2019 Annual Report

Statistical data for 2018

SELF REGIONAL HEALTHCARE

CANCER CENTER

About our Cancer Center

The Cancer Center at Self Regional Healthcare strives to meet the Commission on Cancer (CoC) Standards and follow the National Comprehensive Cancer Network (NCCN) Guidelines in the care of the oncology patient. This allows us to ensure that our patients receive evidence-based preventive, diagnostic, treatment and supportive services that will provide the best possible outcomes. This is accomplished through ongoing education, Tumor Boards, Cancer Committee, Cancer Registry and quality control.

Our cancer registry maintains a data system that stores diagnostics, treatment and survival information of all patients seen in our center. This information is used to help the Cancer Center leadership and hospital administration make decisions about equipment purchases and patient needs. Quality control of cancer data is done according to national standards.

If you have any questions, comments or would like more information about our Cancer Center, please contact Julie McDade, Director of Cancer Services, at (864) 725-5311 or jmcdade@selfregional.org.

For an electronic copy of the 2019 Self Regional Healthcare Cancer Center Annual Report, please visit https://www.selfregional.org/advanced-care-services/cancer-center/

Chairman's Message

Sometimes we think that a treasure can only be found at the end of a long journey. Or we feel we must scour all the options far and wide to find the very best. While that is warranted in many scenarios, there are also times when the best is right in front of us. That is certainly true in the Lakelands community when it comes to cancer care.

Self Regional Healthcare (SRH) proudly recruits highly specialized and extensively trained oncologists to join our team. We continue to remain ahead of the curve in medical technology and clinical research, making the most current diagnostic and treatment tools available to our providers, in turn, giving our patients some of the best opportunities for treatment.

There are many pieces that comprise effective cancer care, and we are fortunate to have them right here, in our backyard. From a patient's perspective, this makes a world of difference. It means that a cancer diagnosis does not have to be made more difficult by traveling out of the area to find superior, respected care. We continue to offer our patients many new options for cancer treatment and prevention.

Together, we will continue to ensure that the patients and families we serve receive the highest level of care from diagnosis through treatment and survivorship.

As Chairman of the Cancer Committee for Self Regional Healthcare, I am pleased to share our 2019 Annual Report based on 2018 statistics. These statistics are compiled by Self Regional Healthcare Cancer Registry. This is an essential component of our accreditation with the American College of Surgeons' Commission on Cancer (COC).

On behalf of the dedicated team at SRH Cancer Center, we hope you'll read on to discover our commitment of excellence to our community. It is an honor to share it with you.

Sincerely,

Gregory Tarasidis, M.D., FACS
2018 Cancer Committee Chair

Our Cancer Committee

The Self Regional Healthcare Cancer Committee is composed of representatives from a variety of medical disciplines and support services involved with the care of cancer patients. The committee is concerned with the entire spectrum of care for cancer patients seen at Self Regional Healthcare.

Committee responsibilities include:

- Developing and evaluating annual goals and objectives for the clinical, educational and programmatic activities related to cancer.
- Promoting a coordinated, multidisciplinary approach to patient management.
- Ensuring educational and consultative cancer conferences that cover all major sites and related issues.
- Ensuring an active supportive care system is in place for patients, families and staff.
- Monitoring quality management and improvement through completion of quality management studies that focus on access to care and outcomes.
- Promoting clinical research.
- Supervising the Cancer Registry and ensuring accurate and timely abstracting, staging and follow-up reporting.
- Performing quality control of registry data.
- Encouraging data usage and regular reporting by planning and conducting a minimum of two patient care evaluation studies annually, one to include survival and comparison data, if available.
- Ensuring content of the annual report meets requirements.
- Upholding medical ethical standards.

