



**ARCHBOLD**

Lewis Hall Singletary Oncology Center

# Annual Report 2017



# In Review

2017

I am pleased to present our 2017 annual report for the Lewis Hall Singletary Oncology Center. This report reflects data and activities from 2017 for our cancer program, which is accredited by the American College of Surgeons Commission on Cancer. Oncology data is prepared, compiled, and submitted to the State of Georgia and the National Cancer Database (NCDB) by our Certified Cancer Registry. This case abstraction and review analyzes diagnoses, management, and follow-up of the cancer patients in our community.

The American College of Surgeons Commission on Cancer (CoC), represents only 30 percent of all healthcare institutions in the United States. The voluntary CoC accreditation process applies rigorous standards to assure patients access to the best cancer care and services. The CoC provides important metrics and tools that enable cancer centers to deliver comprehensive, high-quality, multidisciplinary, evidence-based, patient-centered care to all patients. For patients and their families, accreditation is an important measure of the high quality of care and commitment to excellence patients can expect from the Singletary Oncology Center and Archbold Medical Center.

We will continue to provide excellent care and management of oncologic cases in the community in the upcoming year. Our team of professionals providing the direction of our cancer program includes not only the dedicated staff and providers of the Singletary Oncology Center, but also requires the ongoing support and guidance of the John D. Archbold Memorial Hospital Administration as well as key services which contribute to a comprehensive oncology program, services such as radiology, surgery, palliative care and hospice care. Weekly multidisciplinary tumor boards continue to offer an additional avenue for our physicians to discuss cases and solicit professional opinions of colleagues to develop customized treatment options for our patients.

The future poses stimulating challenges, including increasing competition from cancer centers in surrounding areas, increasing costs of delivering cancer care, decreasing reimbursement for services delivered, difficulties recruiting and retaining staff and difficulties participating in clinical trials. As healthcare providers, it is important that we face these challenges with renewed vigor and continue to seek solutions.



We must be willing to think “outside the box”, utilizing creativity combined with the wealth of knowledge and experience available to us to continue to offer the best possible care despite any obstacles.

I continue to be honored and privileged to serve as the Administrator of the Oncology Center, and am proud of the continued growth of our program and the strategic lead we are taking in providing cancer care the surrounding community.

