Cancer Care
2017 Report to the Community

VIDANT
Edgecombe Hospital
Greetings to our community

It is a privilege to continue to serve as the chair of the Cancer Committee for Vidant Edgecombe Hospital. The year 2017 has been a productive one for our team.

We’ve welcomed several new members to the Cancer Committee this year. Dr. Sandeep Pandit is a board certified medical oncologist who has joined Vidant Edgecombe Hospital Oncology. As part of our work to improve care for cancer patients and facilitate seamless care across the Emergency Department and throughout inpatient and outpatient settings, we invited representatives from Vidant Multispecialty Clinic (Dr. Kalind Parashar), Emergency Medicine (Dr. Tonya West) and the Hospitalist service (Dr. Maureen Despres) to become members of our committee. These physicians will improve communication and understanding between various facets of the patient care community.

A major area of focus for this year was prostate cancer. Our community has high rates of advanced prostate cancer. We are working to decrease these rates through education, screening and providing coordinated treatment to patients in the region. We have taken the discussion of prostate cancer screenings out to our community and recruited local barbers who discuss PSA screening with their clients. This is helping us reach high-risk men who do not see a doctor regularly, and connect them to free prostate cancer screenings.

On February 28, Dr. William Berry, an oncologist from Duke University, presented to health care providers on changes in staging and new treatment options for prostate cancer. The Cancer Committee completed an internal review of the treatment of prostate cancer patients in our community and found that all have been treated according to National AUA and NCCN guidelines.

Statistics show that overall cancer mortality for patients in Edgecombe County is higher than the statewide average, and we as a group are striving to eliminate this difference. To achieve this, our team is increasingly involved in cancer care across the region. We are working with other Vidant hospitals to assess the number of patients receiving chemotherapy in the last 14 days of life. Our goal is to be sure patients understand their disease, participate in advance care planning and enroll in Hospice Care.

In addition to being involved in the region, we also work to identify needs specific to the patients of Edgecombe County. We regularly evaluate and address the barriers that patients in our community face. This year, our cancer navigator has been instrumental in providing more options for transportation of patients to and from appointments. He also provides supportive counseling, multidisciplinary coordination of services, referral to assistance programs, assistance with making and keeping appointments and referral to support/survivorship programs.

The Edgecombe Cancer Support Foundation continues to help cancer patients and families meet financial issues associated with cancer treatment. Studies show that financial distress causes worse cancer outcomes. In turn, the Edgecombe Cancer Support Foundation is funded and run by local advocates, health care professionals and community members, all of whom have a personal interest in improving the lives of the people we serve. I’d like to say a special thank you to Dr. and Mrs. Mark Petruzziello and the ECSF board members who make this important work possible.
2017 Cancer Committee members

Physician members
Radiology – Bobby Walters, MD
Pathology – Ben Coulter, MD; alternate – Cyrus Manavi, MD
Surgeon – Caroline (Ryan) Ames, MD; alternate – Mark Petruzzelli, MD
Oncologist – Sandeep Pandit, MD; alternate – Charles Knupp, MD
Liaison Physician – Mark Petruzzelli, MD; alternate – Brad Bilicki, MD

Non-physician members
Cancer program administrator – Susan Suiter, RN, MSN; alternate – Wick Baker, BS, MHS, FACHE
Oncology nurse – Betsy Collins, RN, MSN, AOCN; alternate – Joyce Harrell, RN, OCN
Social worker – Scott Phillips, LCSW; alternate – Sue Whicker, LCSW
CTR-certified tumor registrar – Jaimie Rovinelli, CTR; alternate – Merrill Bright, RHIA, CTR
QM representative or performance improvement – Bonne Perry, BSN, RN, CSSGB; Alternate – Erica Trevathan, ADN, RN

Palliative care team member – Scott Phillips, LCSW; alternate – Julie House, BSW
Dietitian – Roxanne Wynne MS, RDN, LDN; alternate – Sarah Thompson RDN, LDN
Pharmacy – Mandy McCourt, PharmD; alternate – Angela Hardy, PharmD
Rehab services – Linda Williams-Brown, MEd, OTR/L; alternate – Alex Measamer
Pastoral care – A.C. Batchelor
ACS representative – Kayla Hollingsworth; alternate – Bennita Dunham
Marketing – Erin Spillman; alternate – Heather Pachnar