2018 Cancer Committee Members

Committee Leadership
Gregory Tarasidis, MD, Otolaryngology, Committee Chair
John Funke, MD, Radiation Oncology, Cancer Liaison Physician

Physician Members
John Funke, MD, Radiation Oncology
Tammy Kitchens, MD, Radiologist
Greg Mappin, MD
John Konsek, MD, Surgery
Joanna Sadurski, MD, Medical Oncology
John Sundermann, MD, Pathology

Non-physician Members
Emily Barnes, RN, Community Outreach Coordinator
Christie Brewster, APRN-BC, Palliative Care
Jennifer Clary, Quality Improvement Coordinator
Beth Fain, Psychosocial Services Coordinator
Kendra Keeney, Cancer Center Program Administrator
Amanda Kelley, RN, Survivorship Coordinator
Julie McDade, Manager of Cancer Center
Nancy McGaha, RN Clinical Research Coordinator
Dee McLane, VP Quality Professional Services
Hannah Moore, MS, Greenwood Genetic Center, Genetics Counselor
Kristina Nelson, PharmD, Medical Oncology Pharmacy Coordinator
Lawrie Rinehart, Cancer Conference Coordinator
Tina Sayer, CTR, Cancer Registry Quality Coordinator
Elizabeth Tilley, American Cancer Society Representative
Tracie Williamson, RN, Oncology nurse

Tumor Board Conferences

Tumor Board conferences allow collaboration and consultation on patient management. Patients may be presented for diagnostic assessment referencing national treatment guidelines, clinical trial protocols, stage of disease and need for genetic testing to ensure the best clinical outcome for the patient. These boards are held on a weekly basis and offer one hour of CME credits to eligible attendees. In 2018, our Cancer Center held **45** multidisciplinary tumor conferences and presented **278** cases.

2020 Tumor Board Conferences Schedule

Month	Day/Date	Topic	Time
January	Wednesday/1	Breast	12:15 p.m.
	Wednesday/8	Lung/General	12:15 p.m.
	Wednesday/15	Breast	12:15 p.m.
	Wednesday/22	Lung/General	12:15 p.m.
	Wednesday/29	General	12:15 p.m.
February	Wednesday/5	Breast	12:15 p.m.
	Wednesday/12	Lung/General	12:15 p.m.
	Wednesday/19	Breast	12:15 p.m.
	Wednesday/26	Lung/General	12:15 p.m.
March	Wednesday/4	Breast	12:15 p.m.
	Wednesday/11	Lung/General	12:15 p.m.
	Wednesday/18	Breast	12:15 p.m.
	Wednesday/25	Lung/General	12:15 p.m.
April	Wednesday/1	Breast	12:15 p.m.
	Wednesday/8	Lung/General	12:15 p.m.
	Wednesday/15	Breast	12:15 p.m.
	Wednesday/22	Lung/General	12:15 p.m.
	Wednesday/29	General	12:15 p.m.
May	Wednesday/6	Breast	12:15 p.m.
	Wednesday/13	Lung/General	12:15 p.m.
	Wednesday/20	Breast	12:15 p.m.
	Wednesday/27	Lung/General	12:15 p.m.
June	Wednesday/3	Breast	12:15 p.m.
	Wednesday/10	Lung/General	12:15 p.m.
	Wednesday/17	Breast	12:15 p.m.
	Wednesday/24	Lung/General	12:15 p.m.
July	Wednesday/1	Breast	12:15 p.m.
	Wednesday/8	Lung/General	12:15 p.m.
	Wednesday/15	Breast	12:15 p.m.
	Wednesday/22	Lung/General	12:15 p.m.
	Wednesday/29	General	12:15 p.m.
August	Wednesday/5	Breast	12:15 p.m.
	Wednesday/12	Lung/General	12:15 p.m.
	Wednesday/19	Breast	12:15 p.m.
	Wednesday/26	Lung/General	12:15 p.m.
September	Wednesday/2	Breast	12:15 p.m.
	Wednesday/9	Lung/General	12:15 p.m.
	Wednesday/16	Breast	12:15 p.m.
	Wednesday/23	Lung/General	12:15 p.m.
	Wednesday/30	Lung/General	12:15 p.m.
October	Wednesday/7	Breast	12:15 p.m.
	Wednesday/14	Lung/General	12:15 p.m.
	Wednesday/21	Breast	12:15 p.m.
	Wednesday/28	Lung/General	12:15 p.m.
November	Wednesday/4	Breast	12:15 p.m.
	Wednesday/11	Lung/General	12:15 p.m.
	Wednesday/18	Breast	12:15 p.m.
	Wednesday/25	Lung/General	12:15 p.m.
December	Wednesday/2	Breast	12:15 p.m.
	Wednesday/9	Lung/General	12:15 p.m.
	Wednesday/16	Breast	12:15 p.m.
	Wednesday/23	Lung/General	12:15 p.m.
	Wednesday/30	General	12:15 p.m.

