Community Cancer Care

Annual report 2018
with 2017 data

Serenity Garden outside Community Cancer Care
This has been a year of growth for medical oncology and radiation oncology, and I am very pleased with the direction our oncology program is taking. We welcomed Dr. Brian Eddy to our medical oncology department in June, and we have added two new patient navigators to our cancer program.

We began working with Cancer Support Community to grow our integrative services, which includes art therapy, hand and foot massage, Tai Chi, and Yoga. We look forward to expanding our art classes, developing support groups, and beginning music therapy.

Our mastectomy fitting shop, The Comfort Shoppe, successfully completed their re-survey accreditation in June. Judy Wood, our certified mastectomy fitter, does a wonderful job with our patients.

In breast health services, we upgraded our lymphedema screening device. We now have a stand-alone device on which the patient can stand with no additional hook-ups, which is much better for the patients and navigators. We also worked with the Pink Ribbon Connection to train breast cancer survivors to be mentors to newly diagnosed breast cancer patients. This service is offered as one-on-one peer support for breast cancer patients.

I look forward to 2019 as we find other ways to bring services to our patients.

Marsha Sherrell, director of Cancer Services

Community Cancer Care staff

Jennifer Zook, MD, radiation oncologist
Shiroo Parshad, MD, medical oncologist
Bilal Siddiqui, MD, medical oncologist
Natraj Reddy Ammakkannavor, MD, medical oncologist
Brian Eddy, MD, medical oncologist
Jolyn Veza, ANP, OCN, medical oncology nurse practitioner
Allison Wendel, ANP, 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
Babette Bargo, RN, lung navigator
Debbi Krathwohl, oncology patient navigator
Susan Bozell, oncology patient 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
Paula Bilyeu, navigation support specialist
Amanda Daughtheeet, front office assistant
Jamie Baker, front office assistant
Shannon Riggins, front office assistant
Nichel 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, patient access
Chris Pohland, PharmD, pharmacist
Charla Weir, PharmD, 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
Janet Johnson, RN
Miriam Coppess, RN
Beth Romine, RN, RT(T)(ARRT)
Kristi Gill, RN
Sunnie Youtsey, RN
Stacey Huffman, LPN
Lisa Filbun, LPN
Amy Schmelzel, LPN
Robin Durham, LPN
Crystalina Smith, LPN
Trena Love, CMA
Kasey Stansberry, RT(T), CMD, dosimetrist
Linda Ohlman, RT(T), CMD, dosimetrist
Morgan Regan, MS, DABR, physicist
Meghan Alexander, MS, DABR, physicist
Melissa Andrews, RT(T)(AR), lead radiation therapist
Heather Clawson, RT(T)(AR), radiation therapist
Erin Link, RT(T)(AR), radiation therapist
Reid Hensley, RT(R)(AR), radiation therapist
Brandy Brewster, RT(T)(AR), radiation therapist
Nancy Crockett, RT(T)(AR), radiation therapist
Kristi Kitz, RT(T)(AR), radiation therapist
Leigh Ann Hayes, CTR, cancer registrar
Nancy Hunt, CTR, cancer registrar
Verray Chupp, 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, MSN, RN, vice president of patient care services/CNO
Beth Tharp, MBA, BSN, 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
Verray Chupp, cancer registrar
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 Krathwohl, oncology patient navigator
Susan Bozell, oncology patient navigator
Valarie Godfrey, RT (R) (M), women’s center manager
Stanna Kirchenbauer, RN, ONC, oncology nurse
Michelle Dragoo, RN, case management
Sonia Smythe, RN, quality assurance
Danielle Olney, MBA, RD, CSO, CD, oncology specialized dietitian
Jodi Nixon, PhD, HSPP, psychologist
Chris Pohland, PharmD, oncology pharmacist
Layne Jackson, RN, clinical research coordinator
Lesia McBride, NP, administrative clinical research director
Stephanie Metz, PT, certified lymphedema specialist
Leah Campbell, marketing and communications director
Judy Wood, CMF, certified mastectomy fitter
Rebekkah Krukenberg, MS, CGC, LGCC, certified genetics counselor
Dick True, chaplain
Paul Brown, American Cancer Society
Meet our oncologists

**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, and 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.

**Brian Eddy, MD**

Dr. Eddy is board-certified in internal medicine and medical oncology and specializes in hematology. He attended Ohio Northern University and The Ohio State University College of Medicine. Dr. Eddy completed his internal medicine residency at Akron City Hospital, and served a fellowship in hematology and medical oncology at the University of Pittsburgh Medical Centers.

