We have enjoyed a year of growth in our oncology program. Each year it amazes me what our physicians and staff have achieved, and 2017 has been no different. We welcomed Angie Ledford to her new role as clinical manager in medical oncology, expanded our patient navigation services by adding an additional navigator, and moved a navigator into the role of lung nodule navigator. We also welcomed two nurse practitioners to our provider team; Ericka Etherington, NP, joined Dr. Zook in radiation oncology, and Allison Wendall, NP, joined Dr. Parshad in medical oncology.

The hospital foundation continues to help our program tremendously. We appreciate the donations that are made to the foundation, as well as those who participate in the programs that raise money to help our patients, such as Community Chefs and Community Walk of Life. Our navigators work with the foundation to help pay for patient prescriptions, utilities, groceries, wigs, gas cards, and transportation. The donations also helped with purchasing equipment for our treatment machines, a recliner chair for radiation oncology, a television for patients to watch while receiving radiation treatment, and robes for women to wear while undergoing breast cancer treatment. Thank you to all who have supported us and our patients; it means more than words can say.

Although we have had a successful year, we will keep pushing forward with cancer screenings and research to help with early detection and the fight against cancer. I am always proud to say that I am part of a great oncology team at Community Hospital Anderson.

*Marsha Sherrell, director of Cancer Services*

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**Community Cancer Care staff**

Jennifer Zook, MD, radiation oncologist  
Shiroo Parshad, MD, medical oncologist  
Bilal Siddiqui, MD, medical oncologist  
Natraj Reddy Ammakannavor, MD, medical oncologist  
JoLyn Veza, ANP, OCN, medical oncology nurse practitioner  
Ericka Etherington, ANP, radiation oncology nurse practitioner  
Marsha Sherrell, administrative director oncology  
Angie Ledford, RN, clinical manager oncology  
Lori Real, radiation oncology manager  
Katie Elliott, OPN-CG, oncology quality and navigation manager  
Sharlet Gandy, office manager, medical oncology  
Michelle Anders, OPN-CG, lung navigator  
Debbi Smith, oncology patient navigator  
Jill Hensley, RN, BSN, CN-BN, breast health navigator  
Pam Davis, RN, BSN, CN-BN, OCN-CG, breast health navigator  
Tere Osio, MSW, oncology patient navigator  
Paula Bilyeu, navigation support specialist  
Amanda Daughhetee, front office assistant  
Jamie Johnson, front office assistant  
Shannon Riggins, front office assistant  
Nicole Henson, front office assistant  
Rhonda Goodman, front office assistant  
Mary Kleeberg, insurance verification specialist  
Vicki Walsh, CHONC, charge analyst  
Cassie Eller, medical records technician  
Paxton Quinn, scheduler  
Allison Dill, scheduler  
Chris Pohland, RPH, pharmacist  
Charla Weir, RPh, pharmacist  
Penny Metsker, pharmacy technician  
Linsey Patterson, pharmacy technician  
Judy Overby, RN, OCN  
Stanna Kirchenbauer, RN, OCN  
Terri Reason, RN, OCN  
Melanie King, RN  
Joni Goodpaster, RN  
Melissa Jessie, RN  
Beth Romine, RN, RT(T)(ARRT)  
Kristi Gill, RN  
Sunny Youtsey, RN  
Stacey Huffman, LPN  
Robin Durham, LPN  
Crystalina Smith, LPN  
Kasey Stansberry, RT(T), CMD, dosimetrist  
Ana Mihail, MS, DABR, physicist  
Melissa Andrews, RT(T)(ARRT), lead radiation therapist  
Heather Clawson, RT(T)(ARRT), radiation therapist  
Erin Link, RT(T)(ARRT), radiation therapist  
Reid Hensley, RT(R)(T)(ARRT), radiation therapist  
Brandy Brewster, RT(T)(ARRT), radiation therapist  
Nancy Crockett, RT(T)(ARRT), radiation therapist  
Kristi Kitz, RT(T)(ARRT), radiation therapist  
Leigh Ann Hayes, CTR, cancer registrar  
Nancy Hunt, CTR, cancer registrar  
Judy Wood, CMF, certified mastectomy fitter
Cancer Committee

The cancer committee leadership is responsible for goal setting, as well as, planning, initiating, implementing, evaluating and improving, all cancer-related activities. Our organization is accredited by the American College of Surgeons/Commission on Cancer.