Coordinators
Cancer Conference Coordinator – Ben Coulter, MD
QI Coordinator – Bonnie Perry, BSN, RN CSSGB
Cancer Registry Quality Coordinator – Jaimie Rovinelli, CTR
Community Outreach Coordinator – Michele W. Cherry, MPA
Clinical Research Representative – Beverly Trayer, RN, OCN
Psychosocial Services Coordinator – Scott Phillips, LCSW

Front row, left to right: Beverly Trayer, Linda Williams-Brown, Betsy Collins, Bonnie Perry, Mandy McCourt, Jaimie Rovinelli
Back row, left to right: Dr. Sandeep Pandit, Dr. Kalind Parashar, Dr. Tonya West, Susan Suiter, Robbie Tiley, Michele Cherry, Dr. Caroline Ames, Phyllis DeAntonio, Scott Phillips, Dr. Ben Coulter
Prostate cancer awareness among African American men in Edgecombe County

Based on the Prostate Cancer in Edgecombe County report completed by Dr. Caroline Ames, urologist and chairperson of Vidant Edgecombe Hospital Cancer Committee, Edgecombe County’s prostate cancer mortality rate (per 100,000 population) is 41.9 percent compared to statewide average of 23 percent. Dr. Ames’ report summarized prostate cancer in Edgecombe County as disproportionately affecting low-income African American men, presenting in late stages, as directly contributing to the high mortality rate. According to the American Cancer Society, men who are high risk should begin prostate cancer screening between the ages of 40 and 45.

The Edgecombe County Barbershop Partnership is a collaborative effort by Vidant Edgecombe Hospital, Vidant Multispecialty Clinic and local barbers to increase prostate cancer awareness among African American men. Vidant Edgecombe Hospital received a small grant from Multiplan’s Rural Health Outreach program to implement the partnership by using funding to reproduce National Cancer Institute evidence-based program materials. Funding was also used to purchase smocks for the barbers and t-shirts for patrons.

During implementation, the participating barbers were supplied with educational materials including topics such as early detection methods, screening, access to care and other resources for patrons. In addition, the barbers created slogans for the smocks and t-shirts. Dr. Caroline Ames trained barbers using the evidence-based How to Decide about Prostate Cancer Screening model. The barbers attend quarterly meetings hosted by Vidant Edgecombe Hospital for ongoing education and training. Barbers were educated on how to start the conversation with patrons, facts about prostate cancer as well as myths associated with the topic.

The smocks are embroidered with Barbers for Life as a sentiment that the barbers are promoting health improvement for African American men and the t-shirts include Real Men Get Checked which serves as awareness and a conversation starter out in the community. The barbers educate at least two patrons per week about the importance of prostate cancer screening all while providing social support and encouraging positive norms for screening. Patrons receive a Real Men Get Checked t-shirt with the prostate cancer awareness ribbon and the Vidant Edgecombe Hospital’s logo. The patrons also receive educational material and screening information for their commitment to prostate health.

To date, barbers have educated 553 African American men in Edgecombe County. The Edgecombe County Barbershop Partnership is comprised of nine local barbershops and 10 local barbers:

- BJ’s Barber Salon – Quantelles Anthony, Taries Pender and Dwight Flowers
- Blender’s Edge – Mark Richardson
- LNJ Barbershop – Larry Newkirk
- Masters Touch Barbershop – Brandon Richardson
- Oakwood Barbershop – Wayne Sherrod
- Staton’s Barbershop – Charles Staton
- Unique Cutz – Eddie Arnold and Mario Roberson.

Bianca Revis, grants specialist, serves as the coordinator of the Edgecombe County Barbershop Partnership.

Diagnosis, treatment and staging

Dr. William Berry presented an educational program on prostate cancer including staging and new therapies for castrate resistant prostate cancer. There were 17 health care providers (eight MDs, seven RNs and two allied health professionals) who attended the February 28 event. The focus of
We have been accredited through the American College of Surgeons Commission on Cancer (CoC) now for more than eight years. Applying for and maintaining accreditation from the Commission on Cancer is a voluntary commitment by our cancer program to ensure our community and our patients will have access to the best cancer care. An accredited cancer program is able to continually evaluate its performance and take actions when necessary. This continuous evaluation reaffirms the commitment of the program to provide high-quality cancer care. Information on outcomes is shared nationally, so we have the benefit of comparing data from large numbers of institutions to improve treatment.

The quality standards established by the CoC for cancer programs like ours include:

- Comprehensive care, including a complete range of services and equipment
- A multidisciplinary team approach with a tumor board to coordinate the best available treatment options
- Information about ongoing cancer clinical trials and treatment options
- Access to prevention and early detection programs, cancer education and support services
- A cancer registry that offers patient follow-up
- Ongoing monitoring of standards and improvements in cancer care

All this ensures high quality cancer care close to home.

