MESSAGE FROM THE CANCER COMMITTEE

The Vidant Medical Center Cancer Committee has had a very productive year and has worked to implement standards related to Continuum of Care Services: Standard 3.1, Patient Navigation Process; Standard 3.2, Psychosocial Distress Screening; and Standard 3.3, Survivorship Care Plan.

Here at Vidant Medical Center, 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 to us to provide high-quality, comprehensive cancer care which supports the standards set forth by the American College of Surgeons Commission on Cancer in conjunction with local private practice physicians, Vidant Medical Group physicians and physicians from The Brody School of Medicine at East Carolina University.

Our commitment to build a new cancer center and bed tower supports this commitment. The new facility will enhance efficiency of care delivery and improve the patient experience. In addition, Cancer Care at Vidant Medical Center will focus on:

• Improving cancer care for the top five sites
• Increasing clinical trial availability, and therefore accruals.
• Reducing barriers to care through patient navigation.
• Continuing to increase public awareness of cancer prevention, early detection and screening.
• Collaborating with regional Vidant Community Hospitals to assure seamless, high-quality care across the continuum and care close to home.

2014 Cancer Committee
Emmanuel Zervas, MD, Chair
Adam Asch, MD
Brian Brodish, MD, liaison physician
Timothy Fitzgerald, MD
Mauro Grossi, MD
Eleanor Harris, MD
Heng Hong, MD
George Hucks, MD
Clinton Lerner, MD
Pamela Lepers, MD
Daraa Lies, MD
Daniel Moore, MD
Rachel Raab, MD
David Rodeberg, MD
Chris Thomas, MD
Naveen Voha, MD
Jan Wong, MD
Merill Bright, RNHA, CTR
Kimberly Chandra, MD
Johnna Cavino, FAPC AS
Phyllis DeAntonio, RN, MSN, FAAMA
Vickie Downing, RN, BSN, OCN
Ginger Edwards, BSBA
Debra Ellison
Colleen Fenlon-Coda, RN
Leighann Henley, RN, BSN
Todd Hickey, PA-C
Daniel House, MSW, LCSW
Rosalyn Jordan, RN, MSN, OCN
Evelina Kolychev, PharmD, BCOP
Judy Koutlas, RN, MSN, OCN
Suzanne Lax, PhD
Debra Mascarenhas, RN, BSN, CBCN
Henry Mascarenhas, RN, BSN
Vicki McLawhorn, NP
Allison Meyer, genetic counselor
Michele Miller, MHA
Janet Mayo, PhD, RN, NEA-BC
Kim Myers, RN, BSN
Teresa Parent, RN, BSN, OCN
Chelsea Passwater, RN, BSN, OCN
Masha Rehm, RN, MSN, AOCN, CNS
Janet Reimer, RN, BSN, OCN
Barbara Rouse, community member
Robbie Tilley
Jackie Unger, RN, OCN, CCRC
Anna Weaver, RN, MSN, CNOR

2014 Accomplishments

The following are some noteworthy accomplishments for 2014:

• Implemented Cancer Care Navigation Program.
• Expanded registry services to all seven Vidant community hospitals.
• Continued partnership between 3-West and Vidant Wellness Center to have personal trainers work with patients twice a week.
• Increased OCN certifications (30 percent of RNs hold this certification). New 2014 OCNs: Amanda Pendry, Tamatha Johnson, Ken Jones and Melissa Heath.
• Increased administration of chemotherapy in the Infusion Center, which is best practice to move from inpatient unit.
• Navigation presented poster “Coordinating Care and Cutting Costs: Utilizing Navigation to Provide Pegfilgrastim and Rituximab Closer to Home” at the Association of Oncology Nurse Navigators national meeting in Florida. Poster received third place award.
• Welcomed new staff: Reshida Briggs – Oncology Data Abstractor; Sierra Adams – Oncology Data Abstractor.
• Through Festival of Hope, accepted donations of more than $63,575. Other requests: treatment related data requests such as the number of patients that received radiation; breast cancer studies and days-to-treatment data for a nurse navigation study; and data for a GI study.
• Offered support services and complementary/alternative therapies to cancer patients and family members, including 17th year of Camp Dove; Survivorship 101: Exercise/Nutrition program (grant funded); more than 10 support programs; and pet, art, massage, healing touch and reiki therapy. Caring Conversations and Making It support groups continue to have high attendance.
• Provided cancer awareness information to more than 4,776 people. Used the following media to disseminate information: radio broadcasts, educational displays and packets, presentations, health fairs and information sessions. Performed more than 163 cancer screenings for breast and skin.
• Offered professional educational programs for physicians, allied health staff and registrars.
• The cancer registry responded to 100+ data requests for research and outcome studies, including Edgecombe, Outer Banks and Beaufort hospital site-specific information and case totals. Other requests: treatment related data requests such as the number of patients that received radiation; breast cancer studies and days-to-treatment data for a nurse navigation study; and data for a GI study.
• New cancer tower planning and fundraising well underway with groundbreaking scheduled for March 2015.
• Held 5th Annual Pancreatic Cancer Awareness Dinner with 60+ attendees.
• Conducted needs assessment with specific barriers to care identified by 150 patients surveyed in the Infusion Center. Top barriers included: distance to care and lack of understanding for routine health/cancer screenings.
• Implemented low-dose CT screening for lung cancer at all Vidant Health hospitals in November 2014.
• Held 8th Annual Lung Cancer Awareness Dinner with 60 attendees.