Jennifer Zook MD, radiation oncologist, COC liaison
Boguslaw Uchman, MD, pathologist, chair
Bilal Siddiqui, MD, medical oncologist/hematologist
Roger Brockman, MD, diagnostic radiologist
D. Benjamin McCurdy, MD, general surgery including breast surgery
Marsha Sherrell, administrative director oncology, community outreach coordinator
Carol Whitesel, RN, vice president of patient care services
Beth Tharp, RN, president/CEO
Angie Ledford, RN, clinical manager oncology
Katie Elliott, OPN-CG, oncology quality and navigation manager, quality improvement coordinator
Nancy Hunt, CTR, cancer registrar, cancer registry coordinator
Leigh Ann Hayes, CTR, cancer registrar, cancer conference coordinator
Pam Davis, RN, BSN, CN-BN, ONN-CG, breast health navigator
Jill Hensley, RN, BSN, CN-BN, breast health navigator
Michelle Anders, OPN, CG, lung navigator, palliative care team member
Tere Osio, MSW, oncology patient navigator
Debbi Smith, oncology patient navigator
Valarie Godfrey, RT (R) (M), women’s center manager
Stanna Kirchenbauer, RN, ONC, oncology nurse
Pat Woods, RN, director case management
Sonia Smythe, RN, quality assurance
Danielle Olney, MBA, RD, CSO, CD, oncology specialized dietitian
Jodi Nixon, PhD, HSPP, psychologist
Chris Pohland, RpH, oncology pharmacist
Layne Jackson, RN, clinical research coordinator
Lesia McBride, NP, administrative clinical research director
Stephanie Metz, PT, certified lymphedema specialist
Leah Campbell, marketing/community relations director
Judy Wood, CMF, certified mastectomy fitter
Rebekkah Krukenberg, MS, CGC, LGC, certified genetics counselor
Dick True, chaplain
Paul Brown, American Cancer Society
Dr. Reddy is board-certified in medical oncology and hematology. He attended medical school at Mysore Medical College in Mysore, India. Completed his residency at St. Luke's Roosevelt Hospital Center in New York City. He completed his fellowship in hematology/oncology with Indiana University Health.

Bilal Siddiqui, MD

Dr. Siddiqui is board-certified in medical oncology and hematology. He completed his residency at Long Island Jewish Center, New York and his fellowship at IU Medical Center in Indianapolis.

Natraj Reddy Ammakkanavar, MD

Dr. Reddy is board-certified in medical oncology and hematology. Dr. Reddy attended medical school at Mysore Medical College in Mysore, India. Completed his residency at St. Luke's Roosevelt Hospital Center in New York City. He completed his fellowship in hematology/oncology with Indiana University Health.

Shiroo Parshad, MD

Dr. Parshad is board-certified in medical oncology and hematology. She attended medical school at All India Institute of Medical Sciences in New Delhi and completed her residency at Albert Einstein Medical Center in Pennsylvania.
Cancer conference, tumor board, breast conference

Physicians, nurses, and other support staff meet twice monthly to discuss newly diagnosed cancer cases. Surgeons and Oncologists review their cases with other specialties and peers, reviewing national guidelines and clinical staging, as well as discussing the best option for their patient's treatment. Radiologists review the patient's films with the physicians, and pathologists review their findings from biopsies or surgery specimens.

