Cancer Care
2017 Report to the Community
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Message from the cancer committee

The Vidant Health/Vidant Medical Center (VMC) Cancer Care purpose is to be the premier, trusted, integrated cancer care delivery system in eastern North Carolina by developing a national model for rural healthcare that will reduce mortality and provide ready access to prevention, early intervention, and quality, coordinated patient care.

Here at VMC, the cancer committee continues to assure that high quality cancer care is in place to meet the needs of cancer patients in eastern North Carolina. Our staff, in conjunction with local private practice physicians, Vidant Medical Group physicians, and physicians from The Brody School of Medicine at East Carolina University, work together to provide comprehensive cancer care across our service area.

Vidant’s commitment to building a new cancer center and bed tower supports this as well. The facility will enhance efficiency of care delivery and improve the patient experience. In addition, Vidant Cancer Care (VCC) at VMC will focus on improving care for the top five cancer sites, increasing clinical trial availability and accruals, reducing barriers to care through patient navigation, continuing to increase public awareness of cancer prevention, early detection and screening, and collaborating with regional Vidant community hospitals to ensure seamless, high quality care across the continuum. VMC serves as the hub for Vidant Health providing tertiary cancer care for eastern North Carolina.

We are looking forward to the new cancer tower opening in 2018.

2017 cancer committee

Brian Brodish, MD, liaison physician
Karl Chiang, MD
Larry Dobbs, MD
Eleanor Harris, MD
Heng Hong, MD
Tae Juon Lee, MD
Andrew Ju, MD
Darla Liles, MD, chair
Mark Manwaring, MD, liaison physician
Mahvish Muzaffar, MD
Daniel Moore, MD
Musharraf Navaid, MD
Chris Thomas, MD
Nasreen Vohra, MD
Andrew Weil, MD
Jan Wong, MD
Emmanuel Zervos, MD, chair

Merrill Bright, RHIA, CTR
Kathye Bennett-Chambliss, RDN, LDN
Leslie Corbett, RN
Felicia Collins, RN, MSN, CRRN
Johanna Cowin, FNP, BC
Marilyn Davis, MDiv, LMBT, BCC
Phyllis DeAntonio, RN, MSN, FAAMA
Vickie Downing, RN, MSN, OCN
Susan Eubanks, RN, MSN, OCN
Julie Han, RDN, LDN
Leighann Henley, RN, BSN
Todd Hickey, FACHE
Jennifer Higgins, MSW, LCSW, OSW-C
Nikki Hyatt, BSN, OCN
Ken Jones, RN, BSN, OCN
Rosalyn Jordan, RN, MSN, OCN
Evelina Kolychev, PharmD, BCOP

Judy Koutlas, RN, MS, OCN
Suzanne Lea, PhD
Debra Mascarenhas, RN, BSN, CBCN
Vicki McLawhorn, DNP, RN, FNP-BC
Allyson Meyer, MS, CGC
Sarah Mizelle, MSW, LCSW
Janet Moye, PhD, RN, NEA-BC
Teresa Parent, RN, BSN, OCN
Chelsea Passwater, RN, MSN, OCN
Janet Reimer, RN, BSN, OCN
Barbara Rouse, community member
Debra Taft, FNP-C, AOCNP
Robbie Tiley, ACS
Catherine Wallace, PharmD, BCOP
Chris Wood, RT (R)(T) MBA
Goals for 2017

1. Programmatic goal: Create a one-number call system that can be utilized now and in the new cancer center/tower. Eventually, this will be used by all Vidant Health facilities.

2. Clinical goal: Improve efficiency and decrease delays in the Infusion Center. Arrival time to readiness to treat (including results of labs, corrected and signed MD orders, and signed chemo consents) should be less than 20 minutes in order to improve both efficiency and patient satisfaction.

These goals were approved by the Cancer Committee in January 2017.

2017 Accomplishments

The following are some of the noteworthy accomplishments for 2017:

- Received 3-year re-accreditation from the American College of Surgeons Commission on Cancer
- Awarded CEO Roundtable Cancer re-accreditation
- Recognized as one of America’s Best Hospitals for Cancer Care by Women’s Choice Award
- Continued partnership between 3-West Inpatient Oncology and Vidant Wellness Center to have personal trainers work with patients twice a week for inpatient Survivorship 101 program
- Welcomed new physicians and staff: Carolyn Kane, outreach secretary; Shauna Everett, FNP – gyn oncology; Suzanne Woolard, FNP – radiation oncology; Nitika Sharma, MD – hematology/oncology; Shachar Laks, MD – surgical oncology; Vijay Chaudhary, MD – GU oncology and regional oncology outreach program co-director.
- Transitions: Amanda Pendry, RN navigator, transferred from the Infusion Center. Joni Russell, BSN, RN, transitioned from Assistant Nurse Manager to Nurse Manager on 1-South. Chelsea Passwater, MSN, RN, transferred from navigation to oncology CNS.
- Implemented survivorship care plans for additional cancer sites: gynecologic cancer and myeloma
- Record year for volume at VMC Infusion Center, increasing by 5.73 percent
- Increase in Gamma Knife cases for 2017 by 34 percent
- Provided 1,503.55 hours, valued at more than $102,025, in community benefit
- Increased VH employee colorectal cancer (CRC) screening rates for males from 48 percent to 57 percent and for females from 50 percent to 64 percent through VH initiatives
- Offered many new support services and complementary/integrative therapies to cancer patients and caregivers, including Kicking Cancer with Cuisine, Fall on the Farm, National Survivor’s Day at the NC Aquarium, and Aqua Physical
- Lay navigation program implemented on August 2 with four volunteers
- Symptom Management Clinic developed/implemented July 10 at VMC on 1-East Infusion, first hospital-based clinic
- Held the Dove Retreat for cancer survivors with 43 participants
- Jenny Higgins, MSW, LCSW, OSW-C, received certificate in Meaning Centered Psychotherapy from Memorial Sloan Kettering Cancer Center
- Marilyn Davis, MDiv, LMBT, BCC, staff chaplain, completed meditation training to teach staff and patients how to use meditation as well as to walk the labyrinth in the new center
- Provided cancer awareness/prevention/screening information to more than 41,681 people. Information disseminated via radio broadcasts, educational displays and packets, presentations, health fairs and information sessions; more than 143 people with cancer screenings (breast, lung, skin, head and neck)
- Offered professional educational programs for physicians, nurses, allied health professionals and registrars
- Response by cancer registry to more than 150 data requests for research and outcome studies, including VMC site-specific information and case totals. Others: NAPBC report, survivorship care plan data, eastern NC specific data comparisons and mortality projections, colorectal cancer stage 2 and 3 data for quality studies, stage 4 breast cancer patients receiving chemo quality study, and Chowan and Bertie counties lung cancer incidence with stage for low-dose CT research
- Continued progress on cancer tower construction. Project on schedule and under budget with completion expected in December 2017
- Pink Power breast cancer awareness event with more than 1,000 in attendance
- Held 8th Annual Pancreatic Cancer Awareness Dinner with 150 in attendance
- Up to 93 percent of chemotherapy administered as an outpatient
- Clinical trials volume increased to 23.5 percent of new cases seen
- 41 user group meetings in place for the new tower to ensure occupancy by March 2018
- Five governance committees for Vidant Cancer Care meeting routinely, including clinical integration, quality, operations and finance, facilities and technologies, and community and provider relations
- Sent representatives to the International Association for the Study of Lung Cancer (IASLC) – annual symposium: Dr. Aparna Hegde – our CKRS with immune checkpoint blockade, LJCC Thoracic Oncology clinic data; Dr. Abdul Naqash – CRP as a predictor of immune checkpoint blockade from
our LJCC Thoracic Oncology clinic data/study; Geoff Stroud, PharmD – our LJCC Thoracic Oncology clinic experience with tocilizumab with immune toxicities; Dr. Paul Walker – the Racial Disparity ACS grant outcomes removing the disparity between African American and Caucasian in the treatment of early lung cancer

