2012 Cancer Committee

**Chairman:** Ruth Ann Nevils, MD, Medical Oncology
**Cancer Liaison:** Mary Graham, MD, Radiation Oncology
**Cancer Registry Quality Coordinator:** Syed Huq, MD, Medical Oncology

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- Yaqoob Ali, MD — Medical Oncology
- Kristi Atkins, RN — Cancer Research
- Hillary Bleckman, RN — Cancer Research
- Joseph Bond, DO — Medical Oncology
- Lorie Bourne MS, RD, LD, CNSC — Dietary
- Paul Cook, DO — Pathology
- Leah Wylde, BS, MA — Education
- Phil Cox, BA, MA, PhD — Pastoral Care
- Dwayne Crabtree, MD — Pathology
- James Davison, DO — OB/GYN
- Edward Downey, DO — Radiology
- Randee Jo Feco, PsyD — Psychology
- Brenda Hughes — Administration
- Pam Karr, MSN, RN-BC, CNL — CQM & Care Mgmt.
- Nikki Leake — American Cancer Society
- Helen Litz, RN, FNP — Breast Center
- Linde Merrow, MS, RN — CQM
- Mary Owen, MS, CGC — Genetic Counselor
- Diana Pantaleo, RN — Radiation Oncology
- Robin Pickup — Rehab
- Amy Ross, MSN, RN, CNL — Medical Oncology
- Cindy Scearce, RN — Hospice
- Vijay Sekhon, MD — Radiology
- Jason Sharp, MBA — Radiation Oncology
- Rhonda Teague, RN — Medical Oncology
- Carolyn Tilford, RN, BSN — Education
- Dana Voight, MD — Surgery
- Carol Walter, MSN, RN — Nurse Navigator
- Amy Weckman, Pharm. D — Pharmacy
- Sarah Wiggins, BA, CTR — Cancer Registry
- LeRoy Wombold, DO — Surgery
- Christiane Zoghbi, MD — Medical Oncology
Cancer care services at Phelps County Regional Medical Center continue to expand in the goal to provide patient centered, world-class healthcare close to home.

Patients with a cancer diagnosis are supported with services expanded to make their diagnosis, treatment, and survivorship plans personalized and more efficient. Available services are as follows:

- The electronic medical record implementation continues to ensure instant access to the patients’ records by their treatment and support team.
- Genetic counseling is available free of charge to high-risk patients on-site at PCRMC.
- The Nurse Navigator Program guides breast cancer patients from diagnosis and treatment planning to survivorship support once their treatment is finished.
- Nutritional counseling is available for all chemotherapy and radiation patients or any cancer patient wanting to improve his or her eating lifestyle.
- A social worker is available to help patients navigate the often confusing maze of financial and healthcare assistance options that may be available to them while on treatment.

Patients have access to participate in national clinical trials at PCRMC through the affiliation with Cancer Research for the Ozarks. PCRMC is able to offer PCRMC patients various phase II and phase III research trials through this continued partnership.

All physicians involved in cancer care at Phelps County Regional Medical Center continue to meet weekly to discuss new cancer cases. Through a multidisciplinary team approach, a treatment plan is designed for patients to ensure state-of-the-art care. The comprehensive cancer services team includes radiologists, medical and radiation oncologists, surgeons, gynecologists, pulmonologists and otolaryngologists.

We hope you find this report informative and helpful.

Ruth Ann Nevils, MD
Cancer Committee Chairman
Nurse Navigator

A Nurse Navigator is an RN that serves as a guide for cancer patients and their family and support system. The Nurse Navigator provides education, support and coordination throughout the continuum of cancer care services including diagnosis, treatment and survivorship.

Cancer services can be confusing. Multiple clinicians and healthcare settings are often involved. Patients may experience unclear or unmet expectations that may be alleviated by having a single point person to contact throughout the entire patient process. Nurse Navigators act as a second pair of ears and eyes to help patients understand and navigate their diagnosis and treatment. A Nurse Navigator does not give suggestions on treatments or physicians, but only the information patients need to make informed decisions about their healthcare. By contacting the patient often, the Nurse Navigator has an opportunity to develop a relationship with the patient and reinforce the patient’s treatment accomplishments. The Nurse Navigator is also able to offer clinical and psychosocial support at the times patients feel stressed by a particular problem or symptom.

As the PCRMC Nurse Navigator, Carol sees each new breast cancer patient as soon as she is aware of the patient’s diagnosis and often even before the diagnosis at the biopsy. Carol saw 37 new breast cancer patients in 2013. She says, “My goal as a Nurse Navigator is to assist the breast cancer patient from diagnosis to survivorship by removing barriers and anticipating guidance. I offer education and support throughout the continuum of care, and I am available to reduce the sleepless nights of breast cancer patients and additional patients battling different types of cancer on a case-by-case basis.”