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GOALS FOR 2014

- Implement consolidated inpatient/outpatient navigation model locally and in the region by April 2014, as outlined by Cancer Care planning group.
- Implement Rapid Quality Reporting System (RQRS) data reporting at monthly Cancer Committee meetings. Discuss outliers and propose remedies to address them.
- Provide one or more screenings and awareness programs per year related to early detection/prevention for top five sites.
- Create Survivorship Subcommittee to develop care plans for top five sites by January 2015. Align support/survivorship goals for the medical center and Leo W. Jenkins Cancer Center. Review programs and evaluate need and effectiveness.
- Improve awareness of clinical trial activity (both accruals and portfolio) by incorporating Clinical Trials Office reporting at monthly Cancer Committee meetings.
- 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 O-E rates for quality variables.
- Conduct a community needs assessment for cancer services (including clinical services, navigation, and support and survivorship programs) and 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.

EDUCATION PLAN FOR 2014

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 selection of activities
Educational activities are chosen based on the most frequently occurring cancer diagnoses, feedback from patients and caregivers, input from health care professionals and discussions by the Cancer Committee.

Objectives
1. Cancer education resources are readily available for patients, family and the public.

Actions
- Continue to provide available cancer patient resource materials to the Spanish-speaking population.
- Revise educational packets and distribute them to patients with a cancer diagnosis. Distribution of educational packets should include, but not be limited to, the following areas:

   - 3-West, 1-East Inpatient, 1-East Infusion, 1- South and Leo W. Jenkins Cancer Center. Packets contain the following information: 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/family/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, 1-East and Leo W. Jenkins Cancer Center to ensure information is recent and includes Spanish materials. Partnering with the American Cancer Society to update the CRC (CRC grant).

2. Cancer Committee will continue to review quarterly the educational plan and outcomes for Cancer Services.

Feedback to include:
- Telephone requests
- Support groups
- Written/verbal evaluations from Cancer Care events
- Registry statistics
- Cancer Committee (annually)

3. Continue to offer educational patient/family/public cancer education forums and support services emphasizing prevention, early detection and treatment as well as coping and survivorship. Examples include:

   - Support groups/programs
     - Appetite for Life
     - Brain Trust
     - Camp Dove
     - Caring Conversations
     - Caring Cancer
     - Caring for the Caregiver
     - Cancer Transitions
     - Equine therapy
     - The Grateful Gourmet
     - Living On After Loss
     - Look Good…Feel Better
     - Making It
     - Survivorship 101: Exercise and Nutrition
   - Continue to provide free screening and educational programs to the general public as well as increase the focus on reaching the underserved population of Pitt County.
     - Skin cancer
     - Colorectal cancer
     - Prostate cancer
     - Breast cancer
     - Gynecological cancer
   - Continue to offer the following alternative and complementary therapies to cancer survivors: art therapy, animal-assisted therapy, massage therapy and reiki therapy.
   - Continue participation in health fairs at businesses, industry, civic groups, churches and local events.

4. Continue utilization of existing educational resources provided by Vidant Medical Center, ECU medical school, private physicians, ECU colleges of nursing and allied health 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 medical school, private physicians, ECU colleges of nursing and allied health and by including them in clinical and support service efforts.
- Collaborate with pharmaceutical companies to offer CME credit educational 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.
- Documentation of educational offerings will be maintained and kept in notebook.