**Monitoring and reporting outcomes**

One of the ways to monitor our treatment data is through the Cancer Program Practice Profile Reports (CP3R.) The CP3R offers comparable measures for local providers to ensure patients with breast, colon, rectal, lung and other cancers are being treated according to nationally accepted quality guidelines. These measures of care were developed by

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**Evidence-based guidelines study**

Each year, the cancer program chooses one tumor site to review for accuracy of American Joint Committee on Cancer (AJCC) staging, appropriate prognostic indicators and compliance with national guidelines for treatment. This year, prostate cancer was chosen for review.

Nine cases of prostate cancer were reviewed with six cases having early stage disease and three cases having stage 4 disease with bone metastasis.

All cases were staged accurately utilizing the AJCC staging criteria and appropriate prognostic indicators were considered in the treatment decision for each patient. All treatment plans were consistent with National Comprehensive Cancer Network (NCCN) guidelines related to androgen deprivation therapy, surgery, chemotherapy and radiation therapy.

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**Cancer physician liaison report 2017**

Mark Petruzzello, MD  
Liaison physician, Committee on Cancer at Vidant Edgecombe Hospital

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*Left: Barbers participating in the Edgecombe County Barbershop Partnership were supplied with Barbers for Life embroidered smocks.  
Above: The Real Men Get Checked t-shirts were designed by the barbers themselves.*
The Commission on Cancer (CoC) using American Society for Clinical Oncology (ASCO) and National Comprehensive Cancer Network (NCCN) guidelines and are in alignment with the National Quality Forums (NQF) specifications for breast and colorectal sites. The CP3R provides valuable feedback to our program in order to improve the quality of data across several disease sites.

One of the roles of the cancer liaison physician (CLP) is to be a link between the cancer committee and the cancer data. Part of this role and responsibility is to evaluate, interpret and present the cancer program’s performance using the National Cancer Data Base (NCDB) data at least four times each year. Utilizing tools and resources such as the Cancer Quality Improvement Program (CQIP) and CP3R data provided by NCDB enables our program to review our performance of various cancer sites and measures. These are reviewed below.

Benchmark report
2014 NCDB Site by Stage Distribution report demonstrated:
- 31 breast cancers – four stage 0, four stage I, 16 stage II, three stage III and three stage IV. One unknown.
- 20 prostate cancers, seven stage I, two stage II, two stage III, and nine unknown.
- 17 colon cancer, three stage I, two stage II, seven stage III and five stage IV.
- The next highest was lung cancer with 10 patients. Eight were stage IV.

CP3R
The VEH 2017 CP3R report with 2015 data was reviewed and discussed. This includes measures for accountability, surveillance, and quality. These were BCSRT – Breast radiation within one year with women under 70 receiving BCS. We were 6/8 concordant. 75 percent (standard 90 percent). One patient refused XRT. One patient received no treatment for unclear reasons. MASTRT – Breast radiation following mastectomy within one year of diagnosis for women with greater than or equal to four positive nodes. We were 0/1 concordant. 0 percent. The patient had stopped all treatments. nBx – Breast needle biopsy for diagnosis. We were 15/19 concordant. 79 percent (standard 80 percent). Two patients had non-diagnostic core bxs. 2 patients had synchronous lesions. First primary was biopsied. 12RLN – Colon cancer with 12 regional lymph nodes removed. We were 5/6 concordant. 83 percent. (standard 85 percent). One case only had six lymph nodes removed. We were 100 percent concordant or there were no data with the other measures. As with other data from our program, the small numbers skew our results.

CQIP
This year we again reviewed the CQIP Cancer Quality Improvement Program Reports. This included 120 slides of data, updated in 2016 and downloaded in 2017. We reviewed this in our July meeting. Highlights were discussed. Noted case volumes of 89-119 per year from 2010 to 2014. Average of 107 cases/year. Majority of patients were diagnosed and treated locally.

CP3R Accountability and Quality Improvements were reviewed. Noted BCS was 86 percent (CoC average was 65 percent). nBx was 85 percent (CoC 92 percent). Reviewed cases with noted one FNA non-diagnostic o/w could not avoid proceeding with lumpectomy. We were otherwise 100 percent on other quality measures and accountability measures.

Breast cancer stages 2014 – We had less stage 0 and I disease but more stage II disease than CoC data but similar stage III and IV disease. Between 2012 and 2014, all breast cancer diagnosed locally, stayed locally for treatment.