Self Regional Healthcare Cancer Center Quality Study for 2018

Advanced Directives are instructions about a person's wishes, goals and values in regards to what will be done if the patient becomes incapable of making decisions.

Three common Advanced Directives are:

- Living Will - Specifies desired medical treatment
- Durable Power of Attorney - Designates a person to make financial transactions
- Health Care Proxy (Durable Power of Attorney for Health Care) - Designates a person to make health care decisions

During a Cancer Committee discussion, it was noted that patients were not being screened for advanced directives during their medical oncology visit appointment. Identifying the wishes of the patient prior to treatment allows the care team to formulate a plan of care for the patient, while keeping their wishes at the forefront of their treatment. When having advanced directives on the patient's record, it reduces anxiety for the patient's family members during a time of medical crisis.

A process improvement project was selected to focus on improving the advanced directives process. A sample of patients' charts were reviewed for completion of advanced directive screenings. Through this project, we found that no patients in the sample had advanced directive screenings.

A new process has now been implemented where an advanced directive screening will be addressed at every office visit for the patient.

- If advanced directives are identified by the patient, the patient will be asked to bring in the paperwork to be scanned in their EPIC chart for future reference.
- Documentation will be performed in EPIC.

Initial results of the new process were encouraging. Once education was provided to team members about the new process, data was then captured, and we found that ten out of ten patients had advanced directive screening documented, resulting in 100% compliance.

For any questions regarding Advanced Directives, contact Self Regional Chaplain Services at (864) 725-4158.

Patient Navigation

Patient navigators are responsible for a number of services, both clinical and emotional, throughout the patient's cancer journey. In addition to patient support, navigators help to promote community awareness and prevention, maintain relationships with referring physicians and coordinate ongoing, multidisciplinary tumor boards at Self Regional Healthcare Cancer Center.

What to expect from the Patient Navigation Program:

- Connection to patient and family support services
- Educational and emotional support for the patient and family members
- Improved timeliness of appointments
- A comprehensive assessment of the patient's needs to help identify barriers to care
- Improved patient outcomes through education, support and performance improvement monitoring

Our Navigators

Emily Barnes, RN
Head, Neck, Lung Health Navigator

Cassie Cantu
Breast Health Navigator

Amanda Kelley, RN
Colorectal Health Navigator

Erin Smith
Breast Health Navigator

Providing Programs of Support

2018 Wellness Programs

We realize that cancer is more than just a medical diagnosis. In order to meet all of our patients' needs, we provide health and wellness offerings for individuals who face the challenges a cancer diagnosis can bring.

Program	Annual Participants
Look Good Feel Better	21
Between Friends	62
Multiple Myeloma	66
Community Cancer Education Sessions	54
Pretty in Pink	430

Transitional Rehabilitation

In 2019, Wellness Works closed its doors and made a transition to Lakelands Region YMCA. The Self Regional Healthcare (SRH) Cancer Center team will now offer referrals to Transitional Rehabilitation for cancer patients who are going through treatment or have completed treatment. This referral-based program will focus on lifestyle changes while increasing strength, endurance, balance and flexibility. The twelve-week program will consist of three visits per week, for a total of thirty-six visits. The initial six weeks will take place at Optimum Life Center on the SRH campus. Patients will then transition to Lakelands Region YMCA for the duration of the program. After completion of the twelve weeks, patients will be encouraged to participate in the Livestrong Program and/or obtain a membership with the YMCA to maintain a healthy lifestyle.

The ultimate goal of the Transitional Rehabilitation program is to assist patients in returning to or surpassing their level of fitness and mobility prior to their diagnosis.