According to the Commission on Cancer Standard 1.1.0 Each year, the Cancer Committee offers at least one cancer-related educational activity, other than cancer conferences, to physicians, nurses and other allied health professionals. The activity is focused on the use of AJCC or other appropriate staging in clinical practice, which includes the use of appropriate prognostic indicators and evidence-based national guidelines used in treatment planning.
GOALS FOR 2015

- Utilize the Rapid Quality Reporting System (RQRS) data alerts to identify patients who are approaching noncompliance with national treatment standards. Discuss these patients at Cancer Committee and propose ways to expedite the nationally recommended treatment protocols.
- Provide at least one awareness, prevention and early detection/screening event for each of the top six cancers (lung, breast, colorectal, skin, cervical and prostate) as outlined by the N.C. Comprehensive Cancer Control Plan 2014-2020.
- Focus more specifically on the four deadliest cancers: lung, breast, colorectal and prostate.
- Vidant Health Survivorship: Charter Committee will meet monthly to develop a survivorship program to include psychosocial programs, clinics, survivorship care plans and clinical trials, under the direction of Daniel House, Survivorship/Support Services coordinator, and Dr. Rachel Raab, specialist in hematology/oncology.
- Improve quality of service delivery for psychosocial distress screening program on inpatient and outpatient units by monitoring compliance with screening completion and providing additional staff education regarding screening process.
- Partner with Vidant Health Community Health Programs to conduct a community health needs assessment including focus groups in order to identify barriers to care for cancer patients/caregivers.
- Identify strategies to reduce barriers to care, which will include improving communication and transition of care from inpatient to outpatient and throughout the region.
- Coordinate new cancer facility groundbreaking, to be held March 2015.
- Assemble workgroup between East Carolina University and Vidant Medical Center to recommend strategies to remove barriers to opening pharmaceutical and other sponsored studies in a timely manner. Increase accruals to 10 percent of total analytic caseload. Screen more than 95 percent of eligible patients for available clinical trials. Each Multidisciplinary Trials Group to open at least one new therapeutic study in 2015.
- Develop ways to provide access to clinical trials to a broader spectrum of patients, such as those seen by private practice physicians and at regional hospitals.
- Implement quality initiatives to meet expected outcomes (O-E). Medical Director input/direction to be a priority.
- Collaborate with newly implemented Palliative Care Unit attending service to provide palliative care to cancer patients. Consults to be tracked and reviewed.

These goals were presented and approved by the Cancer Committee.

A healing environment is necessary to achieve the best 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. Comfortable chairs, sleepers, chemo and isolation carts resembling furniture rather than utility and other amenities are in place. Quiet times are observed on the unit to enhance the healing environment. Vidant Wellness Center trainers continue to come to the medical oncology unit to assist patients in staying as active as possible by using our exercise equipment on the unit. Pet therapy continues to be a special highlight of the week for patients, creating smiles and laughter.

1 - East Infusion Center

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

Formerly a 14-bed ambulatory medical unit, 1-East is currently a 34-bed/chair center. It cares for 60-70 patients daily from across eastern North Carolina. Currently, 1-East has six private rooms and 28 state-of-the-art infusion chairs. It offers the following amenities to keep patients comfortable and entertained during their stay: TVs for every patient with individual controls; art therapy provided twice a week; and a resource room for patients and families with information about support groups and various treatments therapies. Shuttle and valet services are available to all patients to assist with transportation from the parking areas and from Leo W. Jenkins Cancer Center. There is an onsite pharmacy to provide safe and timely access to chemotherapy. Patient and family advocates provide input on support and survivorship, TVs, meal trays, iPads™ and art therapy.

The 1-East staff, consisting of nurses, care partners and a unit secretary, work closely with all referring providers. Nurses are chemotherapy certified with an average of 20 years nursing experience. Seven are certified oncology nurses and many others are working toward this goal. Certification is the gold standard of oncology nursing, and every nurse on 1-East has a true passion for oncology patients.

Realizing the need to spend time at home with loved ones, staff members strive to ensure that patients on 1-East receive care that is of the highest possible quality with the greatest level of efficiency. These professionals remain dedicated to enhancing the quality of life for patients and their families.

6

CLINICAL SERVICES

Inpatient medical oncology

Our medical oncology units, both 3-West Oncology and 1-East Inpatient Oncology, provide 46 beds with the ability to serve up to intermediate-level patients. This allows inpatient cancer survivors to 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, esophageal 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 clerk, nurse practitioners, nurse case managers, social work case managers, as well as a recreation therapist, pharmacist, dietitian, staff development assistant and clinical nurse specialist. This team collaborates to provide patient- and family-focused comprehensive care.