Dr. Rebecca Troyer, DHA  
Administrator, Oncology and Palliative Care

# 2017 Cancer Committee Members

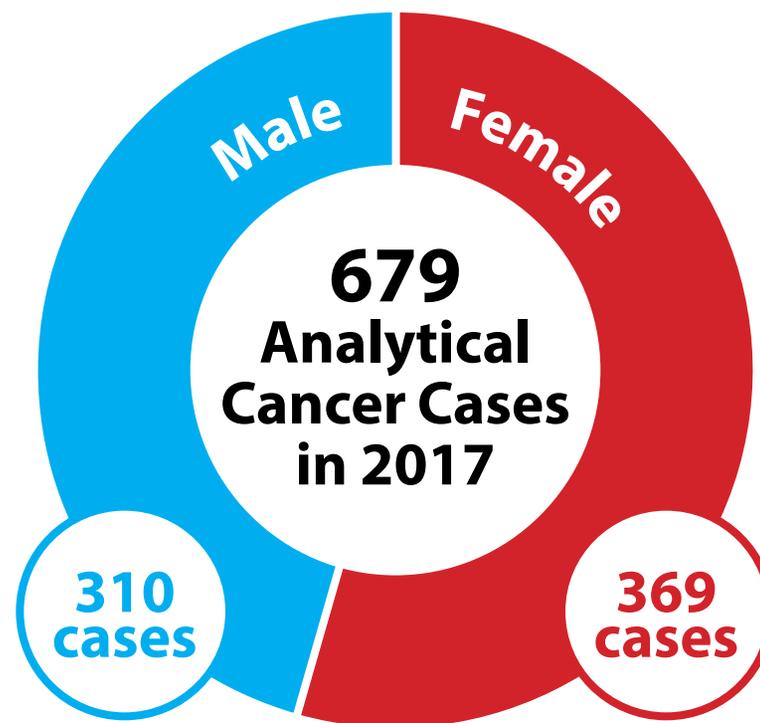
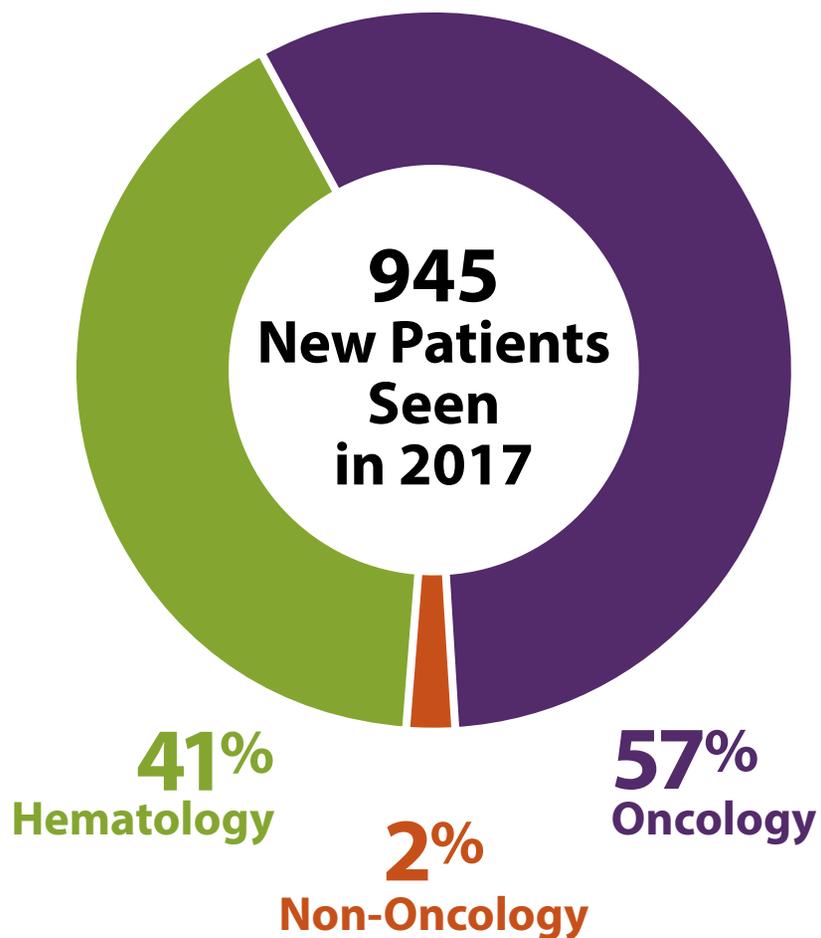
The Cancer Committee provides oversight for the Cancer Program at Archbold Memorial Hospital. Under the direction of the members of the Cancer Committee, multidisciplinary cancer conferences were held weekly. The 2017 meetings were open to Archbold medical staff members for case presentation and review. Ancillary and other professional support staff attended cancer conference meetings for diagnosis and treatment planning discussion.