Patient and Family Support Services

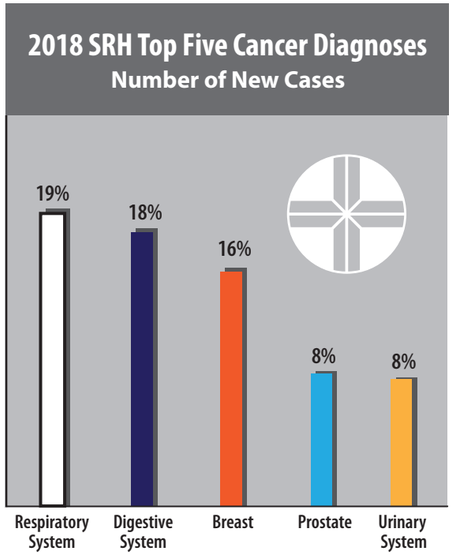
- Survivorship Care Plans are available.
- Oncology Navigator helps patients, families and caregivers through the complex maze of treatments, tests and appointments from diagnosis to post-treatment.
- Nutritional counseling is available for cancer patients while undergoing treatment.
- Social services address the psychosocial needs of patients and their families, help with community referrals and facilitate financial support.
- Financial services help patients deal with complex financial issues that may arise during cancer care.
- On-site Laboratory, (staffed by certified medical laboratory technicians), offers hematology and chemistry testing.
- Lymphedema Treatment is administered by a licensed occupational therapist to provide preventative education and postoperative treatment.
- Yoga classes are offered to help with the healing process for qualifying patients and survivors.
- Support groups meet regularly to help patients cope with the frustration and fears associated with a cancer diagnosis.
- Genetic counseling is designed for anyone who is concerned about his or her risk of developing cancer based on family history or personal medical history.
- Pastoral care is offered for the diverse spiritual needs of patients and families.
- Rehabilitative Services help patients build strength, reduce stress and regain independence during and after treatment.
- Anodyne® Infrared Therapy is a light treatment that increases circulation and reduces pain, stiffness, and muscle spasms in patients with neuropathy, a common side effect of chemotherapy.

Cancer Screening Programs

Through partnerships and collaborations, Self Regional Healthcare Cancer Center is able to provide numerous screenings throughout the year for participants at no cost to them. In 2018, we partnered with our local free clinic, Clinica Gratis, to reach community members. We were able to provide women's health screenings and melanoma screenings for many members of our community.

Women's Health Screening:
26 women were screened for breast and GYN cancers.

Melanoma Screening:
47 participants were given full-body skin checks.



Cancer Program Practice Profile Reports (CP3R) for 2016

CP3R measures are outlined by the American College of Surgeons (ACoS) Commission on Cancer (CoC) and are designed to ensure that programs are following national guidelines and meeting national benchmarks. The purpose of the measures is to promote collaboration across disciplines to identify problems in practice and delivery and to implement best practices that will diminish disparities in care across CoC accredited cancer programs.

Self Regional Healthcare is proud to have exceeded all of the required rates for all measures in 2016.

CoC Standard 4.4 Accountability Measures

Measure		CoC % Required	Self Regional
BCSRT	Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	4.4 / 90%	95.70
HT	Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	4.4 / 90%	100.00
MASTRT	Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes	4.4 / 90%	100.00
MAC	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer	Not applicable	100.00
ACT	Adjuvant chemotherapy is recommended, or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer	Not applicable	100.00

CoC Standard 4.5 Quality Improvement Measures

nBx	Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer	4.5/80%	92.10
12RLN	At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	4.5/85%	100.00
LCT	Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC	4.5/85%	100.00
LNoSurg	Surgery is not the first course of treatment for cN2, M0 lung cases	4.5/85%	90.00

Lung Cancer

Myron Bernard, a 76 year old Self Regional patient from McCormick, South Carolina, went for a routine physical in the spring of 2018. His doctor recommended he go for a low-dose CT scan, a scan that helps find abnormal areas in the lungs that may be cancer. Three years prior, he had a similar procedure done, with normal results. This time, the results came back a little different.

Myron was diagnosed with Stage 1A Non Small Cell Lung Cancer. Being diagnosed with any cancer can be scary. Lung cancer is the second most common cancer among both men and women with about 13% of all new cancers being in the lung. Thankfully, the team at the Self Regional Healthcare Cancer Center was prepared for Myron's diagnosis. They recently added a new, state-of-the-art stereotactic body radiation therapy machine, Edge Radiosurgery, which complements an existing one. It is designed to effectively treat a wide range of cancer including those in the lung, brain and spine. The aggressive procedure enables oncologists to deliver powerful, precise treatments to radiosurgery candidates with no incisions necessary. Myron chose this route over surgery.