Gathering in a multi-disciplinary fashion allows physicians to not only talk to their same specialty about their case, but also their referring physician about the care of their patient. This allows for the team taking care of the patient to know what everyone has planned. The nurses are informed about the expectations of the physicians and make recommendations regarding patient care from a nursing perspective. Clinical research is discussed regarding care of the patient and the availability of clinical trials within the area.

Cancer conference/tumor board is made of general surgeons, medical oncologists, radiation oncologist, OB/GYN, urology, diagnostic radiology, pathology, oncology nursing, nurse navigators, social services, cancer registry, rehab, clinical research, and cancer services administrators.

Our cancer conference includes representatives from all areas of patient care.

Program Accreditations
A study of time intervals for lung cancer patients

Lung cancer is one of the most commonly diagnosed cancers at Community Hospital Anderson. Unfortunately, most patients are diagnosed in later stages. This year our cancer committee felt we needed to take a look at our lung cancer cases and assess the time from diagnosis to treatment.

Utilizing data from the year 2016, we had 74 patients diagnosed with lung cancer at Community Hospital Anderson. Only 13 cases were considered early-stage lung cancers (stage 1 and 2), and there were 57 cases that were considered advanced-stage lung cancers (stage 3 and 4). Four cases had unknown stages. A very important variable is the time the patient is suspected of having lung cancer to the time they are seen by our physicians to confirm a diagnosis of lung cancer and receive their first treatment. Prompt diagnosis and treatment helps patients and their families overcome the anxiety of waiting. This also possibly improves overall survival as the average time it takes for lung cancer to double in size can be as short as three months.

Here we present Community Hospital Anderson’s time intervals to diagnosis, first appointment with an oncologist, and the time to first treatment, and compare them to the American Society of Clinical Oncology (ASCO) time intervals for patients in 2016 as a national benchmark. We are proud to say that our team is doing an excellent job in getting our patients seen promptly as compared to the national average.

We have a special team of navigators, including a navigator dedicated to lung cancer, who makes sure that our patients are promptly taken care of.
Our cancer team recognizes that most of our lung cancer patients are diagnosed in more advanced stages, which is higher than the national average. Therefore, the cancer committee recommended the development of a Lung Nodule Program for early detection and treatment of lung cancer, which was a goal we completed in 2017. In addition to this, we need to continue to educate our patients and primary care physicians of the symptoms of lung cancer. We also need to better educate our population about the harmful effects of smoking. In the future we plan to start a smoking cessation program for our patients to assist them in quitting smoking which, in turn, will help treatment to be more effective.

Reference:
### 2016 Annual Cases

<table>
<thead>
<tr>
<th>Site</th>
<th>All</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>87</td>
<td>86</td>
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</tr>
<tr>
<td>Lung</td>
<td>74</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>Colorectal</td>
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<td>24</td>
<td>28</td>
</tr>
<tr>
<td>Prostate</td>
<td>43</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>Bladder</td>
<td>23</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Non Hodgkins Lymphoma</td>
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</tr>
<tr>
<td>Kidney</td>
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<td>7</td>
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<tr>
<td>Melanoma</td>
<td>14</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>Esophagus</td>
<td>13</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Pancreas</td>
<td>11</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Tongue</td>
<td>11</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Brain/Other Nervous</td>
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<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Uterine</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Leukemia</td>
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<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Cervix</td>
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<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Pharynx</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Hodgkins Lymphoma</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Nasal Cavity</td>
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<td>1</td>
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</tr>
<tr>
<td>Stomach</td>
<td>3</td>
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<td>3</td>
</tr>
<tr>
<td>Mouth</td>
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</tr>
<tr>
<td>Penis</td>
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</tr>
<tr>
<td>Vagina</td>
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<td>0</td>
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<tr>
<td>Ovarian</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other Skin Cancers</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Larynx</td>
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</tr>
<tr>
<td>Gallbladder</td>
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<td>0</td>
</tr>
<tr>
<td>Liver</td>
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<td>1</td>
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</tr>
<tr>
<td>Anal Canal</td>
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<tr>
<td>Small Intestine</td>
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<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Salivary Gland</td>
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<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>432</td>
<td>222</td>
<td>210</td>
</tr>
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</table>