- The IASLC World Conference – Drs. Mark Bowling and Carlos Anciano are lead and last authors on two oral presentations from the ENB navigation study (with secondary authors from Mass General/Michigan/Vanderbilt/Pittsburgh/UAB/Brigham and Women’s) among other institutions
- VMC Infusion staff presented a poster at Sigma Theta Tau Research Day entitled Utilizing an Acuity Based Staffing Model for a Busy Infusion Center
- Dr. Darla Liles co-authored article in the New England Journal of Medicine entitled Crizanlizumab for the Prevention of Pain Crises in Sickle Cell Disease

Nursing/allied health recognition

- Tim Barnes, BS, RT – Radiation Therapy Manager Vidant Radiation Oncology – A Quality Verification Tool to Assure Complete Pre-Treatment Electronic Medical Records (EMR) for Patients Undergoing Radiation Therapy Abstract accepted 2017 ASCO Quality Conference, 1st Place, ECU REACH Quality Symposium
- Phyllis DeAntonio, RN, MSN, FAAMA, system service line administrator – Vidant Cancer Care, was awarded the 2017 ONS Linda Arenth Excellence in Cancer Nursing Management Award, a national achievement
- Judy Koutlas, RN, MS, OCN, manager oncology navigation, presented at the 3rd annual Oncology Navigation Association Summit – The Role of the Nurse Navigator in Quality Outcomes and Measurements
- Debra Mascarenhas, RN, BSN, CBCN – first Vidant navigator to receive certification from Association of Oncology Nurse Navigation (AONN)
- LaShawn McDuffie, RN – Assistant Nurse Manager, Vidant Radiation Oncology – Methodology and Results of a Pain Assessment Process for Patients Receiving Radiation Therapy Treatment Abstract accepted, 2017 ACSO Quality Conference 3rd Place, ECU REACH Quality Symposium
- Vicki McLawhorn, DNP, FNP-BC, inpatient unit NP, received the Maria C. Liebman New Writer Excellence Award
- Vicki McLawhorn, DNP, FNP-BC – Guest faculty at the annual NC Oncology Navigation Association, Enhancing Quality of Care: Decision Aids for End of Life Discussions, June 2017
- Chelsea Passwater, RN, MSN, OCN, won the Student Poster Competition at the NACNS Annual Conference.

80% by 2018 — an initiative directed at colorectal cancer

Colorectal cancer has been the second leading cause of cancer death in North Carolina for the past several years. However, with appropriate screening it’s mostly preventable.

As part of a national initiative to increase screening for colorectal cancer, Vidant Cancer Care pledged to make colorectal cancer screening a priority in our 29-county region. Starting with our own employees, we surveyed staff to assess the barriers to screening for colorectal cancer. Based on barriers reported, an educational handout was made and education was provided through internal communication. Partnering with corporate health, these handouts were also provided at each employee’s annual wellness visit. In addition, educational articles about colorectal cancer were published throughout the year in the system-wide newsletter for employees. From 2015 until the middle of 2017, colorectal cancer screening rates improved by 9 percent for males and 14 percent for females.

To continue work related to the initiative, Vidant Cancer Care received a grant from The Duke Endowment. This grant has allowed us to reach out to several churches and businesses throughout our service area, empowering them to educate their congregations and their employees. In addition, through partnership with the North Carolina Colorectal Cancer Roundtable, a workshop is being planned for primary care providers which will equip them with tools needed to increase their screening rates.
Clinical services

3-West Inpatient Medical Oncology

Our Medical Oncology Unit, 3-West Oncology, provides 36 beds with the ability to serve from general level up to intermediate level patients. This helps ensure that cancer survivors requiring inpatient care can 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 patients and survivors with diagnoses including, but not limited to: leukemia, lymphoma, breast cancer, lung cancer, colon cancer, prostate cancer, esophageal cancer 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, a supply clerk, nurse practitioners, nurse case managers, social work case managers, recreational therapists, pharmacists, dietitians, professional development coordinator, an education nurse specialist and a 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 that promote 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 board. The chapter presents educational dinners and supports oncology nursing education.

Patient safety and compassionate care are our goals

Patient safety is reflected in our quality focus. Preventing central venous line infections and urinary tract infections in patients has been our target. Central venous line infections were decreased by 50 percent over the past year. Continued compliance with evidence-based practice guidelines has been sustained throughout the year.

Samantha Macomber, RN, is a Daisy Award recipient. This award is a national recognition. The DAISY Award for Extraordinary Nurses (The DAISY Award) is awarded to honor the super-human work nurses do for patients and families every day. Macomber exemplifies the compassion and caring our oncology nurses exhibit on a daily basis.