“No person with cancer should spend more time fighting their way through the health care system than fighting their disease.” - Dr. Harold Freeman, founder of Navigation Services
Survivorship Services

Research shows that a Nurse Navigator, as part of the patient’s “Survivor” plan, can assist the patient with timely follow-up and symptom detection and prolong survival rates. The Nurse Navigator Program offers an internet patient portal that provides a link between the survivor and healthcare information and the rest of the cancer care team. The portal allows patients the ability to access all of their treatments, labs and health information from anywhere. The information is in one spot to share with other physicians and family anytime. The portal also shows patients the recommended follow-up plan created by the patients’ physicians. PCRMC has added 122 new patients to the Survivorship Program in 2013.

Susan Buhr, MSW – Social Services

Social Services

Susan received her Master’s Degree in Social Work from St. Louis University in 1996. She and her family moved to Rolla in 2008 and were blessed to find employment at PCRMC. She started working for the Delbert Day Cancer Institute (DDCI) in May 2013 and has provided services to 111 cancer patients. She receives referrals from the doctors, nurses and ancillary staff. Susan meets with the patients and/or families during their treatments or at their doctor visits.

Susan’s main goal at DDCI is to help patients and their families access community resources in order to try and meet the patients’ psychosocial needs and to remove barriers. These needs can include financial, transportation, home health, in-home services, housing and even accessing medical supplies. Cancer patients and their families are often facing the most difficult time in their lives and are having to make many decisions regarding treatment, work, family and life. Some of the patients have to make large sacrifices during their treatments that can affect them financially and emotionally. As the social worker, Susan can help the patients and families sort through their feelings, reduce stress, cope and understand their grief. She meets with the patients and their families in order to provide counseling and emotional support. Susan acts as an advocate by referring patients to local support groups, providing educational material and utilizing mental health professionals.
Oncology Dietitian

What does an Oncology Dietitian do?
A registered dietitian in oncology provides care across the continuum of the cancer experience including primary prevention, cancer treatment, secondary prevention, cancer recurrence and palliative care. During treatment a dietitian helps patients manage the side effects of treatment including nausea, vomiting, constipation, diarrhea, poor appetite, weight loss, taste changes, difficulty chewing or swallowing and feeding tubes.

Who needs a dietitian?
- Any cancer patient with a cancer of the gastrointestinal tract that might have problems with nutrition (head and neck cancers, esophageal cancers, gastric cancers, colon and rectal cancers, pancreatic cancers).
- Any cancer patient on treatment experiencing weight loss, taste changes, difficulty chewing or swallowing, diarrhea, constipation, nausea, vomiting and any patient with a feeding tube.
- Any cancer patient finished with treatment that wants to eat healthier and prevent further cancer.

In the past 4 months the PCRMC oncology dietitian has seen 53 patients with the following cancers: Breast, Head and Neck/Esophagus, Neuroendocrine, Colon/Rectal/Anal, Hodgkins, Lung, Pancreas, Glioblastoma, Lymphoma, Peritoneal, Prostate, and Cervical/Uterine
Lorie Bourne, MS, RD, LD, CNSC – Dietitian

My name is Lorie Bourne, and I have been a registered dietitian for over 20 years. I graduated from North Dakota State University in Fargo ND with a Bachelor’s of Science Degree in Food and Nutrition. I received a Masters Degree in Clinical Nutrition from the University of Kansas Medical Center in Kansas City. I am a Certified Nutrition Support Clinician.

Throughout my career I have worked with many different types of patients. I began my career working in a Diabetes Treatment Center and have since worked with the WIC program and a cancer program in Kansas City where I saw patients receiving chemotherapy and radiation therapy. Currently, I am a clinical dietitian at PCRMC and see ICU and medical oncology patients with many different nutritional issues.

When presented with the opportunity to work with cancer patients at the Delbert Day Cancer Institute, I was very excited to work in cancer services again. I increased my work schedule as the need has increased. I also received additional certification in Nutrition Support to be able to help patients manage feeding tubes. I enjoy working with cancer patients and helping them to get through treatments and live healthier lives.
2012 Cancer Conference
Prospective Presentation

<table>
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<th>Anatomical Site</th>
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<tr>
<td>Breast</td>
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<tr>
<td>Colorectal</td>
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<td>Head &amp; Neck</td>
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<td>Skin</td>
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</tr>
<tr>
<td>Prostate</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
</tbody>
</table>

Multidisciplinary Cancer
Conferences

Cancer Conferences are held Thursdays at 7:00 am. A multidisciplinary team of physicians and other healthcare professionals attend the conferences. The meetings include discussions of patient medical history, diagnostic testing, surgical procedures, state of disease at diagnosis and treatment options including palliative care, pain management and survival outcomes. The latest in diagnostic technology and research protocols are discussed.