### Stage at diagnosis

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<tr>
<th>Site</th>
<th>In Situ</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>Unk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>14</td>
<td>39</td>
<td>25</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Lung</td>
<td>0</td>
<td>11</td>
<td>2</td>
<td>19</td>
<td>38</td>
<td>4</td>
</tr>
<tr>
<td>Colon</td>
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<td>16</td>
<td>6</td>
<td>11</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Prostate</td>
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<td>8</td>
<td>29</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Bladder</td>
<td>6</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

### Age at diagnosis

<table>
<thead>
<tr>
<th>Site</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>50-59</th>
<th>60-69</th>
<th>70-79</th>
<th>over 80</th>
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</thead>
<tbody>
<tr>
<td>Breast</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>16</td>
<td>37</td>
<td>16</td>
<td>6</td>
</tr>
<tr>
<td>Lung</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>18</td>
<td>22</td>
<td>24</td>
<td>7</td>
</tr>
<tr>
<td>Colon</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>10</td>
<td>16</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Prostate</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>16</td>
<td>17</td>
<td>0</td>
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<tr>
<td>Bladder</td>
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<td>0</td>
<td>3</td>
<td>4</td>
<td>12</td>
<td>4</td>
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</tbody>
</table>
Patient navigation

The Oncology Navigation Program at Community Hospital Anderson began in 1999 with breast cancer patients, but has since expanded to include navigation for all cancer patients. A navigator works as a guide, resource, advocate, educator, and liaison for you and your family. They are your consistent caregiver through your cancer treatment, coordinating appointments and schedules, guiding you with your plan of care. We now have five patient navigators. Debbi Smith and Tere Osio are the general oncology navigators, Michelle Anders is the lung nodule navigator, and Jill Hensley, RN, and Pam Davis, RN, are the breast health navigators. Paula Bilyeu serves as navigation support.

General oncology

Upon diagnosis, each patient meets with Michelle, Debbi, or Tere. The navigators work with all physicians involved in a patient’s care to provide seamless navigation throughout their cancer journey. The navigators can be a patient’s primary resource when they are unsure who to call or what to do in any situation. The navigator will help to ease the burden for the patient by connecting them with resources before, during and after treatment. Also, the navigation team continues to follow all patients, for at least five years after their treatment is completed, working with the patient’s oncologist to provide a survivorship care plan. The navigators are always available for their patients and provide exceptional care outside of the direct patient care that we pride ourselves in already.

Breast health

Jill and Pam meet with every patient who has a breast biopsy. While many of these patients will not be diagnosed with cancer, the navigators are there to assist and provide support during an uncertain time.

Once a patient receives a breast cancer diagnosis, the navigators will coordinate his or her care – working with the primary care provider, surgeon, and oncologists to make sure the patient is receiving all the necessary treatments. They provide educational materials, and check health and family history, making referrals for genetic testing when appropriate. The navigators continue to provide follow up on their patients for at least five years after treatment, and then work with the patient’s oncologist to provide a survivorship care plan.

Jill and Pam are also active in the community, advocating for women’s health. They speak to groups and encourage all women to regularly receive clinical breast exams and mammograms. They are both certified to provide free clinical breast exams by appointment.

If patients are uninsured or underinsured, the navigators can connect them with one of our programs to help pay for these services. Community receives grants that provide funding for screening and diagnostic mammograms, as well as breast ultrasounds and biopsies. Community is a provider of the Indiana Breast Cancer/Cervical Cancer Program (BCCP) for women between the ages of 40-59.
Clinical Research

Community Clinical Research Center conducts clinical trials in many specialties. Our patients benefit from this research by gaining access to new treatments before they are widely available. Also, research patients receive top quality medical care and close monitoring by board-certified physicians, as well as our clinical research staff.