1-South Inpatient Surgical/Oncology Unit

The 1-South Surgical Oncology Unit, consisting of 30 beds, is capable of providing general, general monitored 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, nurses, nurse and social work case managers, advanced practice providers (APPs), a dietician, a pharmacist, a physical/occupational therapist and care partners. The surgical staff utilizes a team approach with preoperative and postoperative care. This collaborative approach provides patients and their families 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. Enhanced Recovery After Surgery (ERAS) pathway is followed to reduce the surgical stress response and optimize recovery, thus reducing the length of hospital stay for the patient.

Professionalism, compassionate care and a commitment to continuous improvement are key qualities of our health care team with a priority focus on competency training. The physicians and nurses partner annually for training specific to the needs of oncology patients. Physicians and nurses engage in the unit and hospital practice councils for decision making and clinical practice recommendations. Nursing development is encouraged through advancement in higher level degrees, professional organizations, specialty certifications and participation in professional clinical pathways.

Physicians and nurses participate in quality improvement projects to bring awareness to quality initiatives and improve patient experience and outcomes. Over the last three years, 1-South has maintained zero hospital acquired pressure injuries. This accomplishment was submitted for consideration by the VH Board for the Quality Award.

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 infusion center delivers necessary treatments and therapies to patients while allowing them to maintain their normal life routines as much as possible. The center provides the best of both worlds by providing an outpatient service located within a major medical center.

1-East is a 34-bed/chair infusion center and treats 60-70 patients daily from across eastern North Carolina. Currently, 1-East has six private rooms and 28 infusion chairs. In January 2018, it will increase by 10 beds to a 44-bed/chair center. It offers the following amenities to keep patients comfortable and entertained during their stay: TVs for every patient with individual controls and art and music therapy provided twice per week. Shuttle and valet services are available to all patients to assist with transportation to and from the parking areas. There is an onsite pharmacy to provide safe and timely access to chemotherapy, decreasing patient wait times and increasing patient satisfaction. Patient/family advisory groups are involved to give their input on support and survivorship, TVs, meal trays, iPads and art therapy.

The 1-East staff of nurses, care partners and unit secretaries work closely with all referring providers. Nurses are chemotherapy certified with an average of 20 years of nursing experience. Eleven are certified oncology nurses and 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.

Patients on 1-East receive the highest quality, most efficient care possible. In order to improve efficiency of care, the staff chose to make decreasing delays in care a quality goal for 2017. Through enhanced nurse/physician collaboration and communication, delays in care were decreased by 50 percent over the past year.

Symptom Management Clinic
Monday, July 10 was an exciting day for many in oncology. After months of discussion and preparation, the Symptom Management Clinic (SMC) began operations on 1 East. The clinic is open five days a week from noon to 5 pm with the last appointment at 3:30 pm. The goals for the SMC are to avoid emergency room visits, provide better access to care, improve clinic workflow, reduce length of stay/readmission, increase patient-centered care and decrease cost. Patients may call the clinic RN or their navigator to report symptoms. Referrals are made for a same-day appointment. Patients will be seen in the SMC for fever, chills, generalized fatigue, nausea, vomiting, diarrhea, dyspnea, pain, decreased appetite and wound/drain issues. The clinic is staffed by our oncology nurse practitioners, Vicki McLawhorn and Debra Taft. Any cancer diagnosis is seen. All physicians and staff refer patients to this service.

Outpatient Clinics
Patients are seen at Leo W. Jenkins Cancer Center by a medical oncologist, gynecologic oncologist, radiation oncologist or surgical oncologist. These specialists, along with a nurse navigator, social worker and dietitian, work together to provide a multidisciplinary team approach to cancer care. Several of the disease sites such as breast, hematology, lung and GI have designated clinic days which typically follow their site-specific cancer conference. These clinics allow for patients to be seen by the various specialists on the same day versus having to schedule appointments on different days. This team approach fosters continuity of care. Work continues to assure that the multidisciplinary team approach will cross all disease sites.
Clinical trials

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 at LWJCC and in all areas of VMC. 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-ACRIN, SWOG and COG. East Carolina University maintains a collaborative relationship with UNC-Chapel Hill Cancer Network Clinical Trials (UNCCN) and we are able to offer some of their investigator-initiated studies to patients here in eastern North Carolina. In addition, our own oncology physicians write protocols to specifically meet the needs of our patient population. Some of these include translational research that provides the backbone for which bench research may reveal relevance in clinical treatment. We work directly with pharmaceutical companies on selected studies which can offer emerging new therapies not otherwise available. The year 2017 has been one of the best years in recent history for our program with a marked increase in the number of clinical trials available to patients as well as an increase in accrual to clinical trials. The following summarizes accrual information for calendar year 2017.

### Clinical trials

**January 1 – December 5, 2017**

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<th>Category</th>
<th>Adult</th>
<th>Pediatric</th>
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</thead>
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<tr>
<td>Prevention trials</td>
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</tr>
<tr>
<td>Screening trials</td>
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<td></td>
</tr>
<tr>
<td>Treatment trials</td>
<td>340</td>
<td>30</td>
</tr>
<tr>
<td>Quality of life trials</td>
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<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>152</td>
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<tr>
<td><strong>Total adult patients accrued</strong></td>
<td><strong>492</strong></td>
<td><strong>41</strong></td>
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| Total accruals | **533** |

Cancer care navigation

A diagnosis of cancer is not something one can prepare for and it changes the lives of those affected. Cancer patients face much uncertainty and are overburdened with fears and questions about what lies ahead. Our team of experienced, oncology specialized navigators assist patients and their families to find answers and provide support and resources throughout the cancer journey. Patients have access to navigators at Vidant Medical Center who often assist them with care and resources closer to home with a regional navigator. In 2017, our navigation team assisted with transitioning care to local regional sites for approximately 400 patients. We served an average of 700 cancer patients and their families per month. In addition, our team provided over 1,300 monthly encounter visits which included identifying barriers to care and linking patients to much needed support services and programs.

Our regional navigation team collaboration provides for seamless, timely access to quality cancer care across the health care system for every cancer patient. All Vidant Health cancer care navigators work to improve communication among providers across our system. More than 2,300 patient encounters in 2017 involved multidisciplinary care coordination by our navigation team. In addition, our navigators were instrumental in preventing more than 105 patients from going to the emergency room or being admitted to the hospital by providing timely symptom management and scheduling same day clinic visits. In April, 14 Vidant Health navigators met at Vidant Wellness Center to participate in team-building exercises and discussed how to better define the role of navigators within our health care system.