Representative Disciplines:
- Surgery
- Radiation Oncology
- Pathology
- Nutrition
- Medical Oncology
- Radiology
- Nursing
Cancer Registry Snapshot

- Provides data management services to meet mandatory state reporting regulations and data needs of clinicians, administrators and other users.

- In 2012, there were 466 new cancer cases entered into the cancer registry.

- 413 of the 466 cases entered were newly diagnosed and/or treated at PCRMC (analytic cases); the other cases were new to PCRMC and treated for a recurrence or progression of their disease (non-analytic cases).

- Collects, manages and analyzes data on cancer patients, and maintains lifetime follow-up for all analytic cases in compliance with the standards of the American College of Surgeons, Commission on Cancer.

- Statistics can be retrieved from the Cancer Registry upon request to be used to study treatment outcomes, evaluate patient care and assist in administrative planning and cancer research.

- Data is reported annually to, and used for comparison with, the Missouri State Cancer Registry (MCR) and the National Cancer Database (NCDB) for cancer case incidence and cancer survival data.
PCRMC 2012 Cases by Stage

Comparison Cancer Cases by Leading Sites and Gender
Phelps County Regional Medical Center (Analytic Cases Only)

Males

Females
2012 Top 5 Sites Distribution

Source:
PCRMC Cancer Registry
ACS Cancer Facts & Figures 2012

COMMUNITY ENGAGEMENT

Annual Cancer Gala
The 28th Annual Cancer Gala in 2013 raised $93,000 for PCRMC’s Joy of Caring Fund and the Delbert Day Fund. In 2014, the Cancer Gala’s theme will be “Black and White Ball” and will be held on February 8th at the Missouri S&T Havener Center.

Relay For Life
PCRMC received the honor of being a top fundraiser for the American Cancer Society’s (ACS) Relay For Life event in 2012. The PCRMC team raised $17,866 and was recognized at the annual ACS luncheon as the third-highest fundraiser in Southwest Missouri, which consisted of 36 counties and 721 teams.

National Cancer Survivors’ Day
In 2014, PCRMC will be participating in National Cancer Survivors’ Day on June 1, 2014.
ACCOUNTABILITY MEASURES

PCRMC’s Cancer Committee ensures patients with cancer are treated according to nationally accepted standards as measured by compliance with the current Commission on Cancer quality reporting tools. An accountability measure is the standard of care based on clinical evidence.

Cancer Program Practice Profile Reports (CP3R) 2011 (Most Current Available) Data

Measure 1: Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

Measure 2: Combination chemotherapy is considered or administered within four months (120 days) for women under age 70 with AJCC T1cNOMO or stage II or III hormone receptor negative breast cancer.
Measure 3: Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cNOMO or stage II or III hormone receptor cancer.

Measure 4: Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnoses for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

Measure 5: At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

Measure 6: Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age 80 with clinical or pathologic AJCC T4NOMO or stage III receiving surgical resection for rectal cancer.
Clinical trials are research programs that involve persons diagnosed with cancer. Many of the cancer treatments that we have today are the result of a clinical trial. Clinical trials follow very specific regulations and are particular about who can participate in the study. Each clinical trial is formulated with a precise plan called a protocol. Each clinical trial protocol clearly states the criteria for entering the trial as well as how the trial will be conducted. The reason the criteria must be narrowed down is to keep the participants as similar as possible so the results are based off of a group that share comparable traits, such as a patient’s stage of cancer.

What is the difference between a Prevention Trial and a Treatment Trial?

A prevention trial tries to find better ways to prevent people from getting cancer or lower the chances that people will get it.

A treatment trial finds better ways to treat cancer in people who already have it.

Weighing the Pros and Cons
The National Cancer Institute lists these as some of the possible benefits and drawbacks of participating in a clinical trial:

Possible Benefits

- Clinical trials offer high-quality cancer care. If you are in a randomized study and do not receive the new treatment being tested, you will receive the best known standard treatment.
- By looking at all your treatment choices, including clinical trials, you are taking an active role in a decision that affects your life.
- You have the chance to help others and improve cancer treatment.
Possible Drawbacks

- New treatments under study are not always better than, or even as good as, standard care.
- If you receive standard care instead of the new treatment being tested, it may not be as effective as the new approach.
- New treatments may have side effects that doctors do not expect or that are worse than those of standard treatment.
- Even if a new treatment has benefits, it may not work for you. Even standard treatments, proven effective for many people, do not help everyone.
- Health insurance and managed care providers may not cover all patient care costs in a study. What they cover varies by plan and by study. To find out in advance what costs are likely to be covered, check with your insurance company and the billing staff at the hospital or doctor’s office.

