgic recollections. Guests also had an opportunity to browse the booths of participating vendors.
Motorcyclists at Eastern Radiologists Inc. Breast Imaging Center get ready to start their tri-county ride.

Cancer Care is grateful for the tireless efforts of the organizers and staff members as well as the generous contributions from volunteers who helped with planning this event. Their fundraising endeavors involve countless hours throughout the year and include craft contests, T-shirt sales and bake sales. A special note of gratitude is given to the motorcyclists who participate every year in this event. This year the Ride for the Cure raised approximately $21,000 in funds with proceeds going to VMC and Lenoir and Beaufort counties for breast cancer screenings and early detection programs in eastern North Carolina. Their continued support allows many uninsured women in eastern North Carolina an opportunity to receive a screening mammogram.

Charity Ride for Ovarian Cancer and Lymphoma
On October 26, 2013, Vidant Edgecombe Hospital and VMC welcomed two motorcycle organizations, Golden Nuggetz and Go D’Va Gemz, riding in recognition of ovarian cancer and lymphoma cancer survivors. Approximately 35 riders started at Vidant Edgecombe Hospital in Tarboro and ended at the Vidant Medical Center Foundation in Greenville. More than $300 was raised for this cause and the donation was shared between Vidant Edgecombe Hospital and VMC. We are very grateful for the groups’ generosity and look forward to hosting this event again next year.

Golden Nuggetz and Go D’Va Gemz presenting check to Phyllis DeAntonio, administrator, VMC Cancer Care