Staff nurses, many of whom are either already nationally certified oncology nurses or are studying for certification, are encouraged and supported in their professional and specialty growth. Clinical ladder opportunities enable nurses to address patient educational and clinical needs as well as provide educational opportunities for their peers promoting expertise in bedside nursing.

The medical oncology unit 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 as well as supporting oncology nursing education. Focus on increasing our number of Oncology Certified Nurses (OCN) has resulted in several nurses earning certification and several others preparing for OCN examination, which validates expertise in oncology nursing. Improvement was seen in quality, particularly U/Ls and CLABSS, as well as patient satisfaction scores.

Patient safety and compassionate care is our goal

Patient safety is reflected in our quality focus. Preventing central venous line infections and urinary tract infections in patients have been our targets. Continued compliance with evidence-based practice guidelines has been sustained throughout the year. A healing environment is necessary to achieve the best 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. Comfortable chairs, sleepers, chemo and isolation carts resembling furniture rather than utility and other amenities are in place. Quiet times are observed on the unit to enhance the healing environment. Vidant Wellness Center trainers continue to come to the medical oncology unit to assist patients in staying as active as possible by using our exercise equipment on the unit. Pet therapy continues to be a special highlight of the week for patients, creating smiles and laughter.

1-South Surgical/Oncology Unit

The 1 - South Surgical/Oncology Unit, consisting of 30 beds, is capable of providing general, gynecologic, and intermediate levels of care. We provide a seamless transition from surgical oncology care to medical oncology treatment. Patient care is provided for the following surgical procedures: gastrointestinal, genitourinary, head/neck and gynecology. Our surgical oncology team includes physicians, advance practice practitioners, nurses, nurse case manager, social work case manager, dietitian, pharmacist, professional/occupational therapist and care partners.

The surgical staff utilizes a team approach with preparative and supportive care. This collaborative team approach provides patients and their families with the knowledge and skills necessary for transitioning to independence and recovery in their home environment. 25 percent of nurses received specialty certification. 1 - South is a role model for physician communication and improved recovery in patient satisfaction scores.

High quality care and clinical decisions respectfully include the individual’s preferences, values and needs. Bedside shift report, 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 advancement in higher degree levels, professional organizations, specialty certifications and participation in professional clinical pathways.

Nurses participate in quality improvement projects to bring awareness to quality initiatives and improve patient experience and quality outcomes.

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Realizing the need to spend time at home with loved ones, staff members strive to ensure that patients on 1-East receive care that is of the highest possible quality with the greatest level of efficiency. These professionals remain dedicated to enhancing the quality of life for patients and their families.
The 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 novel therapies and the latest advancements in cancer care. Patients are seen in the outpatient setting of Leo W. Jenkins Cancer Center and in all areas of the medical center. Our participation in the research process establishes a connection with the National Cancer Institute and the National Clinical Trials Network (NCTN) oncology cooperative groups that currently include Alliance, NRG, ECOG-ACRN, SWOG and COG. East Carolina University maintains a collaborative relationship with UNC-Chapel Hill’s UNC Cancer Network Clinical Trials (UNCCN). We are able to offer some of their investigator-initiated studies to patients here in eastern North Carolina. Our own oncology physicians write protocols to specifically meet the needs of our patient population. Some of these include patients in translational research studies. 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 chart at right summarizes accrual information for calendar year 2014.

**Goals for 2015**

1. Assemble workgroup between ECU/VMC to recommend strategies to remove barriers to opening pharmaceutical and other sponsored studies in a timely manner.
2. Increase accruals to 10% of total analytical caseload.
3. Screening >95 percent of eligible patients for available clinical trials.
4. Each Multidisciplinary Trials Group to open at least one new therapeutic study in 2015.
5. Develop ways to provide access to clinical trials to a broader spectrum of patients, such as those seen by private practice physicians and at regional hospitals.

### Clinical Trials

**January 1 – December 31, 2014**

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<tr>
<th>Category</th>
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<td><strong>Total accruals</strong></td>
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**Navigators**

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<th>Area of specialty</th>
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<tbody>
<tr>
<td>Other cancers</td>
<td>252-814-3580</td>
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<tr>
<td>Gastrointestinal</td>
<td>252-717-1931</td>
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<tr>
<td>Breast and gynecologic</td>
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<td>Brain – Gamma Knife®</td>
<td>252-847-2611</td>
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<td>Lung, thoracic and esophageal</td>
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<td>Hematology malignancies</td>
<td>252-531-2680</td>
</tr>
<tr>
<td>Head and neck/urological</td>
<td>252-341-3688</td>
</tr>
</tbody>
</table>
**COMMUNITY BENEFIT**

Community benefit is designed to promote the health of a population broad enough to assist the community as a whole. The medical center 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: improve access to health services, enhance public health, advance knowledge or relieve government burden.