**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.

**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.

**Jennifer Zook, MD**

Dr. Zook is board-certified in radiation oncology by the American Board of Radiology. She graduated from medical school at Rush Medical College in Chicago, Illinois, and received her residency training at Indiana University Medical Center. Dr. Zook has a special interest in the treatment of breast cancer.
Palliative care/surveillance team

Cancer treatment can be difficult for patients and can lead 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. At the beginning of the treatment process, patients go through a needs assessment to determine their needs, and with this evaluation, the team works to manage unwanted side effects and help patients to continue living life as fully as possible. We believe this inclusive approach enables patients to feel better and regain strength and hope.

Katie Elliott, OPN-CG, oncology quality and navigation manager
Michelle Anders, OPN-CG, lung navigator
Jill Hensley, RN, BSN, CN-BN, breast health navigator
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Tere Osio, MSW, oncology patient navigator
Debbi Krathwohl, oncology patient navigator
Susan Bozell, oncology patient navigator
Marsha Sherrell, administrative director oncology
Angie Ledford, RN, clinical manager oncology
Susie Rhule, RN, case management
Danielle Olney, MBA, RD, CSO, CD, oncology specialized dietitian
Jackie Eddleman, MHS, CCC-SLP, speech therapist, rehab services representative
Jodi Nixon, PhD, HSPP, psychologist
Nancy Hunt, CTR, cancer registrar
Leigh Ann Hayes, CTR, cancer registrar
Verray Chupp, cancer registrar
Layne Jackson, RN, clinical research coordinator
Lori Real, radiation oncology manager
Beth Romine, RN, RT(T)(ARRT), oncology nurse
Kristi Gill, RN, oncology nurse

Cancer conference, tumor board, and breast conference

Surgeons and oncologists review cases with their peers and other specialties using national guidelines and clinical staging and also discuss best treatment options. Radiologists review patient films with the physicians, and pathologists review their findings from biopsies or surgery specimens.

Gathering in a multi-disciplinary fashion allows physicians to talk to their same specialty and to the referring physician about the patient’s care. This allows the patient care team to know what everyone has planned. Nurses are informed about the expectations of the physicians and make recommendations regarding patient care from a nursing perspective. Clinical research is also discussed regarding the care of the patient, and information is provided about the availability of clinical trials within the area.

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

Program Accreditations
Community Hospital Anderson’s cancer leadership team developed a high-risk clinic for breast patients following a review of a breast quality study in 2017.

Per National Comprehensive Cancer Network (NCCN) and the American Cancer Society guidelines, any patient with a lifetime risk of 20% is recommended to have a breast MRI. The breast MRI is recommended at the six month interval between yearly mammograms. It was noted that only three of 35 patients in the 2017 quality study received a recommended MRI and follow-up mammogram.

The team felt that by developing a high-risk clinic within medical oncology, patients would be followed closely and be encouraged to get regular diagnostic testing.

In 2018, the team began notifying primary care physicians of this service, noting that breast health navigation would review mammogram reports for high-risk patients, notify ordering physicians of the results, and offer referrals to the high-risk clinic. The oncology team has worked to develop specific patient types in anticipation of following the high-risk breast patient and tracking compliance.