|   |  |   |  |   |
|---|--|---|--|---|
| Dr. Amanda May<br>Chair/Medical Oncology              | Dr. Edward Wright<br>Pathology alternate                             | Sharika Brown<br>Cancer Conference<br>Coordinator                 | Jean Phipps<br>Cancer Program<br>Administrator alternate     | Lynn Kappel<br>CTR/Cancer Registry<br>Quality Coordinator |
| Dr. Teresa Coleman<br>Medical Oncology<br>alternate   | Dr. John Mansberger<br>Surgery                                       | Stephanie Dennis<br>Cancer Conference<br>Coordinator              | Ken Brooker<br>Palliative Care                               | Frances Turner<br>CTR alternate                           |
| Dr. Steve Johnson<br>CLP/Radiation Oncology           | Dr. Lorraine Williams<br>Surgery alternate                           | Todd Bennett<br>Community Outreach<br>Coordinator                 | Amanda Potter<br>Palliative Care                             | Paula White<br>Oncology Nurse                             |
| Dr. David Saunders<br>Radiation Oncology<br>alternate | Marissa Chase<br>Psychosocial Services<br>Coordinator/Social Worker  | Mark Lowe<br>Community Outreach<br>Coordinator alternate          | Amy Griffin<br>Palliative Care alternate                     | Ann Hatcher<br>Oncology Nurse alternate                   |
| Dr. Jakki Smith<br>Radiology                          | Rachel Sellars<br>Psychosocial Services<br>Coordinator/Social Worker | Becky Troyer<br>Cancer Program<br>Administrator/QI<br>Coordinator | Tiffany Woolum<br>Clinical Research<br>Coordinator           | Barbra Crumpacker<br>Nutritional Services                 |
| Dr. Gregory Roesel<br>Radiology alternate             | Debbie Beeson<br>Psychosocial Services<br>Coordinator alternate      | Yvette Thomas<br>QI Coordinator alternate                         | Lisa Speigner<br>Clinical Research<br>Coordinator alternate  | Dr. Coy Irvin<br>Chief Medical Officer                    |
| Dr. John Pham<br>Pathology                            | Cherie Avery<br>Cancer Conference<br>Coordinator                     |   | Shelli Roberts<br>Clinical Research<br>Coordinator alternate | Brooke Wright<br>American Cancer Society                  |
|   |  |   |  | Jessica Davis<br>American Cancer Society                  |