Colon cancer stages 2014 – We again had higher stage III and IV disease than CoC data but similar stage III and IV disease. Between 2012 and 2014, all breast cancer diagnosed locally, stayed locally for treatment.

NSC Lung Cancer 2014 – all stage III or IV.

Prostate Cancer 2014 – noted up to 86 percent diagnosed locally stayed local.

RQRS Monthly Alert Reports were reviewed and reported quarterly.
Scope of services

The cancer program at Vidant Edgecombe Hospital provides the community with quality cancer care near where they live and access to services at Vidant Medical Center and Leo W. Jenkins Cancer Center.

The cancer team at Vidant Edgecombe is a multidisciplinary group of professionals who collaborate to develop and guide each patient’s plan of care.

Facilities
- Vidant Edgecombe Hospital
- Vidant Oncology-Tarboro
- Vidant Multispecialty Clinic-Tarboro

Programs
- Multidisciplinary cancer conferences
- Support groups
- Lay Health Advisors

On-site services
- Infusion therapy
- Medical oncology
- Diagnostic radiology
- CT
- MRI
- 3D mammography

Referral services
- Behavioral health
- Pharmacy
- Nutritional services
- Rehabilitation therapy
- Lymphedema therapy

2017 cancer screenings

Breast cancer screening
On Saturday, September 21, a breast cancer screening including clinical breast exams was held as a part of the Fall Community Check-up event. If a mammogram was indicated, staff were available to schedule at the time of the screening. Of the 12 women who participated, five were scheduled for mammograms.

Prostate cancer screenings
Two prostate screenings were held in 2017, one in April and one in September as part of the Fall Community Check-up. These screenings included both a digital rectal exam and a PSA. A total of 18 men were screened. One man with an elevated PSA was scheduled to see the urologist.

Skin cancer screening
A skin screening was also held as part of the Fall Community Check-up. 35 people were screened. Of those screened, 11 needed follow-up for suspicious lesions and were made appointments for follow up.

Youth cancer prevention
The Edgecombe Cancer Support Foundation, Martin Millennium Middle School, and Roberson and Dupree Shoes partnered to sponsor the second annual Run to Live program. This program focuses on the importance of healthy lifestyles and cancer prevention. The program includes educational sessions for the students and the opportunity to participate in the annual Run for your Life 5K race on the last Saturday in October. Thirty-three students enrolled and received education on healthy diets, exercise, smoking cessation, skin cancer prevention and general healthy living tips. Of the 33 enrolled in the program, 17 ran in the race at the end of October. Those students completing the program and 5K run received free running shoes from Roberson and Dupree.
## Cancer site by race

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<thead>
<tr>
<th>Site Name</th>
<th>Total</th>
<th>White</th>
<th>Black</th>
<th>Asian</th>
<th>Oriental</th>
<th>Native American</th>
<th>Other</th>
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<td></td>
<td>Number %</td>
<td>Number %</td>
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<td>Number %</td>
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<td>41 55</td>
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<td>0 0</td>
<td>1 1</td>
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Note: Asian includes – Asian Indian, Pakistani and other Asian; Oriental includes – Chinese, Japanese, Filipino, Korean and Vietnamese; Other Includes – all races not listed above and/or unknown

## Cancer site by sex

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td></td>
<td>Number %</td>
<td>Number %</td>
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<tr>
<td>Pyriform sinus</td>
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<td>Stomach</td>
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<td>2 100</td>
<td>0 0</td>
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<tr>
<td>Colon</td>
<td>7 71</td>
<td>3 63</td>
<td>4 43</td>
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<tr>
<td>Rectosigmoid junction</td>
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<tr>
<td>Rectum</td>
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<td>Liver and bile ducts</td>
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<tr>
<td>Other biliary tract</td>
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<tr>
<td>Pancreas</td>
<td>4 50</td>
<td>2 50</td>
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<tr>
<td>Bronchus and lung</td>
<td>10 80</td>
<td>8 80</td>
<td>2 20</td>
</tr>
<tr>
<td>Blood and bone marrow</td>
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<td>Breast</td>
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<td>Thyroid gland</td>
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<tr>
<td><strong>Overall totals</strong></td>
<td>75 100</td>
<td>33 44</td>
<td>42 56</td>
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### Combination therapy