The medical center’s mission 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 the community. Cancer Care takes a proactive approach to health care through its involvement in various community service events. During the past year, the division provided 914 hours of community services, valued at $63,575.

Community Benefit activities include support group meetings, cancer screenings, prevention and 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’ expression of appreciation for the services and information they received.

**OUTREACH PROGRAM**

The signing of the National Cancer Act in 1971 signified the start of the war on cancer for our nation. At that time, there was little to offer in regards to preventing cancer. Now, prevention, awareness and early detection are at the forefront of cancer programs across the country. The American Cancer Society (ACS) reports that there are more than 14 million adults and children alive today who have survived cancer. They also predict that more than 18 million people will have survived cancer by 2024. Documented increases in survival rates reflect the progress in diagnosing cancers at an earlier stage along with strong public education and advancements in treatment.

Cancer Care at Vidant Medical Center developed its outreach program to provide the necessary education and screenings to the underserved and at risk populations of eastern North Carolina. It is crucial that we provide our community members the cancer information they need so they can make sound choices when it comes to behaviors related to prevention and detection. The community outreach that we provide to the public is made possible by a dedicated, multidisciplinary team of health care professionals willing to share their knowledge and time for a purpose; prevent and detect cancer before late stage takes its toll.

**Accreditation standards**

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 decreasing 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 and prevention**

The World Cancer Research Fund estimates that up to 33 percent of cancers occur in economically developed countries like the United States. Due to obesity, being overweight, physical inactivity and/or poor nutrition. Also, on an annual basis, more than 3 million cases of skin cancer are diagnosed. These cases can be prevented by limiting sun exposure, applying sunscreen and avoiding indoor tanning beds.

**Gamma Knife Center**

The Gamma Knife® offers hope for patients with brain lesions that were once considered inoperable. The use of Gamma Knife alleviates much of the pain, scaring and long recovery time normally associated with intracranial surgery.

Gamma Knife gives surgeons the ability to effectively treat abnormalities in the brain through stereotactic radiosurgery. Stereotactic radiosurgery is defined as the delivery of a single high dose of radiation to a small and critically located intracranial target without opening the skull. Physicians can remove intracranial lesions by focusing multiple gamma rays on a precisely defined target.

Gamma Knife therapy avoids many risks associated with open brain surgery. Patients experience a minimal amount of pain and they typically tolerate the procedure with local anesthesia. Shorter hospital stays and less invasive surgery make Gamma Knife a more cost-effective option than conventional neurosurgery.

**Indications for Gamma Knife therapy**

Patients undergoing Gamma Knife radiosurgery are evaluated by a team of specialists including neurosurgeons and radiation oncologists. Diagnoses that indicate Gamma Knife therapy include:

- Meningiomas, acoustic neuromas, pituitary adenomas, cranioopharyngiomas and other benign tumors
- Trigeminal neuralgia
- Primary or recurrent malignant brain tumors including astrocytomas and oligodendrogliomas
- Brain metastases
- Intracranial tumors such as nasopharyngeal carcinomas and ocular melanomas
- Antenoeontinous malformations and cavernous malformations

**Gamma Knife Cases**

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<th>October 2013 – September 2014</th>
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<td>Acoustic neuroma</td>
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<td>Astrocytoma/glioma</td>
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<td>GBM</td>
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<tr>
<td>Meningioma</td>
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<tr>
<td>Other</td>
</tr>
<tr>
<td>Trigeminal</td>
</tr>
<tr>
<td>Brain metastasis</td>
</tr>
<tr>
<td>AVM cases increased by 75 percent due to dedicated endovascular neurosurgery</td>
</tr>
<tr>
<td>Increased awareness of Gamma Knife treatment among referring physicians by marketing efforts</td>
</tr>
</tbody>
</table>

**OUTREACH PROGRAM**

Another significant factor is cigarette smoke. In 2014, the ACS reported that almost 176,000 of the estimated 585,720 cancer deaths will be attributed to tobacco use. This shows that we have another 30 percent of our population that can greatly decrease the risk of cancer. These risk factors combine for a total of 63 percent of cancers which are highly preventable and that is a primary role in the messages we choose to send to our region. This is an overwhelmingly optimistic number, but we realize that reaching the thoughts and behaviors of our at-risk community will be a slow and difficult process. Our message will take the effort of more than just our outreach department to maximize our impact.