PCRMC & Mercy Clinical Research Numbers

18 patients have been enrolled in a national clinical trial at PCRMC. These patients are actively monitored and followed by both their oncologist and the research nurse. New patients are screened daily and the program continues to grow.

Meet the Oncology Research Nurse

Hillary Bleckman, BS, RN, is the Oncology Research Nurse at PCRMC. Hillary serves as the primary contact for patients who enter clinical trials. She is responsible for screening potential candidates, enrolling patients into the study and monitoring them during the trial. If the patient is eligible for a trial and agrees to participate, Hillary makes sure consent is sent in and preliminary requirements are completed. Hillary then helps the patient stay on track with the study by ensuring the patient is following the trial’s protocol and answering any questions the patient might have to ensure they are comfortable with the process. Patient participation in a trial is voluntary and can be stopped at any time.

If you have any questions concerning clinical trials at Phelps County Regional Medical Center, please call Hillary at 573-458-8776.
Cancer Program at a Glance

Delbert Day
Cancer Institute

Medical Oncology
573-364-8823
- Dr. Joseph Bond
- Dr. Ruth Ann Nevils
- Dr. Christiane Zoghbi

Intravenous, oral medications & targeted therapies (non-chemo drugs designed to treat specific tumor types)

Radiation Oncology
573-458-7500
- Dr. Mary Graham

Linear Accelerator, Brachytherapy & PET/CT

Comprehensive Breast Center
573-458-3100
Digital mammography, screening & diagnostic mammograms, stereotactic biopsies, needle localizations, galactograms, ultrasound guided breast biopsies, bone density screening

Cancer Rehabilitation
573-458-7146
Help patients manage and reduce side effects of cancer including: physical fatigue, pain, nausea, sleep disturbance, heart disease, osteoporosis, lymphedema & peripheral neuropathy

Endoscopy
573-458-7860
Upper GI Endoscopy (EGD), Colonoscopy, Flexible Sigmoidoscopy, ERCP, Esophageal Dilatation, Liver Biopsy, Small Bowel Enteroscopy, Bronchoscopy, Esophagoscopy with Radio Frequency, Capsule Endoscopy & Bravo ph

Ambulatory Surgery Unit
573-458-3224

Main Surgery Unit
573-458-7941
Surgical specialties include: Ear, nose & throat (ENT), Orthopedics, OB/GYN, General Surgery, Urology, Podiatry, Dental Surgery

Chaplaincy Program
573-458-7935
Support for patient families, in-house chapel, liaison for local clergy, community contact and chaplain’s prayer line 573-458-PRAY (7729)

Phelps Regional Homecare
573-364-2425
- Home Health
- Hospice
- In-home services

Staff registered, licensed or certified in specific fields
Support Services

Social Services
573-458-8339
Contact: Susan Buhr
Help patients & families access community resources to try to meet needs including: psychosocial, financial, transportation, home health, in-home services, housing & accessing medical supplies

Nurse Navigation
573-458-7164
Contact: Carol Walter
Provides education, support and coordination throughout continuum of cancer care services

Survivorship Program
573-458-7164 (Carol Walter)
Allows patients the ability to access their Oncology records & follow-up plan via the internet

Nutritional Counseling
573-458-7630
Patients & families can work with dieticians to optimize cancer therapy through their diet

Cancer Research
573-458-8776
Contact: Hillary Bleckman
Patients are able to enroll in nationally approved clinical trials for cancer treatment & prevention

Education
573-458-7759
Contact: Carolyn Tilford
Chronic Disease Self-Management Daytime & Evening Classes throughout the year, among other classes and programs

Cancer Support Groups

Cancer Support Group
573-458-7500
Date: Every Wednesday
Time: 5-7 pm
Location: Radiation Oncology

Breast Cancer Support Group
573-458-3108
Date: Second Wednesday of every month
Time: 2-3 pm
Location: Comprehensive Breast Center
From north of Rolla
Take Highway 63 South to 10th Street. Make a right on 10th Street and drive 0.4 miles. The hospital will be located on the right.

From south of Rolla
Take Highway 63 North to 10th Street. Turn left on 10th Street and drive 0.4 miles. The hospital will be located on the right.

From east of Rolla
Take Interstate 44 West to exit 185. Make a left hand turn at the top of the exit. Watch for Poole Avenue, make a right hand turn on it, and continue on Poole Avenue until 10th Street. Make a right on 10th Street, and the hospital will be on the right a short distance down the road.

From west of Rolla
Take Interstate 44 East to exit 184. Make a right hand turn at the top of the exit and go to the first stop light. Take a left turn at the stop light on to Fairgrounds Road. Follow Fairgrounds Road until it intersects with 10th Street. Make a right on to 10th Street and the hospital will be on the left.

Phelps County Regional Medical Center
World-Class Healthcare Close To Home
1000 West Tenth Street
Rolla, Missouri 65401
www.pcrm.com