Navigators referred 840 patients and their families to local and national programs that provided assistance for medications, transportation, and many additional expenses related to cancer treatment. With the support of two Vidant Health Foundation grants sponsored by Bank of America and One of Us, cancer patients were provided up to $600 financial assistance for daily living expenses such as rent, food, and utilities. The navigators referred 480 patients to supportive care service members including dietitians, financial counselors, social workers, genetic counselors, as well as many others who assist throughout the health care continuum.
Judy Koutlas presented *The Role of the Nurse Navigator in Quality Outcomes & Measurements* at a national oncology navigation meeting June 2017 in Austin, Texas. Chelsea Passwater’s poster entitled, *Post Bone Marrow Transplant: Improving Coordination and Return to Care for Revaccination in Primary Oncology Settings* won first place student award at a national meeting for clinical nurse specialists in April 2017. Our navigation team members are involved with local, state and national professional organizations to promote and improve access to cancer navigation services throughout the health care continuum.

The navigators actively facilitate Caring Conversations and Making It support groups that meet monthly as well as a quarterly multiple myeloma support group. Navigators participate routinely in outreach programs including annual community events for breast, lung and pancreatic cancer awareness. Our team members are expert speakers and provide education at numerous community events for early detection, screening and prevention programs.

We also began a pilot project involving a lay model of navigation. The patient navigator will provide volunteer, nonprofessional one-on-one assistance to patients, guiding them through the health care system to ensure timely screening, diagnosis, treatment and/or post treatment cancer care and supportive services. They will collaborate with the cancer care navigators to appropriately assess and address the needs of the patients served.

Our four volunteer lay navigators have completed a one-day training program this summer and have begun their work alongside the nurse navigators. The group consists of a college student, bilingual cancer survivor and two retired professionals. The patient navigator will provide non-clinical, one-on-one assistance to patients and families who need support and guidance throughout the health care system. For example, they will check on patients by phone after treatments and offer to accompany patients who are alone to their appointments.

An abstract entitled, *Integration of Data into the Electronic Health Record EPIC: A Comprehensive Approach to Improving Navigation Outcomes and Reporting* was chosen as a podium presentation at the annual ONS Nursing Society meeting in San Antonio, Texas. This work was also accepted and presented as a poster at the 25th Annual Collaborative Research Day at East Carolina Heart Institute at ECU. Additionally, an abstract was accepted for poster presentation at the 7th Annual Academy of Oncology Nurse and Patient Navigator meeting entitled, *Overcoming Barriers to Lymphedema Education and Treatment for Breast Cancer Patients in Rural Eastern North Carolina.*

### VMC cancer care navigators

<table>
<thead>
<tr>
<th>Navigator/area of specialty</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Judy Koutlas, RN, MS, OCN, manager skin cancers</td>
<td>252-814-3580</td>
</tr>
<tr>
<td>Kimberly Gardner RN, BSN, OCN Gastrointestinal cancers</td>
<td>252-717-1931</td>
</tr>
<tr>
<td>Ken Jones, RN, BSN, OCN Brain cancers</td>
<td>252-847-2611 or 252-714-5072</td>
</tr>
<tr>
<td>Debra Mascarenhas, RN, BSN, CBCN Breast cancers</td>
<td>252-341-0917</td>
</tr>
<tr>
<td>Teresa Parent, RN, BSN, OCN Lung and esophageal cancers</td>
<td>252-341-0834</td>
</tr>
<tr>
<td>Amanda Pendry, RN, OCN Hematologic malignancies</td>
<td>252-531-2680</td>
</tr>
<tr>
<td>Janet Reimer, RN, BSN, OCN Head and neck cancers; genitourinary cancers</td>
<td>252-341-3688</td>
</tr>
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### Psychosocial distress screening

**Standard 3.2**

Standard 3.2 outlines criteria for accredited facilities to implement a process to assess oncology patients for distress during pivotal points throughout the continuum of their care. This process includes having patients complete a screening tool referred to as the Distress Thermometer. The tool focuses on the level of distress the patient has had during the past week as well as identifying specific areas of concern/problems and the level of distress associated with them. The total number of screenings completed in 2017 was 1071. The pivotal points and number screened were: first clinic visit after cancer diagnosis – 140; first radiation – 298; last radiation – 340; last outpatient chemo treatment – 43; other – 69; survivorship – 11; unknown/not specified – 170. Based on reported distress, the following are listed in order of most frequently reported areas of concern: 1st – physical; 2nd – emotional; 3rd – practical; 4th – family; 5th – spiritual. Referrals are made to case managers for practical concerns; hospital chaplain for spiritual concerns; licensed clinical social worker for emotional or family concerns; nurse, navigator, physician, etc. for physical concerns. Work continues with Information Systems to ensure reports can be generated promptly and that referrals are sent to the appropriate staff for timely follow-up and intervention.
**Survivorship care plans**

Every individual diagnosed with cancer is a survivor starting on day 1. The number of cancer survivors living every day is consistently growing due to earlier diagnosis, advances in treatment and an aging population. There are more than 15 million cancer survivors in the U.S. This number is expected to exceed 18 million by 2020. The Survivorship Care Plan is a record that summarizes and communicates what occurred during active cancer treatment, recommendations for follow-up care and surveillance testing, referrals for support services the patient may need going forward and other pertinent information of the survivor’s short and long term care. To meet the Commission on Cancer accreditation in 2017, 50 percent of all eligible patients who are stage 1-3 who have completed curative-intended treatment needed to be provided with a SCP. It is developed specifically for each individual patient within the EHR based on diagnosis. During a follow-up clinic visit, the doctor or nurse discusses all the information and recommendations related to the treatment received, when to see their doctor, what long-term effects to expect, and how to stay healthy. Additional pamphlets related to eating right and exercising are incorporated into the survivorship packet. The care plan is also sent to the primary care physician to improve communication to ensure other important health screenings are being done.

Our survivorship care team consists of many different physician specialists, advanced practice providers, navigators and nurses. Through their team effort, we met the standard, with 408 cancer survivors receiving a care plan in 2017.