Current trials:

• Novartis Signature - pathway activated tumor therapy study
• University of Nebraska - breast cancer registry trial
• Janssen Cassini - cancer and DVT trial
• Hoosier Cancer Research Network - triple negative breast cancer study
• Bristol-Myers Squibb Research - non-small cell lung cancer
• Exact Sciences - lung cancer study

Cancer Registry

Certified tumor registrars, Nancy Hunt and Leigh Ann Hayes, work in cancer registry at Community Hospital Anderson, collecting patient data and entering it into a database. This is sent to the state registry and the national cancer database. This information is disseminated anonymously by the American College of Surgeons Commission on Cancer. Information provided through this database includes patient survival, age at diagnosis, staging at diagnosis, and treatment. This data goes into a national database for local and national comparison. The cancer committee reviews the data annually.

Lymphedema

People who have had surgery to remove lymph nodes and/or radiation therapy are at risk for developing lymphedema, a condition that causes significant swelling of the arm or leg due to extracellular fluid buildup in that part of the body. Community Hospital Anderson’s cancer program provides comprehensive lymphedema services, beginning with diagnosis. Community’s navigators are trained to administer L-Dex, a measurement system that aids in the assessment of lymphedema. The L-Dex can diagnose lymphedema in its earliest stage, before symptoms are obvious to the patient or physician. Patients who are diagnosed are then referred to see our certified lymphedema specialist for treatment.

Psychosocial therapy

A cancer diagnosis can be devastating; not just for the patient, but for his or her family as well. Jodi Nixon, PhD, psychologist, visits the cancer center each week. She meets with patients and/or their families, providing support and guidance during this difficult time.

Jodi Nixon, PhD, HSPP, psychologist
Nutrition

Danielle Olney, board certified oncology specialized dietitian, meets with patients before, during, and after their medical and radiation oncology treatments to help them meet their survival and lifestyle goals. Chemotherapy can cause side effects such as a poor appetite, nausea, vomiting, diarrhea, and/or constipation. Danielle assists her patients in curtailting these side effects and maintaining their lean muscle mass. She also reviews any potential nutrition related interaction that could occur with the various chemotherapy drugs and provides that education to the patient. Danielle provides tailored high calorie or high protein recipes to patients and offers nutritional guidance for those who must use a feeding tube.

Danielle's board certification helps solidify her experience in oncology nutrition and provides her with professional resources.

To earn this certification, she was required to have at least 2000 hours of oncology experience in the past five years, two years of experience as a dietitian, and pass an exam. She is one of only 16 certified oncology specialized dietitians in Indiana.

Cancer Genetic Counseling

Mutations are a factor in all cancers, but mutations associated with hereditary cancer syndromes can be inherited from a person's parents. It is estimated that inherited mutations play a role in the development of about 5 to 10 percent of all cancers. Cancers commonly associated with family history include breast, colorectal, ovarian, prostate, and endocrine.

Patterns in family members may indicate a hereditary cancer syndrome. Some family history patterns that indicate an increased risk for a hereditary cancer syndrome are young age of cancer diagnosis, similar cancers in multiple family members, and certain combinations of cancer types. Genetic testing for hereditary predisposition to disease such as cancer can help determine the following:

- If a person's condition is the result of an inherited syndrome.
- Whether or not family members have a suspected gene mutation.
- If a person with no symptoms has the same gene mutation as known carriers in the family, and is therefore at increased risk of developing disease.
- A person's chance of passing on a genetic disorder to children.

Genetic counseling and testing is offered at Community Cancer Care by referral from an oncologist. The genetic counselor will counsel the patient and family on genetic testing and what testing options may be right for them.

Integrative therapy

Community Hospital Anderson introduced integrated therapy in 2015 at our medical oncology center. Integrative therapy has been shown to help a patient heal and feel relaxed.