### Who is at high risk for breast cancer?

- Family history of breast cancer
- Genetic alterations
- Dense breast tissue
- Personal history of breast cancer
- Alcohol use
- Reproductive and menstrual history
- Long term use of menopausal hormone therapy
- Body weight
- Decreased physical activity level
- Race
Six month study for Community Hospital Anderson

| 35 | patients had a 20% or greater lifetime risk calculated at screening mammogram |
| 29 | patients were recommended to have an MRI but did not receive |
| 3  | patients had the recommended MRI at the 6-month interval |
| 3  | patients had orders for an MRI but did not complete |

National Comprehensive Cancer Network (NCCN) screening guidelines for MRI surveillance in at-risk women

<table>
<thead>
<tr>
<th>Women with lifetime risk of more than 20%</th>
<th>Previous radiation to the chest wall between the ages of 10 and 30</th>
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<tbody>
<tr>
<td>• Annual screening mammography and MRI starting at age 30</td>
<td>If the patient is younger than 25 years:</td>
</tr>
<tr>
<td>• Clinical breast exam (CBE) every 6-12 months</td>
<td>• Annual clinical breast exam (CBE) recommended starting 8-10 years following radiation therapy</td>
</tr>
<tr>
<td>• Genetic counseling</td>
<td>If the patient is 25 years or older:</td>
</tr>
<tr>
<td></td>
<td>• Annual screening mammography at age 40</td>
</tr>
<tr>
<td></td>
<td>• MRI plus CBE every 6-12 months or begin annual mammography 8-10 years following radiation therapy</td>
</tr>
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Melissa Andrews, Dr. Jennifer Zook, and Heather Clawson prep a patient for treatment with TruBeam radiotherapy at Community Hospital Anderson.
Community Hospital Anderson 2017 cancer statistics

2017 Annual cases

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<tr>
<th>Site</th>
<th>All</th>
<th>Female</th>
<th>Male</th>
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<tr>
<td>Breast</td>
<td>82</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td>Lung/Bronchus</td>
<td>71</td>
<td>36</td>
<td>35</td>
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<tr>
<td>Prostate</td>
<td>45</td>
<td>0</td>
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<tr>
<td>Colorectal</td>
<td>29</td>
<td>10</td>
<td>19</td>
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<tr>
<td>Melanoma</td>
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<td>6</td>
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<tr>
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<td>6</td>
<td>7</td>
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<tr>
<td>Kidney/Renal</td>
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<td>8</td>
<td>4</td>
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<tr>
<td>Pancreas</td>
<td>12</td>
<td>6</td>
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<tr>
<td>Esophagus</td>
<td>12</td>
<td>3</td>
<td>9</td>
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<tr>
<td>Thyroid Gland</td>
<td>7</td>
<td>4</td>
<td>3</td>
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<tr>
<td>Mouth</td>
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<tr>
<td>Larynx</td>
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<td>3</td>
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<tr>
<td>Multiple Myeloma</td>
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<tr>
<td>Brain/Nervous System</td>
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<td>Small Intestine</td>
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<td>Stomach</td>
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<tr>
<td>Pharynx</td>
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<tr>
<td>Tongue</td>
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<tr>
<td>Cervix</td>
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<td>1</td>
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<tr>
<td>Nasal Cavity/Sinuses</td>
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<td>1</td>
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<tr>
<td>Liver</td>
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<td>1</td>
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<tr>
<td>Hodgkin’s Disease</td>
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<td>Penis</td>
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<tr>
<td>Trachea</td>
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<td>1</td>
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<tr>
<td>Gallbladder</td>
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<td>1</td>
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<tr>
<td>Salivary Gland</td>
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<td>1</td>
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<tr>
<td>Other/Unknown</td>
<td>50</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td>TOTAL</td>
<td>445</td>
<td>223</td>
<td>222</td>
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Top sites

<table>
<thead>
<tr>
<th>Site</th>
<th>All</th>
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</tr>
<tr>
<td>Melanoma</td>
<td>16</td>
<td>4</td>
<td>12</td>
</tr>
</tbody>
</table>

Stage at diagnosis

In Situ | I   | II  | III | IV  | Unk |
-------|-----|-----|-----|-----|-----|
Breast  | 18  | 32  | 21  | 3   | 3   | 5   |
Lung    | 0   | 20  | 4   | 16  | 25  | 6   |
Prostate| 0   | 5   | 27  | 4   | 5   | 4   |
Colon   | 4   | 8   | 46  | 3   | 3   | 3   |
Melanoma| 3   | 5   | 3   | 2   | 1   | 2   |