**Gamma Knife® Center**

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

Gamma Knife gives surgeons and radiation oncologists 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, craniopharyngiomas and other benign tumors
- Trigeminal neuralgia
- Primary or recurrent malignant brain tumors including astrocytomas and oligodendrogliomas
- Brain metastases
- Arteriovenous malformations (AVMs) and cavernous malformations

**Outcomes**

- Patient satisfaction surveys in the mid-90 percentile
- Treated metastatic brain tumors, the number-one indicator for Gamma Knife
- Excellent success at achieving local control of disease in these patients
- Superb outcomes for control of tumor size in patients with benign tumors such as meningioma and acoustic schwannoma
- Acoustic neuromas increased from 4 to 9 cases
- Brain metastases increased from 77 to 105 cases
- Meningioma cases increased from 11 to 18 cases
- Increased awareness of Gamma Knife treatment among referring physicians due to physician outreach efforts

**Gamma Knife cases**

**FY 2016-2017**

- GBM
- Other
- Acoustic neuroma
- AVM
- Trigeminal
- Meningioma
- Brain metastases
- Astrocytoma/glioma
VMC community benefit

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: improve access to health services, enhance public health, advance knowledge or relieve government burden.

VMC’s mission statement is to **improve the health and well-being of eastern North Carolina.** These words have deep significance and provide a framework for service to community. VCC takes a proactive approach to health care through its involvement in various community service events. During the past year, we provided 1,503.55 hours of community service.

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 our staff, the ultimate reward comes from the participants’ expressions of appreciation for the services and information they received.

Outreach program

**Awareness and prevention**

In 2015, cancer was the leading cause of death in North Carolina. The majority of cancer deaths occur at five sites: colon/rectum, pancreas, lung/bronchus, female breast and prostate. (NC Central Cancer Registry, 2017) It is generally recognized that a majority of cancers are related to personal lifestyle and environmental factors, and are therefore preventable.

Colorectal cancer continues to be the second leading cause of cancer death in North Carolina. It is estimated that close to 5,000 people in NC will be diagnosed with colorectal cancer in 2017. (NC Central Cancer Registry) Though it is a very preventable cancer, one-third of the population in North Carolina is not being screened for colorectal cancer as recommended. As part of the 80 percent by 2018 Initiative, groups around the nation are working toward the same goal of seeing 80 percent of eligible adults be regularly screened for colorectal cancer by the year 2018. Vidant Cancer Care is taking this initiative to heart, working toward increased screening for colorectal cancer in eastern North Carolina.

Lung Cancer is the leading cause of cancer death in North Carolina. Smoking is the leading cause of lung cancer, but anyone, even those who have never smoked, can get lung cancer. This year, on November 14, approximately 500 community members attended the 11th Annual Lung Cancer Awareness Event. This year’s theme, *The Real Story of Lung Cancer*, featured keynote speaker Greta Kreuz, a veteran radio, print and TV journalist and stage 4 lung cancer survivor.
Skin cancer is, by far, the most common type of cancer. It is preventable by avoiding indoor tanning beds, using sunscreen and limiting exposure to the sun. This year, Vidant Cancer Care provided education to 150 community members about skin cancer prevention.

In our service area each year, 6,300 women are diagnosed with breast cancer. Grounded in commitment to cancer education, Vidant Medical Center hosted its annual Pink Power dinner event on October 17, with more than 1,000 in attendance, the most ever at a Pink Power event. The event celebrated living pink by embracing the strength, courage and joy of being a woman. The evening’s message stressed the importance of early detection. The keynote speaker this year was Dr. Sheri Prentiss, a breast cancer survivor, visionary, author and highly-regarded physician leader and public health expert. She shared her inspiring story and discussed steps to living every day.

Knowing the numbers of cancer cases that could potentially be prevented provides Vidant Cancer Care with a great challenge. However, it is also empowering to know that the right education could possibly lower the number of deaths from cancer in our area. To broaden and strengthen our prevention, education and awareness efforts, we continue to partner with regional health care providers, faith-based organizations, colleges, community groups, and businesses. With the help of such diverse organizations, we have a greater capacity to meet the needs of the community by participating in health fairs, speaking engagements, presentations, visual displays and other informative events.

### Screening

For our screening programs, we follow American Cancer Society’s screening guidelines. Research shows that screening for cervical, skin and colorectal cancers as recommended helps prevent these diseases by finding precancerous lesions so they can be treated before they become cancerous. Screening for cervical, colorectal, lung, skin and breast cancers also helps find these diseases at an early stage, when treatment works best.

In breast cancer, Vidant Cancer Care provided two free breast cancer screenings in 2017. These screenings consisted of mammograms, clinical breast exams and an educational session related to the prevention and early detection of breast cancer. Screening appointments were reserved for women who are uninsured or underinsured. We were proud to provide free breast cancer screenings in 2017 to 59 women who would not be able to afford screening otherwise.

In the summer, Vidant Cancer Care partnered with ECU Dermatology to provide a skin cancer screening for the community. The screening was free of charge and located at Leo W. Jenkins Cancer Center. It was conducted as part of the Spot Me program, using guidelines and intervention recommendations from the American Academy of Dermatology. Each participant also received education on skin self-examination and take-home materials. Of the 46 community members screened, eight people were advised to follow up with a dermatologist, three of whom required biopsy. Follow up calls were made by the outreach coordinator to each individual in need of further treatment or assessment to ensure timely intervention.

### 2017 outreach events

**January – December 2017**

<table>
<thead>
<tr>
<th>Targeted cancer</th>
<th>Awareness and prevention events</th>
<th>Attendance</th>
<th>Broadcast and media awareness events</th>
<th>Audience number</th>
<th>Screenings</th>
<th>Attendance</th>
<th>Number of positive results</th>
</tr>
</thead>
<tbody>
<tr>
<td>General cancer</td>
<td>4</td>
<td>520</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>16</td>
<td>2,406</td>
<td>4</td>
<td>20,000</td>
<td>2</td>
<td>59</td>
<td>0</td>
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<tr>
<td>Cervical</td>
<td>1</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Colorectal</td>
<td>44</td>
<td>6,089</td>
<td>6</td>
<td>12,000</td>
<td>6</td>
<td></td>
<td></td>
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<tr>
<td>Head and neck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>38</td>
<td>1</td>
</tr>
<tr>
<td>Lung</td>
<td>2</td>
<td>530</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>100</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate</td>
<td>2</td>
<td>115</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>5</td>
<td>131</td>
<td></td>
<td></td>
<td>1</td>
<td>46</td>
<td>8</td>
</tr>
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<td>Total</td>
<td>75</td>
<td>9,926</td>
<td>10</td>
<td>32,000</td>
<td>4</td>
<td>143</td>
<td>9</td>
</tr>
</tbody>
</table>
Support services

In the realm of support, we are honored to be a part of an evolutionary transformation that enhances the well-being of cancer survivors and their families throughout eastern North Carolina. Vidant Cancer Care’s (VCC) Support and Survivorship department is pleased to share the various ways these special contributions are making a difference. One way is through the valued partnerships between Vidant Medical Center and community-spirited businesses and organizations. Together we strive to offer meaningful experiences to individuals who are having some distress as a result of a cancer diagnosis and/or treatment process. Another way we are progressive in our care and support is the expansion of our service line to ensure we offer a wide array of services to meet the needs of our region. Following are detailed achievements and ways in which we have enhanced our services and programs over the last year.