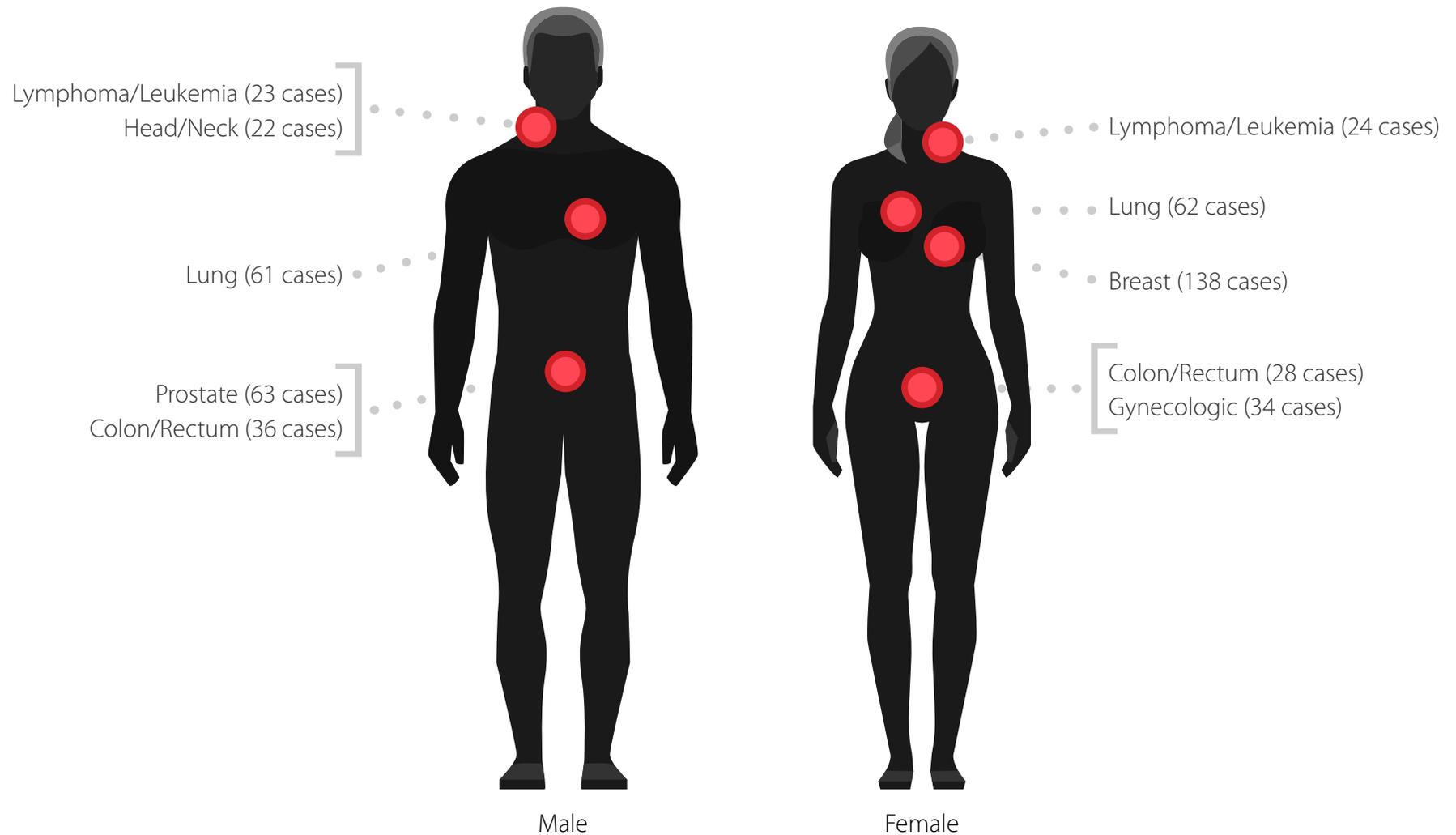
# 2017 Cancer Statistics

Lewis Hall Singletary Oncology Center remained steady in the number of analytical cases for 2017.

*Analytic cases are cases for which the hospital provided the initial diagnosis of cancer and/or for which the hospital contributed to first course treatment*



# The Five **Most Common** Cancer Sites in 2017



# All Cancer Sites by Incidence in 2017

Compared to 2016 statistics, breast cancer continued to hold the highest incidence among women referred to the oncology center. Prostate cancer surpassed lung cancer in 2017 as the highest incidence of cancer among men referred to the oncology center.

*In the graph below, the size of each circle represents the number of analytic cancer cases per site.*



# Singletary Oncology Center Welcomes Nurse Practitioners

When it comes to getting excellent healthcare, doctors aren't the only providers. In fact, at many medical offices, a nurse practitioner (NP) might be the one to take care of you.

Nurse practitioners are highly trained and qualified healthcare providers that work closely with physicians to take care of patients. They're registered nurses who have additional medical training and national certification, and also either a master's or a doctoral degree. Like doctors, nurse practitioners can diagnose and treat many illnesses and injuries. And they consult with doctors when needed.

In 2017, the Singletary Oncology Center welcomed two new nurse practitioners.

**Shay Schie, NP-C**, earned a Bachelor of Science degree in nursing from Valdosta State University and a Master of Science degree in nursing from South University in Savannah.

**Amber Patel, NP-C**, earned a Bachelor of Science degree in nursing and a master of science degree in nursing, both from Valdosta State University.



*Shay Schie, NP-C*



*Amber Patel, NP-C*

# Racial Disparities in Early Stage Breast Cancer (Stage I, IIA, or IIB)

*Dr. Steve Johnson*

Data previously reported at the Cancer Committee led select committee members to question whether there are racial disparities in early stage breast cancer. Discussion led to the possibility of a two-part retrospective study to first review previous treatments and survival rates from approximately 10 years ago, with a future study to review and compare results with current treatments and survival rates.

## Methodology/Analyses

### *In-depth Analysis of Patient Records*

For the purposes of this study, early stage breast cancer cases were reviewed from 2007 through 2008. Early stage was defined as AJCC stages I, IIA, and IIB. 208 cases were originally identified for breast cancer in 2007-2008; continued filtering by stage identified 149 cases, with an additional filtering by ER/PR status, eliminating unknowns, left a remaining 112 eligible cases for this study.

Of the 112 eligible cases, 79 patients were white (70.5%) and 33 patients were black (29.5%). The terms “white” and “black” were used strictly for classification purposes, and the information was abstracted from registration information provided by the patients.

Cases were further classified according to treatment modality, to include surgery alone; surgery and chemotherapy and/or hormones; surgery and radiation; and surgery with radiation and/or chemotherapy and/or hormones.