To help offset our enormous task of preventing and detecting disease, Cancer Care has joined forces with regional health care providers, survivors, faith-based organizations, colleges, senior groups, local governments 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.

**Button chair**

With more than three million women battling breast cancer, there is a mother, daughter, sister or friend who has been affected by breast cancer at every turn. For the last 16 years, the button chair has traveled around the state bringing countless stories of women who’ve battled breast cancer in North Carolina. Every button represents a unique story of courage and strength, each having belonged to a breast cancer survivor or someone who lost his or her battle with the disease. The purpose of the exhibit is to educate visitors about breast cancer, encourage women to get mammograms and deliver messages of hope from survivors who have overcome the disease. Vidant Medical Center was honored to host the button chair exhibit in the lobby of the hospital from September 30 to October 6.

“Thousands of people walk through the doors of Vidant Medical Center every day. Hosting the button chair exhibit is an opportunity for us to honor those affected by the disease, while also educating and informing the thousands of people we reach,” said Todd Hickey, senior vice president of the medical center.
Pink Power
The medical center hosted its annual Pink Power evening social on October 14, at Rock Springs Center in Greenville with more than 400 in attendance. This was one of eight breast cancer awareness events presented across the region by Vidant Health. The goal of these events was to celebrate women in a fun, special environment, as well as to share information and give women power against breast cancer.

In Greenville, the message touched on knowledge and support. It stressed the importance of early detection. Lynette Taylor, WITN-TV news anchor, served as the mistress of ceremonies. She introduced the two speakers for the evening – Dr. Jan Wong, ECU professor of surgical oncology and director of breast care, and Kelly Swanson, motivational speaker and comedienne. Dr. Wong provided a compelling presentation on the importance of prevention and early detection, and Kelly Swanson, the keynote speaker, captivated the audience with motivation, storytelling and laughter.

Screening
Our screening programs are a type of secondary prevention that are assembled to help detect cancer at an early and treatable stage. Early detection can result in less substantial treatment regimens and improved outcomes. Screenings are noted to help reduce mortality for cancers of the breast, colon, rectum, cervix, skin and lung. Screening for skin, colorectal and cervical cancers can lead to the discovery of pre-cancerous lesions that can be removed, thus preventing future cancer.

Outreach program continued
Early in 2014, we initiated the planning and execution of a Low Dose CT Scan program to help detect lung cancer at an early stage for people who meet specific requirements. Lung cancer is the leading cause of cancer death, though unfortunately underfunded when compared to other cancers. This early detection method was initiated by the medical center to decrease lung cancer mortality in eastern North Carolina. To qualify for the screening, the candidate must be between the ages of 55 and 74, have at least a 30-pack-year history, or have ceased smoking within the past 15 years or less. Also, if they are 50+, have at least a 20-pack-year history of smoking, and have one additional risk factor other than second hand smoke, they may qualify.

This program was started November 1, 2014 and four people received screenings in 2014. The guidelines were taken from the National Comprehensive Cancer Network. We encourage people who meet the criteria to contact their primary physician or call toll free 800-223-9328 to request screening.

Pink Power event guests show their support for friends.

Support services
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 families.

Camp Dove
The 17th Annual Camp Dove retreat for cancer survivors was held May 4-6 at the Eastern 4-H Environmental Center in Columbia, NC. This event developed fellowship among the 19 survivors and their guests and allowed 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 in the dining hall featured good food and fun dancing music.

Five counselors volunteered their time to assist the campers. This year’s counselors included a social worker, exercise specialist, a chaplain and nurses.

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 more than a decade ago. This program gives medical center employees the privilege of providing for the less fortunate families living 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, 43 bags of food were collected and distributed.

Support groups
The following support groups are available to help cancer patients and their families or 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 Vidant Medical Center. For more information, call 252-847-9450.

Contact us for more information or to register, call 252-847-4972.
Look Good…Feel Better—a support group that helps patients confront and deal with changes in physical appearance resulting from cancer treatment. For more information, call the American Cancer Society toll free 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 McConnell-Raab Hope Lodge conference room. For more information, call 252-947-6550.

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 patients and 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 an individual’s energy field to support the 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 produce relaxation. Massage has the ability to decrease stress, anxiety, depression and pain. With the help of massage therapy volunteers, Cancer Care has been able to offer this treatment to cancer patients during their hospital stay.