<table>
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<tr>
<th>Therapy type</th>
<th>Number of cases</th>
<th>Percent</th>
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<tr>
<td>Surgery</td>
<td>12</td>
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<tr>
<td>Surgery/radiation/hormone</td>
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<td>Chemotherapy</td>
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<tr>
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<td>Surgery/chemotherapy</td>
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<td>4.00</td>
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<tr>
<td>Chemotherapy/radiation</td>
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<tr>
<td>Hormone</td>
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<tr>
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<tr>
<td>Radiation</td>
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<td>1.33</td>
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<td>Chemotherapy/hormone</td>
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<tr>
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<tr>
<td>Chemotherapy/hormone/tran</td>
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<tr>
<td><strong>Total cases</strong></td>
<td><strong>75</strong></td>
<td><strong>100.00</strong></td>
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The pie chart visualizes the distribution of therapy types with the following breakdown:

- **None**: 17 cases (22.67%)
- **Surgery**: 12 cases (16.00%)
- **Surgery/radiation/hormone**: 7 cases (9.33%)
- **Chemotherapy**: 7 cases (9.33%)
- **Surgery/chemotherapy/radiation**: 6 cases (8.00%)
- **Surgery/chemotherapy**: 5 cases (6.67%)
- **Surgery/chemotherapy/radiation/hormone**: 3 cases (4.00%)
- **Surgery/hormone**: 3 cases (4.00%)
- **Chemotherapy/radiation**: 3 cases (4.00%)
- **Hormone**: 2 cases (2.67%)
- **Radiation/hormone**: 2 cases (2.67%)
- **Surgery/chemotherapy/hormone/immunotherapy**: 1 case (1.33%)
- **Surgery/chemotherapy/radiation/immunotherapy**: 1 case (1.33%)
- **Chemotherapy/radiation/hormone/immunotherapy**: 1 case (1.33%)
- **Radiation**: 1 case (1.33%)
- **Chemotherapy/hormone**: 1 case (1.33%)
- **Chemotherapy/hormone/immunotherapy**: 1 case (1.33%)
- **Chemotherapy/hormone/tran**: 1 case (1.33%)
- **Other**: 8 cases (10.64%)

Total cases: 75 (100.00%)
Community outreach

As we strive to improve healthy lifestyles and the prevention and early detection of cancers, Vidant Edgecombe Hospital and Vidant Multispeciality Clinic in Tarboro sponsored a community-wide screening, wellness and education event known as the Fall Community Check-up on Saturday, September 21, from 8 am to noon.

Approximately 100 members of the community attended the event and participated in screenings (breast, prostate and skin), healthy cooking demonstrations and samples, smoking cessation information, stroke education, colorectal cancer information (including an inflatable walk-thru colon), women’s health and prenatal care, vaccine information, rehabilitation therapy services and behavioral health services. Information on the Barbershop Prostate education program was also provided.

Attendees could also complete advance directives on-site as well as sign up for Vidant MyChart. Any attendees who did not have a primary care physician (PCP) could obtain a PCP referral and make an appointment at that time. The county sheriff’s department was on-site providing education on opioid and medication safety including free lock boxes for medication security at home.

Many county agencies participated in the event providing the attendees with information on services available throughout the county. These included:
- Edgecombe County Health Department
- VOICE (Volunteers Offering Independent Care to the Elderly)
- Conetoe Family Life Center
- Rural Health Network
- DSS (Division of Social Services)
- Edgecombe Cancer Support Foundation
- Lay Health Advisors
- NC Cooperative Extension Agency
- BCCCP (Breast and Cervical Cancer Control Program)

There was also a Kid Zone available that included entertainment as well as the Down East Partnership for Children outdoor exhibit. Healthy snacks were offered to all attendees.
Community events

Pink Power Breast Cancer Awareness
The 7th Annual Pink Power event was held on October 18. The keynote speaker, Dr. Sheri Prentiss, shared a message of not just surviving, but living and thriving. Speaking to more than 150 ladies dressed in pink in attendance, she shared her heartfelt message that “by helping others with their struggles and showing them their value, I found mine again.”

Survivorship Paint Party
National Cancer Survivor’s Day is the first Sunday in June each year. To celebrate, Vidant Edgecombe Hospital hosted the Third Annual Survivor’s Day event — a painting party to celebrate and commemorate what survivorship means to the individual and his or her family.

Co-hosting and assisting the 11 survivors and caregivers in the event was Jennifer Cooke from Off the Main, a local business that provided supplies and instruction. The paintings are now displayed on the survivorship wall in the Cancer Center.
Vidant Edgecombe Hospital is accredited by the American College of Surgeons Commission on Cancer.