"All this happened over a course of six months. We found it, we fixed it. It's unreal," Bernard said. He went through five sessions of the localized radiation treatment over a course of three weeks – and was able to work them in around his personal commitments. "I had a schedule to go to Talladega to the race in between, so we had to make that happen, and that was another reason for the radiation versus the surgery," Bernard said.

Because of the convenience this procedure had to offer, Myron continued to live life at his pace. Early detection and innovative technology helped Myron keep the life he had before cancer.

"All this happened over a course of six months. We found it, we fixed it."

Myron Bernard, Lung Cancer Survivor

SRH Lung Cancer Diagnosis and Screening Information

Lung Cancer Screening Criteria:
The American Cancer Society recommends annual cancer screening with a low-dose CT scan (LDCT) for certain people at higher risk for lung cancer who meet the following conditions:

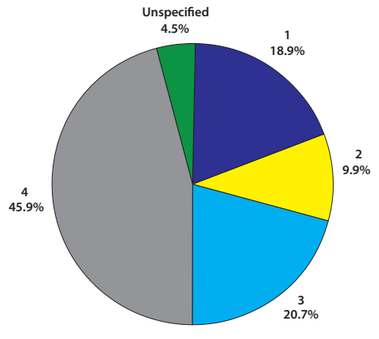
- Aged 55 to 74 years old and in fairly good health
- Currently smoke or have quit within the past 15 years
- Have at least a 30-pack-year smoking history

Benefits of Low Dose CT
Case vol. per year

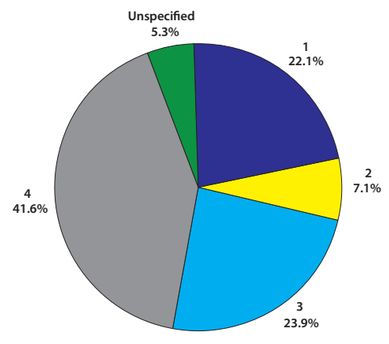
Benefits of Low Dose CT
Cases by Stage

2016	2018
Stage 1 Lung Cancer Cases Increased 26%	
Stage 4 Lung Cancer Cases Decreased 13%	

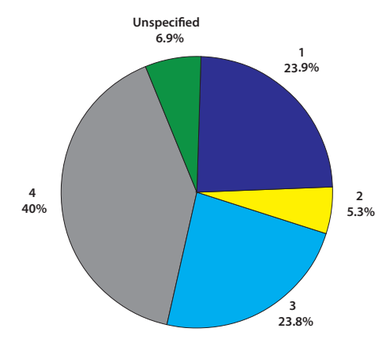
Lung Cases Stage 2016



Lung Cases Stage 2017



Lung Cases Stage 2018



Colorectal Cancer

In May of 2018, the American Cancer Society released updated guidelines for colorectal screening after a data analysis revealed cases of colorectal cancer occurring at an increasing rate among younger adults.

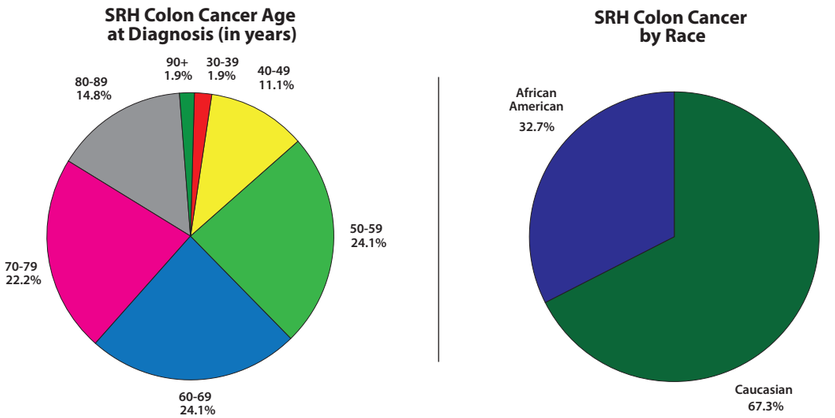
The ACS recommends that people at average risk of colorectal cancer start regular screening at age 45. This can be done either with a sensitive test that looks for signs of cancer in a person's stool (a stool-based test), or with an exam that looks at the colon and rectum (a visual exam).