Psychotherapy

Vidant Cancer Care specializes in offering individual psychotherapy to our oncology patients that supports the feelings, thoughts and concerns of cancer survivors and their specific emotional/psychological needs. In addition to various supportive approaches and perspectives used in oncology mental health, we are now proudly offering Meaning Centered Psychotherapy (MCP). This is a form of therapy that takes the survivor through an exploration of various sources of meaning and inspires living one’s life to the very fullest even during extremely difficult times such as advanced cancer. Patients at Vidant Medical Center also have the opportunity to enter into our first behavioral health study, revealing the efficacy of MCP. This collaboration is in partnership with Memorial Sloan Kettering Cancer Center of New York City. We are grateful and honored to be working with one of the leaders in oncology in this meaningful endeavor.

Vidant Health’s Pink Power Tour is a series of fun, informative breast cancer events designed to share information and give women power against breast cancer. Attendees were inspired by Dr. Sheri Prentiss, a proven visionary, author, physician leader and public health expert.
Support services continued

Support groups
Support groups are an important way for cancer survivors and their caregiver who share commonalities within their cancer-related experiences to come together and receive insightful education, psychosocial support and helpful guidance in a positive setting. The following support groups are available to all cancer survivors and their caregiver/families throughout eastern North Carolina.

Healing with Horses
VCC, in partnership with Rocking Horse Ranch, offers a 10- and 12-week therapeutic equine-assisted program designed for adult cancer survivors. This therapy encourages the development of positive coping skills that can be applied to the daily stressors of having cancer through interactions and activities with horses. After each session, participants meet with a licensed and certified clinical oncology social worker and horse trainer to share experiences and support one another. For more information, call 252-847-7943.

Caring Conversations
Together members learn more about the various aspects of what it means to have cancer, managing their care and receiving support in an interactive setting. This group is open to all cancer survivors and their family members or caregivers. They meet on the second Tuesday of each month from 5:00 pm to 6:30 pm at the Hope Lodge. For more information, call 252-847-9738.

Making It
A support group for patients with breast cancer that meets at 5:30 pm on the second Monday of each month. For more information, call 252-847-6550 or 252-744-3630.

Connecting Caregivers
This support group allows caregivers the opportunity to explore shared experiences and concerns that are unique to caring for someone who is chronically or terminally ill. Together we cope through caregiving effectively through supportive discussion, therapeutic activities and the use of positive coping strategies and skill building techniques. For more information, call 252-847-7943.

Cancer Transitions
Inspiring workshops help cancer survivors adjust to life during and after treatment. Participants gain hands-on experience pertaining to the benefits of exercise, nutrition, emotional/psychological well-being, and medical education and awareness. Together we’ll strive to support one another in our efforts to nurture futures in health and happiness. For more information, call 252-847-7943.

Thriving and Surviving: A Support Group for Young Adults
The needs of young adults vary from other populations. This group is designed to focus on specific matters pertaining to cancer in early adulthood. Some topics that most young adults have in common include intimate and social relationships, managing a career and education, appearance, physical limitations and other shared experiences. For more information, call 252-847-7943.

Complementary therapies
In addition to support groups, many of our VCC programs offer or incorporate a variety of complementary therapies for individuals who have been diagnosed with cancer and their caregiver. These programs are designed to assist in the healing process. Complementary therapies focus on improving physical, emotional, social and spiritual well-being throughout one’s cancer journey in conjunction with their medical care. For information, call 252-847-7943.

Art is Good Medicine
This is a partnership between VCC and Emerge Gallery and Art Center where professional artists who specialize in various mediums work with adult and pediatric cancer patients and survivors. Through the arts, patients and their caregivers can begin to cope through creativity and expression.

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, VCC is able to offer this therapy to patients and their families on a weekly basis. It allows patients and their families an opportunity to enjoy the unconditional love from a specially trained canine.

Yoga
Yoga is a philosophy and discipline that incorporates breathing, meditation and restorative body postures to create relaxation, build endurance and increase flexibility. This practice is not a religion. However, it can be utilized as a time for prayer, tranquility or to bring about greater self-awareness. Yoga has been seen by many as a tool to promote a greater sense of well-being.

Massage therapy
Massage involves the manipulation of muscles and soft tissues to enhance the functionality of the tissue and promote relaxation. Massage can decrease stress, anxiety, depression and pain. With the help of massage therapy volunteers, VCC has been able to offer this treatment to cancer patients during their hospital stay.

Mindful Meditation
A useful mental exercise to decompress and calm the mind. This relaxing action is a helpful tool to decrease anxiety. Meditation can help us redirect our negative thinking process so one can focus living in the very moment.

Music therapy
A partnership with ECU School of Music Therapy, this program invites both inpatient and outpatient cancer survivors to enjoy the therapeutic benefits of a wide variety of techniques and instruments used to promote wellness through music.
Tai Chi
An ancient form of martial arts using slow fluid movements that are linked with the breath. This form of exercise has also been known to decrease distress and improve focus while improving your overall well-being.

Survivorship Celebration Days (Community Partnership Programs)
These monthly regional events promote happiness and help cancer survivors find the joy in living life to the fullest despite the multitude of difficulties they face. These events offer encouragement, hope and empowerment that inspire participants to be creative, connect with life, nature and develop meaningful relationships with others. For more information, call 252-847-7943.

We are grateful to our community partners for helping us make these biopsychosocial-spiritual program opportunities a reality.