Reiki therapy
Reiki is a Japanese energy-based therapy that promotes healing and wellness. In this therapy, the reiki practitioner will place his or her 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.

Cancer Transitions
This is a program of The Wellness Community and The LIVESTRONG Foundation. This six-week workshop is designed to help cancer survivors make the transition from active treatment to post-treatment care.

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.

Nutrition programs
Most cancer survivors want to understand how to stay healthy after diagnosis and treatment, and most importantly, how to prevent the cancer from recurring. Eating a healthy, balanced diet is a key component to staying healthy. Nutritionists are available to work with cancer survivors as they develop new healthier eating patterns. There are also cooking classes available for cancer survivors and their families throughout the year. These programs provide survivors with the opportunity to learn about proper nutrition through the experience of preparing healthy meals.

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 be a member of Vidant Wellness Center, receive 36 group training sessions and attend two nutrition classes with a registered dietician. Approximately 76 people participated in Survivorship 101 since it began in 2010.

Cancer registry
A cancer registry is a data system for the collection, management and analysis of data on persons with a cancer diagnosis. The medical center Cancer Registry accesses more than 2,000 cases annually. The eight Vidant Health facilities have a combined accession rate of more than 3,500 cases annually. The top five sites diagnosed and treated at the medical center are breast, lung, colon, prostate and kidney/renal cancer.

Vidant Health transition
In 2014, the cancer registry successfully transferred all of Vidant Health’s cancer registry services under one roof—a significant undertaking. All data are now collected and reported from one registry. The registry team worked tirelessly to make the transition possible and is highly commended for their efforts.

The registry team
The registry consists of a supervisor, an assistant supervisor and five 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, demographic, diagnosis, staging, treatment modality and follow-up information. They also help the hospital and public health professionals determine community needs related to cancer prevention, diagnosis and treatment services.

Cancer registries provide a valuable service leading to better monitoring of trends, designing and evaluating programs and providing data for cutting-edge research.

Data usage
Cancer registry data are used continuously throughout the year. In 2014, 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. Hospital-specific case totals and other information were reported for Vidant Edgecombe Hospital, The Outer Banks Hospital and Vidant Beaufort Hospital. Treatment-related data requests such as the number of patients that received radiation and many breast cancer correlated study requests were fulfilled. Days-to-treatment data was used for a nurse navigation study. Data was also used for a GI-specific study.

Information was analyzed and reported for the ECU 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 cancer 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 tool in order to monitor the facilities compliance with national standard treatment guidelines of care.

Rapid Quality Reporting System (RQRS)
Vidant Medical Center began participating in the American College of Surgeons Commission on Cancer Rapid Quality Reporting System (RQRS). After the cancer registry services transition, Vidant Edgecombe Hospital started using the RQRS tool, as well. The objective of the RQRS is to promote and facilitate evidence-based cancer care at Commission on Cancer accredited cancer programs. 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 time clinical 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. RQRS alerts help ensure the utmost quality of care is provided to patients.

The data are analyzed on a monthly basis to evaluate how the cancer program is improving with timely treatment administration. The data are compared with other accredited hospitals in order to gauge our cancer program’s performance on a state, national and programmatic level.

Education
The cancer registry serves as the eastern North Carolina host site for the North American Association of Central Cancer Registries webinar series. Each site-specific webinar is hosted once a month, year round. Each webinar is geared to educate cancer registry registrars on updates to abstracting, coding, treatment modality and statistics.
2013 Leading cancer sites

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>USA male*</th>
<th>Vidant Medical Center male**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new male cases</td>
<td>854,790</td>
<td>1,169</td>
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<tr>
<td>Prostate</td>
<td>28%</td>
<td>12%</td>
</tr>
<tr>
<td>Lung/bronchus</td>
<td>14%</td>
<td>21%</td>
</tr>
<tr>
<td>Colon/rectum</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Bladder</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Kidney/renal pelvis</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3%</td>
<td>4%</td>
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</table>

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>USA female*</th>
<th>Vidant Medical Center female**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total new female cases</td>
<td>805,500</td>
<td>1,435</td>
</tr>
<tr>
<td>Breast</td>
<td>29%</td>
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<tr>
<td>Lung/bronchus</td>
<td>14%</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>6%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Melanoma of skin</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Kidney/renal pelvis</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Ovary</td>
<td>3%</td>
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</table>