The program includes pet and massage therapies. Patients can relax when a therapy dog is present and petting a dog can calm a person who is angry, afraid, upset or depressed. Patients and staff look forward to visits from Moose, the German Shepherd pet therapy dog. A massage therapist provides hand and foot massages to patients during their treatments. The integrative therapy program has received excellent reviews from patients, and we look forward to growing this program as we move forward.
Cancer treatment can be difficult for patients and unfortunately, often leads to unwanted side effects. Our quality of life team helps to treat the physical and mental conditions that develop as a result of cancer by providing comfort, relieving symptoms and easing the distress caused by disease and treatment. This palliative care surveillance team is led by the patient navigators and includes oncology nurses, radiation therapists, dietitians, wound center nurses, speech and physical therapists and case managers. The team works to manage patients’ side effects and to continue living life as fully and completely as possible. We believe this inclusive approach enables patients to feel better and regain strength and hope.

Palliative Care/Surveillance Team

Katie Elliott, OPN-CG, oncology quality and navigation manager
Michelle Anders, OPN-CG, lung navigator
Jill Hensley, RN, BSN, CN-BN, breast health navigator
Pam Davis, RN, BSN-CN-BN, ONN-CG, breast health navigator
Tere Osio, MSW, oncology patient navigator
Debbi Smith, oncology patient navigator
Marsha Sherrell, administrative director oncology
Angie Ledford, RN, clinical manager oncology
Pat Woods, RN, director case management
Danielle Olney, MBA, RD, CSO, CD, oncology specialized dietitian
Jackie Eddleman, MHS, CCC-SLP, speech therapist, rehab services representative
Kandace Poole, Community Long Term Care
Jodi Nixon, PhD, HSPP, psychologist
Nancy Hunt, CTR, cancer registrar
Leigh Ann Hayes, CTR, cancer registrar
Layne Jackson, RN, clinical research coordinator
Lori Real, radiation oncology manager
Melissa Andrews, radiation oncology representative
Beth Romine, RN, RT(T)(ARRT)
Kristi Gill, RN

Funded breast programs

There are many women in our community who are uninsured or underinsured and cannot afford an annual mammogram, or the necessary follow up care. With a grant from the Indiana Breast Cancer Awareness/License Plate Grant (IBCAT), and as a provider of the Breast and Cervical Cancer Program (BCCP), Community Hospital Anderson’s breast center has found the resources to provide services to these women. In 2016 we served 153 women with these funds.

- **Free Mammograms**
  - 47 with IBCAT funds
  - 38 with BCCP funds

- **Free Breast Ultrasounds**
  - 20 with IBCAT funds
  - 19 with BCCP funds

- **Free Pap Smears/Cervical Screenings**
  - 29 with BCCP funds

For more information about the services available in our breast center, please call 765-298-1617.
The Comfort Shoppe

Our boutique provides the full shopping experience for breast cancer survivors and their families. The shop offers personally fitted forms, bras, bathing suits, and lingerie. It also offers many hats, breast cancer gifts, and inspirational items. Radiation/post-mastectomy garments, bras, and breast forms are covered yearly by Medicare and most insurance plans. Judy Wood, certified mastectomy fitter, provides each patient with a personal consultation.

The Comfort Shoppe is conveniently located right next to Community Hospital Anderson’s Women’s Center. Our certified mastectomy fitter is available. Please schedule an appointment so that she can guarantee you receive uninterrupted service. Call 765-298-1622 for more information.

Breast Center

Community Hospital Anderson’s breast program is accredited by the American College of Surgeons, National Accreditation Program for Breast Centers. The breast health leadership team is responsible for goal setting, as well as planning, initiating, implementing, evaluating, and improving all breast related activities. The Women’s Center is accredited by the American College of Radiology and has been named an ACR Breast Center of Excellence.