Highlights of 2017
- January 2017 – Purpose on Paper: A Journaling Workshop – Confection Connection
- February 2017 – Kicking Cancer with Cuisine – JuiceVibes, Scullery and Starlight Café
- March 2017 – Painting for Positivity – Painted Peacock
- April 2017 – Aquaphysical for Survivors – Aquaventure
- May 2017 – Art and Soul – Lisa Jordan Faux and More, LLC
- June 2017 – National Cancer Survivors Day – Pine Knoll Shores Aquarium
- July 2017 – Growing Gratitude – Plant and See Nursery
- August 2017 – The Dove Retreat – Leo Jenkins Cancer Center, Physicians East, Vidant Beaufort and VMC
- September 2017 – Support Groupers – Captain Stacy
- October 2017 – Fall on the Farm – Simply Natural Creamery
- November 2017 – Zen Gardening – Plant and See Nursery
- December 2017 – Purpose on Paper: A Journaling Workshop – Great Harvest Bread Company

Nutrition programs
Most cancer survivors want to know how to stay healthy after diagnosis, during and after treatment, and most importantly, ways to prevent the cancer from recurring. Eating a healthy, well-balanced diet is a key component to longevity. Nutritionists are available to work with cancer survivors as they develop healthier lifestyles and 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 can validate 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 treatment in an effort to increase stamina and prevent the recurrence of cancer. With this in mind, VCC continues to partner with Vidant Wellness Center for Survivorship 101: Exercise and Nutrition. This 12-week program gives survivors the opportunity to be a member of the wellness center, receive 36 group personal training sessions and attend two nutrition classes with a registered dietitian. For more information, call 252-847-7943.
Cancer registry

A cancer registry is a data system for the collection, management, and analysis of data on persons with a cancer diagnosis. The Vidant Medical Center (VMC) cancer registry accessions more than 2,000 cases annually. The Vidant Health eight hospitals combined accession over 3,000 cases annually. The top five sites diagnosed and treated at VMC are breast, lung, colon, prostate and kidney/renal cancer.

Vidant Health transition

In 2014, the Vidant Medical Center Cancer Registry successfully transferred all Vidant Health hospitals’ cancer registry services under one roof. The eight Vidant hospitals’ cancer registry data are now collected and reported from one registry. This streamlined reporting model aids efficient and quality data collection and reporting for Vidant Health.

The cancer registry team

The registry team consists of a supervisor, assistant supervisor, four oncology data abstractors, all of which are Certified Tumor Registrars (CTR’s), and one follow-up analyst. Certified Tumor Registrars are nationally certified data collection and management experts with the training and specialized skills to provide the high quality data required in all avenues of cancer statistics and research. They review, interpret and capture a complete summary of patient history, demographic, 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 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.

Data usage

Cancer registry data are used continuously throughout the year. More than 150 data requests were provided for research and outcome studies in 2017. 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, The Outer Banks Hospital, Vidant Beaufort and Vidant Roanoke-Chowan hospitals. Treatment-related data requests such as the number of patients who received radiation and many breast cancer correlated study requests were fulfilled.

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 compliance 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 monthly to the North Carolina Central Cancer Registry. Data reported to the NCDB is used in the Cancer Programs Cancer Profile Practice Profile Reporting tool in order to monitor the facilities’ compliance with national standard treatment guidelines of care.

2016 leading cancer sites

<table>
<thead>
<tr>
<th>Primary site</th>
<th>Vidant Medical Center</th>
<th>North Carolina</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>415 18.4%</td>
<td>7,830 14.4%</td>
<td>246,660 14.9%</td>
</tr>
<tr>
<td>Lung</td>
<td>448 19.8%</td>
<td>7,870 14.5%</td>
<td>224,390 13.5%</td>
</tr>
<tr>
<td>Prostate</td>
<td>115 5.1%</td>
<td>5,990 11.0%</td>
<td>180,890 10.9%</td>
</tr>
<tr>
<td>Colorectal</td>
<td>180 8.0%</td>
<td>4,280 7.9%</td>
<td>134,490 8.1%</td>
</tr>
<tr>
<td>Bladder</td>
<td>48 2.1%</td>
<td>2,280 4.2%</td>
<td>76,960 4.6%</td>
</tr>
<tr>
<td>NH Lymphoma</td>
<td>67 3.0%</td>
<td>2,210 4.1%</td>
<td>72,580 4.4%</td>
</tr>
<tr>
<td>Corpus uteri</td>
<td>66 2.9%</td>
<td>1,780 3.3%</td>
<td>60,050 3.6%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>74 3.3%</td>
<td>2,850 5.2%</td>
<td>76,380 4.6%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>68 3.0%</td>
<td>1,870 3.4%</td>
<td>60,140 3.6%</td>
</tr>
<tr>
<td>Cervix</td>
<td>24 1.1%</td>
<td>400 0.7%</td>
<td>12,990 0.8%</td>
</tr>
<tr>
<td>All others</td>
<td>754 33.4%</td>
<td>17,090 31.4%</td>
<td>512,680 30.9%</td>
</tr>
<tr>
<td>Total cases</td>
<td>2,259 100.0%</td>
<td>54,450 100.0%</td>
<td>1,658,210 100.0%</td>
</tr>
</tbody>
</table>

Vidant Medical Center cancer cases diagnosed 2016
National comparison of selected cancer sites
Estimated numbers of new cases from The American Cancer Society Cancer Facts & Figures 2016
Rapid Quality Reporting System (RQRS)
The Vidant Medical Center Accredited Cancer Program participates in the American College of Surgeons Commission on Cancer Rapid Quality Reporting System (RQRS). 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 six National Quality Forum-endorsed quality performance measures for breast and colon cancers. 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. The Vidant accredited cancer program uses the RQRS alerts to help endure the utmost quality of care is provided to our patients.

Education
The Vidant Medical Center 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. It is geared to educate cancer registrars on updates to abstracting, coding, treatment modalities and statistics.

Evidence-based outcome study

Study to Assess Compliance of NCCN Diagnostic and Treatment Guidelines for Trastuzumab Use in HER2 Positive Non-Metastatic Breast Cancer (2011-2016) at Leo W. Jenkins Cancer Center

Author
Mahvish Muzaffar, MD, Hematology Oncology, The Brody School of Medicine at East Carolina University

Presented by
Mahvish Muzaffar, MD

Purpose
To ensure compliance of HER2 testing principles immunohistochemistry (IHC) HER2/neu equivocal subgroup as per ASCO/CAP/NCCN guidelines in AJCC stage I, II, and III breast cancer, and ensure compliance with NCCN treatment guidelines for trastuzumab use in HER2 positive non-metastatic breast cancer patients (AJCC stage I, II, III) treated at Leo Jenkins Cancer Center.