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>USA males &amp; females</th>
<th>Vidant Medical Center males &amp; females</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total males &amp; females</td>
<td>1,660,290</td>
<td>2,604</td>
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2012 Leading cancer sites

<table>
<thead>
<tr>
<th>Cancer Site</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>
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<tr>
<td>Prostate</td>
<td>29%</td>
<td>16%</td>
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<tr>
<td>Lung/bronchus</td>
<td>14%</td>
<td>22%</td>
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<tr>
<td>Colon/rectum</td>
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<td>3%</td>
<td>4%</td>
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<table>
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<th>Cancer Site</th>
<th>USA female*</th>
<th>Vidant Medical Center female**</th>
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<tbody>
<tr>
<td>Total new female cases</td>
<td>790,740</td>
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<tr>
<td>Breast</td>
<td>29%</td>
<td>31%</td>
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<tr>
<td>Lung/bronchus</td>
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<td>Ovary</td>
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<tr>
<td>Pancreas</td>
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<td>30%</td>
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STUDY: EVIDENCE-BASED GUIDELINES

Measuring the Impact of Increasing Volume on Quality of Care in Patients with Head and Neck Cancer

Authors
Head and Neck Team, Leo W. Jenkins Cancer Center, Vidant Medical Center Cancer Care

Presented by
Pamela Lepena, DO

Purpose
To examine the growth of the Head and Neck Cancer program at Vidant Health as compared to national benchmark.

Source
Vidant Medical Center Cancer Registry (Head and Neck Cancer Data) from 2008-2012

Sample
508 head and neck cancer patients diagnosed and treated between 2008 and 2012

Method
We utilized the American College of Surgeons Commission on Cancer National Cancer Database for data comparison. We utilized quality metrics which included evaluating structure, adherence to CAP guidelines, continuous monitoring and outcomes.

Highlights over the course of the study
- Each year, 53,640 patients diagnosed with cancer.
- Laryngeal cancer has declined during the study.
- Oral cavity and oral pharynx cancer has increased during the study. These cancers are present in young adults and those who do not smoke.
- High volume constitutes a minimum of 100 patients.
- Patient lost to follow-up returned to system for care in January.
- Vidant Medical Center meets or exceeds national metrics.
- Timeliness from time of diagnosis to treatment important quality measure.
- The neoplasms such as nasopharyngeal cancer and tongue cancer are difficult to treat. This was learned at the head and neck conference in Arizona.
- Stage 3 and 4 survival rates look good compared with the NCDB data.
- Clinical trial participation is increasing.

Summary and conclusions
As the number of head and neck cancer patients cared for in our system increased, so did the quality of care they received. We noted improvements in at least 50 percent of the quality indicators measured. The medical center is a high-volume, high-quality head and neck cancer center of excellence.
FUNDRAISING EVENT

Festival of Hope
The 7th annual Festival of Hope, Celebrating Colors of Courage, was held on Friday, November 14, 2014 at Rock Springs Center. All proceeds raised, over $20,000, supported survivorship and support programs for cancer patients including Camp Dove, Survivorship Wellness Program and Equine Therapy Program. The evening began with cocktails and jazz by Carroll Dashiell and band. Lynette Taylor served as mistress of ceremonies, the Rev. Carolyn Fleming-Sawyerr provided the invocation and Janet Mullaney, interim Vidant Health CEO, saluted all cancer survivors. Todd Hickey, senior vice president, Vidant Medical Center, presented information on the new cancer center and bed tower, and the recently implemented cancer navigation program. Bailey’s Fine Jewelry donated a pair of David Yurman earrings. A live auction, raffle prizes and dancing to Spare Change ended the evening.

NEW CANCER CENTER AND BED TOWER

New cancer center and bed tower to be completed by 2018
A new cancer center and bed tower will serve as the hub of Vidant Cancer Care’s regional programs and will provide excellence in care at Vidant Medical Center and beyond. This new facility at an estimated cost of $182 million, will be built adjacent to the East Carolina Heart Institute, and will provide both inpatient and outpatient cancer services. Vidant Medical Center has designed this facility to enhance efficiency of care delivery and improve the patient experience. Features will include:
- 96 inpatient rooms that will have a nurse, patient and family zone
- A breast imaging center
- 60 infusion areas with views of the outdoor healing gardens
- 60 multidisciplinary clinics and radiation treatment clinics
- Imaging
- Pharmacy
- Laboratory
- Resource room, including space for complementary therapies
- Boutique
- Conference space for cancer awareness and support programs

Preliminary drawing of cancer center and bed tower