Age at diagnosis

<table>
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<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
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<tr>
<td>20-29</td>
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<tr>
<td>30-39</td>
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<tr>
<td>40-49</td>
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<td>22</td>
</tr>
<tr>
<td>50-59</td>
<td>52</td>
<td>39</td>
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<tr>
<td>60-69</td>
<td>58</td>
<td>65</td>
<td>123</td>
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<tr>
<td>70-79</td>
<td>54</td>
<td>61</td>
<td>115</td>
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<tr>
<td>over 80</td>
<td>42</td>
<td>41</td>
<td>83</td>
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<tr>
<td>TOTAL</td>
<td>224</td>
<td>221</td>
<td>445</td>
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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 patients and their families. They are the consistent caregiver through cancer treatment, coordinating appointments and schedules and guiding patients through their plan of care. The navigation team continues to follow all patients for at least five years, working with the oncologists to provide survivorship care plans.

General oncology navigation

Upon diagnosis, each patient meets with their designated navigator. 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.

Breast health navigation

Once a patient receives a breast cancer diagnosis, a navigator will coordinate his or her care. Additionally, they provide educational materials, check health and family history, and make referrals for genetic testing when appropriate.

The breast health navigators speak to groups and encourage all women to regularly receive clinical breast exams and mammograms. They are certified to provide free clinical breast exams.

If patients are uninsured or underinsured, the navigators work to connect them with financial assistance programs. 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.

Lung navigation

From lung cancer screening through a lung cancer diagnosis, treatment, and survivorship, our lung navigators are a primary resource for patients. A patient’s navigator will assist in coordinating and attending appointments, connecting patients to resources, ensuring timely access to care, reducing fear and frustrations for patients and their caregivers, finding research opportunities, and facilitating communication with the healthcare team on behalf of the patient.

Our lung navigators collaborate with radiology, pulmonology, oncology, and primary care to create an action plan for each individual patient. The navigator is the patient and their caregivers’ primary contact when they are unsure who to call or what to do in any situation. Our lung navigation services are free and are part of our multidisciplinary approach for comprehensive cancer care.
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.

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 poor appetite, nausea, vomiting, diarrhea, and/or constipation. Olney assists patients in curtailing these side effects and maintaining their lean muscle mass. Additionally, Olney reviews and educates patients about any potential nutrition-related interaction that could occur with various chemotherapy drugs and provides nutritional guidance for those who must use a feeding tube.

Olney earned her board certification with an oncology specialization by passing an exam, having two years of experience as a dietitian, and having over 2000 hours of oncology experience in the past five years. She is one of only 16 certified oncology-specialized dietitians in Indiana.

Psychosocial services

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.

Cancer genetic counseling

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.

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 five to 10 percent of all cancers, including breast, colorectal, ovarian, prostate, and endocrine.

Genetic testing for hereditary predisposition to disease such as cancer can help determine:

- 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 at increased risk of developing disease.
- A person's chance of passing on a genetic disorder to children.

Cancer registry

Nancy Hunt, CTR, Leigh Ann Hayes, CTR, and Verray Chupp work in cancer registry at Community Hospital Anderson, collecting patient data and sending it to the state registry and national cancer database. This information is disseminated anonymously by the American College of Surgeons Commission on Cancer.
Danielle Olney, MBA, RD, CSO, CD

Current trials:
• University of Nebraska - breast cancer registry trial
• Janssen Cassini - cancer and DVT trial
• Bristol-Myers Squibb Research - non-small cell lung cancer
• Exact Sciences - lung cancer study
• Medical Research Networx - positive mammography

Dream Foundation

Dream Foundation is an organization that commits to providing comfort, support, and compassion to those with a life expectancy of 12 or fewer months. Whether it be a dream to travel somewhere in the United States, attend a favorite sport team’s game, or to see the ocean for the first time, Dream Foundation works to make it happen. Community works closely with Dream Foundation to benefit patients who wish to participate.