Cases were filtered separately by stage alone, which determined 57 cases of Stage I, with 80.7% white patients and 19.3% black patients. Stage IIA saw 35 cases with 34% black and 66% white, and, interestingly, stage IIB cases were exactly 50% black and white, with 20 total cases.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology v. 3.2017 were referenced for evaluation and treatment management for each case. Previous versions of the NCCN guidelines were also referenced through further investigation of scholarly articles (Burstein, Carlson, Kiel, 2007; Lyman et al, 2008). First course of therapy for these cases were noted to be concordant with evidenced-based national treatment guidelines and prognostic indicators. Deviations from guidelines were investigated for comments in the tumor registry; it was noted that in all cases reviewed deviation from a planned course of treatment was due primarily to patient choice, and deviations were not determined to be linked to any race.

## Summary

Of the 21 cases that had only surgery, 13 patients were white and eight were black. There were a variety of stages, all patients had a mastectomy, and various ER/PR statuses were noted. Twelve of these patients are currently deceased, seven white and five black patients. No discrepancies were identified.

The only anomaly identified which could be perceived as a racial disparity was found in the identification of a large percentage of stage I breast cancers being white (80.7%). The treatment modality of surgery in combination with radiation and hormones also reflected an all-white population as might be expected due to the high number of stage 1 cancers initially identified. Interestingly, all of the 18 eligible patients who had surgery with radiation and hormones were white. 17 patients were stage 1 and 17 were ER/PR negative. Nine patients had a lumpectomy and nine had a partial mastectomy. These findings may be perceived as a racial disparity in the screening and diagnosis of breast cancer in the local white population, as white patients were predominant in the stratification of the earlier stage. Analysis and interpretation may lead one to perceive that white patients are being diagnosed at

an earlier stage and therefore have better outcomes than black patients. The percentage of patients identified as eligible for this study would also lend itself to support for this assumption, with only 29.5% of all early stage breast cancer cases being black patients.

No racial disparities were identified in the actual treatment of breast cancer based on stage or ER/PR status. Race also did not appear to be a significant factor when examining survival following treatment, regardless of treatment or stage, other than the earlier mentioned anomaly.

## Recommendations

Further analysis is warranted to compare these results with more current results to determine if racial disparities do exist within our oncology program for early stage breast cancer. As a performance improvement, it is recommended that outreach efforts target the black population to increase awareness and education, to decrease any perception of racial inequalities. A second performance improvement is suggested to further examine racial disparities in access to screening and prevention programs and possibly examine socioeconomic factors that may contribute to a disproportionate number of cases based on race in the local community. Finally, the Cancer Committee suggested that oncology further study what percentages of white versus black patients have what they can identify as a primary care provider, and that the data is analyzed on a pro rata basis as opposed to absolute numbers to more accurately reflect percentages in our population.

## References

- Burstein, H.J., Carlson, R.W., and Kiel, K. (2007). NCCN Clinical Practice Guidelines in Oncology: Breast Cancer. Online <https://www.medscape.org/viewarticle/551551>.
- Lyman, G.H., Edge, S.B., Theriault, R.L., and Ward, D.H. (2008). NCCN Clinical Practice Guidelines in Oncology Symposium: Breast Cancer. Online <https://www.medscape.org/viewarticle/584536>.
- NCCN. (2017). NCCN Clinical Practice Guidelines in Oncology: Breast Cancer v. 3.2017. Online [https://www.nccn.org/professionals/physician\\_gls/pdf/breast.pdf](https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf).

# Archbold Hosts 6th Annual **Pink Affair Fashion Show**

Breast cancer remains the most common cancer among women other than skin cancer. It's the second-leading cause of cancer death, and about one in eight women will develop the disease in their lifetime. The disease consistently remains one of the most common cancers treated at Archbold's Lewis Hall Singletary Oncology Center.

On October 26, 2017, the Singletary Oncology Center hosted the sixth annual Pink Affair, a benefit fashion show featuring local cancer survivors. The presenting sponsor for the event was Thomasville Toyota.