Leadership Team

Jennifer Zook, MD, radiation oncologist, breast program lead
Boguslaw Uchman, MD, pathologist
Bilal Siddiqui, MD, medical oncologist/hematologist
Roger Brockman, MD, diagnostic radiologist
D. Benjamin McCurdy, MD, general surgery including breast surgery
Carol Whitesel, RN, vice president of patient care services
Marsha Sherrell, administrative director oncology
Beth Tharp, RN, president/CEO
Valarie Godfrey, RT (R) (M), women’s center manager
Angie Ledford, RN, clinical manager oncology
Pam Davis, RN, BSN, CN-BN, ONN-CG, breast health navigator
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Nancy Hunt, CTR, cancer registrar
Katie Elliott, OPN-CG, oncology quality and navigation manager
Rebekkah Krukenberg, MS, CGC, LGC, certified genetics counselor
Jodi Nixon, PhD, HSPP, psychologist
Layne Jackson, RN, clinical research coordinator
Pat Woods, RN, director case management
Stephanie Metz, PT, certified lymphedema specialist
Danielle Olney, MBA, RD, CSO, CD, oncology specialized dietitian
Judy Wood, CMF, certified mastectomy fitter
Chris Pohland, RpH, oncology pharmacist
Sonia Smythe, RN, quality assurance
Paul Brown, American Cancer Society
Leah Campbell, marketing and community relations director
Screenings

In 2017, our screening efforts focused on oral, head, and neck cancer, as well as skin cancer. As we are having more diagnoses of head and neck cancers, including those that are HPV related, the cancer committee felt a screening should be held. Skin cancer is always at the top of cancers diagnosed each year.

On April 22, 2017 we held a head and neck screening with Dr. Kia Jones, Dr. Jennifer Phan, ENT’s, Dr. Shad Roundy, Oral Surgery, and Dr. Craig Arrive, Dentist. Utilizing national guidelines, 46 participants were examined in which 15 abnormal exams were found.

These participants were offered follow-up appointments and were sent letters to ensure further medical work up was obtained. In addition to the physicians, an audiologist was on site to administer hearing exams. In evaluating the effectiveness of the program, participants were asked a few questions about the screening. All participants found the screening program valuable and liked having more than one physician involved in the screening, as well as the hearing exams.

On May 16, 2017, a skin cancer screening was held with Dr. Priya Young. Utilizing national guidelines, an exam was performed on 38 participants. There were 8 abnormal exams and were sent letters for a follow-up to ensure further evaluation. In evaluating the effectiveness of the screening, participants were again asked questions about the screening. All participants valued the program.

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of abnormals</td>
<td>15</td>
</tr>
<tr>
<td>- Referral to dentist or PCP</td>
<td>5</td>
</tr>
<tr>
<td>- Referral to ENT/surgeon</td>
<td>7</td>
</tr>
<tr>
<td>- Referral to dermatologist</td>
<td>3</td>
</tr>
</tbody>
</table>

Prevention

Our 2017 prevention efforts focused on skin cancer prevention and education to those over the age of 55. Utilizing information from The American Cancer Society, Dr. Jennifer Zook presented to the senior access group about sun safety, the importance of sun screen, and recognizing suspicious skin lesions. There were 52 people in attendance. In evaluating the effectiveness of the program, all participants valued the program and asked appropriate questions. All in attendance were given educational materials to take with them.
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- Community Cancer Care/Medical Oncology: 765-298-4220
- Community Cancer Care/Radiation Oncology: 765-298-4770
- Oncology navigation: 765-298-4232
- Breast health navigators: 765-298-1617
- The Comfort Shoppe: 765-298-1622
- The American Cancer Society: 800-227-2345

**Web sites**

- Community Hospital Anderson: CommunityAnderson.com
- American Cancer Society: cancer.org

**Upcoming events**

- Madison County ACS Relay For Life kickoff: January 2018
- World Cancer Day: February 4, 2018
- Community Hospital Anderson Walk of Life: May 2018
- National Cancer Survivor’s Day: June 3, 2018
- Madison County ACS Relay For Life: June 2018