Source
Vidant Medical Center Cancer Registry 2011-2016 breast cancer cases

Sample
Initial inclusion criteria: patients seen at LJCC that had stage I, II or III breast cancer and were HER2 IHC 3+ positive / 2+ equivocal who received systemic therapy at LJCC. 590 patients met initial criteria. The selected cohort of IHC HER2/neu positive and equivocal had 199 patients. After excluding 41, a total of 158 met the criteria for evaluation.

Method
Patient age, race, stage of disease, hormone receptor status and tumor grade were utilized in further studying the cohort. The NCCN/ASCO/CAP guidelines were reviewed.

Highlights over the course of the study
- 100 percent compliance for NCCN/ASCO/CAP recommendation for reflex FISH testing in HER2/neu IHC equivocal cases.
- 20 percent of patients had IHC HER2/neu positive result.
- 100 percent compliance with NCCN treatment guideline recommendation for HER2 positive non-metastatic breast cancer.
- 100 percent of patients with HER2 positive breast cancer were considered for trastuzumab-based therapy.
- 16 percent of patients did not receive trastuzumab-based therapy for various reasons.
- 100 percent of patients underwent cardiac monitoring before starting trastuzumab-based therapy.
- Six of 75 patients are deceased.
- Three patients have recurrence but are still alive.
- 66 of 75 (88 percent) patients are disease free at last follow-up, which was Oct 31.
- 6 percent of patients did not complete maintenance trastuzumab due to cardiotoxicity.

Recommendations
A quality improvement study led by a pathologist to ascertain current HER2/neu IHC/FISH equivocal rates using ASCO/CAP 2013 guidelines.

A quality improvement study to monitor cardiac function during and after completion of anti HER2/neu therapy should be considered as eastern NC population in general has high cardiovascular risk factors.
Quality studies

Aggressiveness of End-of-Life Cancer Care

Authors
Mahvish Muzaffar, MD, Hematology Oncology, The Brody School of Medicine at East Carolina University

Presented by
Mahvish Muzaffar, MD

Purpose
To study the aggressiveness of end-of-life (EOL) cancer care at Vidant Medical Center, and to study the impact of race and other social factors on aggressiveness of EOL cancer care.

Sample
401 patients with metastatic cancer (lung, breast, GI, GU, other) who died of cancer between 2011-2013 using cancer registry database.

Method
A retrospective quality improvement study conducted of 401 metastatic cancer patients who died between 2011 and 2013 and calculation of a composite score of aggressiveness (CSA) to assess aggressiveness of EOL cancer care. A total of seven outcome measures were evaluated and the CSA for each outcome equalled 1.

Conclusions
22 percent of patients received chemotherapy within 14 days of death. Greater than 50 percent of patients spent less than a week in hospice prior to death. Aggressiveness of end-of-life care as measured by composite score of aggressiveness was high among men and African American patients. Patients with family support and white race had a high likelihood of enrolling in hospice at the end of life.

Recommendations
Establish a palliative care clinic in the new cancer center/tower; early integration of palliative care in the ambulatory care setting for patients with metastatic cancer; enhance communication between patients and clinicians to improve decision-making, goals of care, and advance care planning discussions, this model allows patients to continue anticancer therapy and palliative care; and need for culturally sensitive interventions for eastern NC region especially focused on ethnic minorities and patients with minimal social support.

Improvement Topic: Increasing Palliative Care Consults

Authors
Rosalyn Jordan, MSN, RN, OCN, nurse manager – 3-West Oncology
Vicki McLawhorn, DNP, FNP-BC, inpatient medical oncology nurse practitioner

Presented by
Rosalyn Jordan

Purpose
To increase palliative care consults utilizing provider education to improve quality of life for patients as well as reduce the likelihood of aggressive care at the end-of-life.

Method
Percentages of palliative care consults prior to and following provider education were studied. Vicki McLawhorn, DNP, presented a prognostic awareness lecture at the ASCO Review Conference on September 22 to medical oncology physicians and fellows, reminding them of the increased need for a partnership with palliative care during the disease trajectory. She also provided education to the hospitalist team providing care for medical oncology patients on palliative care involvement and consults.

Findings
From 2014-2016, Hem Onc utilization of palliative care increased in number of orders written and decreased in number of discharges. During the two-year period, there was an average of 310 orders (8.2 percent) for palliative care. Following the education in September 2017, there were 18 consults for palliative care. The average daily census on 3-West Oncology during September was 21.4 and patients had an average length of stay of six days, which leads to 16.8 percent palliative care consults. In October 2017, there were 12 consults with an average daily census of 20.8 on the unit, and patients having an average length of stay of six days, which leads to 11.2 percent palliative care consults.

Recommendations
Features will include:
- 96 inpatient rooms
- A comprehensive breast imaging center
- Outdoor healing gardens for patients, caregivers and staff
- 60 infusion areas with views of the outdoor healing gardens
- 60 multidisciplinary clinic rooms and radiation treatment clinic
- Stereotactic radiosurgery technology for non-surgical tumor treatment
- Five linear accelerators providing radiation therapy
- Pharmacy
- Laboratory
- Resource room, including space for complementary therapies
- Image renewal boutique with wigs, scarves and accessories
- Conference space for cancer awareness and support programs

Staff are eagerly preparing for this facility and are excited about what it will bring to all in our region.

Fundraising
Cancer is the leading cause of death in eastern North Carolina. In our 29-county region, we serve 1.4 million residents. There are 19 individuals diagnosed every day with cancer and eight of our residents pass away each day.

Vidant Health is on a mission-critical journey to change all of that — to transform cancer care in this region. The plans are driven by this vision: to prevent the incidence of cancer whenever possible, diagnose the disease in its earliest stages and ensure every patient with cancer receives world-class care without having to leave the area.

More than $17.6 million has been committed to the campaign to help build this new facility and provide much-needed programs and services in Greenville and throughout the region. The fundraising goal is $50 million, with $40 million towards the facility and $10 million towards cancer care programs and services.

For information on supporting the campaign, contact Varessa K. Wall, director of development, at (252) 847-8994 or Varessa.Wall@VidantHealth.com.