A silent auction featuring art by cancer survivors was held, and a celebration honoring the

models followed the fashion show with food and live music from Thomasville band Bleu Burden.

The event raised \$40,000, which was designated to help cover the cost of breast prostheses and mastectomy bras for patients that are unable to afford them. These services are provided through the Beeson Boutique located in the Singletary Oncology Center.

The boutique offers:

- Breast prostheses and fittings
- Post-masectomy bras and fittings
- Post -surgical camisoles
- Wigs
- Hair wraps and scarves

*The Beeson Boutique was designed to help patients and survivors look and feel their best. Conveniently located at Archbold's Singletary Oncology Center, our certified cancer navigator utilizes the boutique to assist with fittings for breast prostheses, post-mastectomy bras and post-surgical camisoles.*



*The sixth annual Pink Affair, a benefit fashion show featuring cancer survivors, raised \$40,000 to help fund breast prostheses and other equipment for Lewis Hall Singletary Oncology Center patients.*

*Archbold's clinical research team partners with pharmaceutical companies on clinical trials, and also recently began a partnership with Emory's Winship Cancer Institute. The hospital recently became the first site open, with the first patient enrolled with bladder cancer, in the Phase III trial of ipilimumab and nivolumab versus cisplatin and gemcitabine in metastatic bladder cancer. This trial is one of several that Archbold is participating in to pioneer new and emerging cancer treatments for patients from any region.*

## Archbold Clinical Trial Becomes **First**

Archbold Medical Center's Lewis Hall Singletary Oncology Center is quickly becoming a regional destination for cancer patients seeking innovative clinical trials.

The hospital recently became the first site open with the first patient enrolled with bladder cancer in the Phase III trial of ipilimumab and nivolumab versus cisplatin and gemcitabine in metastatic bladder cancer. This trial is one of several that Archbold is participating in to pioneer new and emerging cancer treatments for patients from any region.

"The trial for treating metastatic bladder cancer is being conducted with pharmaceutical company Bristol-Myers Squibb, and will help determine if immunotherapy, versus the current chemotherapy that is standard for bladder cancer treatment, is more effective," said Archbold medical oncologist Teresa Coleman, MD.

"The benefit of this therapy is that it is much less toxic than traditional chemotherapy," Coleman said.

During the trial, both the immunotherapy is administered intravenously, every three weeks. Dr. Coleman said that the regimen has shown such promise that it is now in phase three of research.

According to the U.S. National Library of Medicine, clinical trials go through four phases of testing. In phase three, treatment is given to large groups of people to confirm its effectiveness, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.

In phase four, studies are done after the drug or treatment has been marketed to gather information on the drug's effect in various populations and any side effects associated with long-term use.

"Archbold has partnered with pharmaceutical companies on clinical trials for five years, building their positive reputation as a research facility," said Coleman, who serves alongside medical oncologist Josh Simmons, MD, as medical director of clinical trials.

"This helps our patients, so they don't have to travel great distances to receive the treatment," explained Simmons. "They can gain access to the latest and greatest medications, and the trials are an outlet for new medications to become the standard of care."

Another recent trial at Archbold researched the treatment of breast cancer, and included the first male breast cancer patient that the trial had been able to include. Simmons said that by leading these trials, Archbold can give patients quicker access to medications that aren't yet widely available.

"We're comparing the newest medication against the standard," Simmons said, explaining that research conducted at Archbold is setting the medical industry standard. "Patients are already getting the best



medication there is, but they're also getting access to treatment that could work even better."

In addition to the multiple studies conducted with pharmaceutical companies, Archbold also recently began a partnership with Emory's Winship Cancer Institute, which will allow them to participate in innovative research trials in collaboration with other medical centers as part of a cooperative group.

Both Simmons and Coleman are excited about the access to new medication, that patients may have previously traveled to large academic medical centers in Atlanta, Augusta or Gainesville, Florida to find.

"To allow our patients to stay in town is crucial," Simmons said. "Some of these patients are really too sick to travel."

"Look at what you have in your own community," Coleman added. "Don't make the assumption that just because you're in a small town, you don't have access to these types of programs."