For screening, people are considered to be at average risk if they do not have:

- A personal history of colorectal cancer or certain types of polyps
- A family history of colorectal cancer
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A confirmed or suspected hereditary colorectal cancer syndrome
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer

People at increased or high risk of colorectal cancer might need to start colorectal cancer screening before age 45, be screened more often, and/or get specific tests.

**American Cancer Society Guideline for Colorectal Cancer Screening*



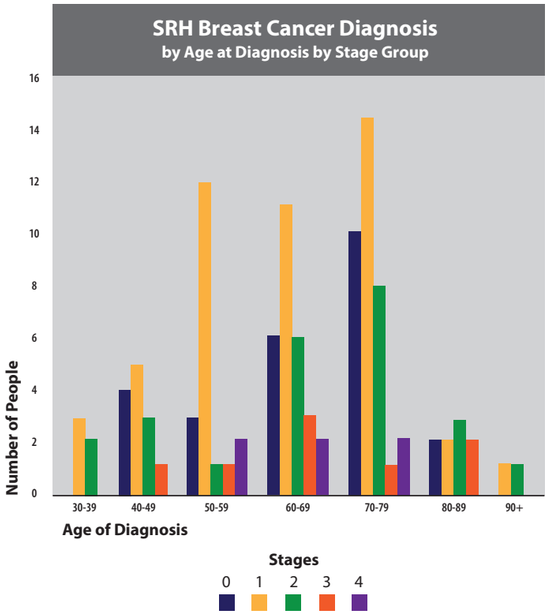
Breast Cancer Facts

- Each year in the United States, more than 200,000 women are diagnosed with breast cancer and more than 40,000 will die from the disease.
- Most breast cancers are found in women 50 years old or older, but breast cancer also affects younger women. About 11% of all new breast cancer cases in the United States are diagnosed in women younger than 45 years of age.
- Breast cancer is the second leading cause of death in women, second to lung cancer.
- It is important for women to be knowledgeable about warning signs and the importance of self-exams, as an estimated one in eight women will face a breast cancer diagnosis in her lifetime, according to the National Cancer Institute.
- The American Cancer Society estimates that over 200,000 women yearly will be diagnosed with invasive breast cancer.
- The leading risk factor is being a woman. Although men can be diagnosed, it is 100 times more common in women.

Factors that increase a woman's risk of breast cancer:

- **Genetics:** inherited changes in certain genes (including BRCA1, BRCA2 and others) increase the risk. Although these changes account for no more than 10 % of all breast cancers.
- **Family history:** a woman's chance of developing breast cancer increases if her mother, sister and/or daughter have been diagnosed, especially if they were diagnosed before the age of 50.
- **Personal history of breast cancer:** women who have had breast cancer are more likely to develop a second breast cancer.
- **Alcohol:** studies show that the more alcohol a woman drinks, the greater her risk of breast cancer.
- **Reproductive and menstrual history:** women who had their first menstrual period before age 12 or who went through menopause after age 55 have an increased risk of developing breast cancer. Women who had their first full-term pregnancy after age 30 or who have never had a full-term pregnancy are also at an increased risk.
- **Long term use of hormone therapy:** women who used combined estrogen and progestin menopausal hormone therapy for more than five years are at increased risk.
- **Body weight:** studies show that the chance of getting breast cancer is higher in women who are overweight or obese than in women of a healthy weight.
- **Race:** in the United States, breast cancer is diagnosed more in Caucasian women than it is in African American, Hispanic, Asian or American Indian women.

**Information from the National Cancer Institute*



Early Detection is Key

Guideline for women who are at average risk for breast cancer.

Ages 40-45	Ages 45-54	Ages 54 and Older
Women should have the option to start receiving annual breast cancer screening mammograms, if they wish to do so.	Women should receive an annual breast cancer screening mammogram.	Women can begin receiving their mammogram every two years, if they wish to do so, or they can continue receiving them annually. It is recommended that screening should continue as long as you are in good health and are expected to live 10 or more years longer.

American Cancer Society Recommendations for the Early Detection of Breast Cancer, 2017

SELF REGIONAL HEALTHCARE

CANCER CENTER

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