Oncology bell

This year, the Cancer Center installed a bell for patients to ring in celebration of the end of their treatment. Additionally, they requested hospital employees to submit an original poem to place at the bottom of the bell to help bring inspiration and joy to patients and their families as they complete their treatment. The winning poem was submitted by Linda Miller, a breast cancer survivor and former Community CEO.

Radiation is done - it's off my plate, so now I can begin to celebrate.
Gather 'round - I want all to hear, as I ring this bell loud and clear.

~ Linda Miller ~
Breast Cancer Survivor
Community CEO, 1977-1980

Integrative therapy

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

A new integrative therapy partnership was recently formed with Cancer Support Community, an Indianapolis-based, free program that focuses on support and education for cancer survivors and their loved ones. This partnership provides free wellness classes, massage therapy, and art therapy for our cancer patients and their caregivers.

Our program also includes pet therapy. Pet therapy is popular with our patients, and they have enjoyed visits from Moose, the German Shepherd. Patients can relax when a therapy dog is present, and petting a dog can help calm feelings of anger, fear, sadness, and depression.

These therapies provide psychosocial support to complement medical treatments, aligning with our mission to provide the best possible care to our patients. We understand the importance of healing both the body and mind throughout the treatment process, and our integrative therapy program provides additional support for our patients as they heal and recover.
Breast Center

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

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 2017, we served 173 women with these funds.

<table>
<thead>
<tr>
<th>Free Mammograms</th>
<th>Free Breast Ultrasounds</th>
<th>Free Pap Smears/Cervical Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 68 with IBCAT funds</td>
<td>• 13 with IBCAT funds</td>
<td>• 44 with BCCP funds</td>
</tr>
<tr>
<td>• 35 with BCCP funds</td>
<td>• 13 with BCCP funds</td>
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For more information about the services available in our breast center, please call 765-298-1617.

The Comfort Shoppe

Another unique offering from Community’s breast program is The Comfort Shoppe, an accredited mastectomy fitting shop. It is tailored to meet the special needs of breast cancer patients, survivors, friends, and 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 next to Community Hospital Anderson’s Breast Center. It is open Monday through Friday, 10 a.m. to 4 p.m. Scheduling an appointment guarantees you will receive uninterrupted service. Call 765-298-1622 for more information.

Judy Wood, certified mastectomy fitter, works in The Comfort Shoppe
**Lymphedema**

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

**Survivor’s Tea**

We gather each year to honor and celebrate the breast cancer survivors whom we are privileged to serve. This year marked the 15th anniversary of the Survivor’s Tea. All survivors received a commemorative teapot.

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**Breast program leadership committee**

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, MSN, RN, vice president of patient care services/CNO  
Marsha Sherrell, administrative director oncology  
Beth Tharp, MBA, BSN, 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  
Jill Hensley, RN, BSN, CN-BN, breast health navigator  
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  
Michelle Dragoo, RN, 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, PharmD, oncology pharmacist  
Sonia Smythe, RN, quality assurance  
Paul Brown, American Cancer Society  
Leah Campbell, marketing and communications director
Screenings

In 2018, we have focused our cancer screening efforts on low-dose CT lung screenings throughout the year. We also held an oral, head, and neck screening and a skin cancer screening. The cancer committee reviewed the top cancer sites, stage, and increase in specific cancers to decide which screenings would be beneficial to the community.

**Low-dose lung CT screening**

Lung cancer is not only a top cancer site at Community Hospital Anderson, but it is also diagnosed at a later stage (Stage III or IV). Therefore, the cancer committee felt that a lung nodule screening program should be developed. The guidelines utilized for this screening are based on the National Comprehensive Cancer Network (NCCN), the American College of Radiology Lung Rads Assessment Categories, and Medicare. From January through September of 2018, there have been 197 people screened. The screening criteria includes ages 55 to 77 with no symptoms, either a current smoker or someone who has quit in the last 15 years, and a tobacco history of one pack per day for 30 years. Patients were offered smoking cessation by a certified navigator prior to the CT. A positive finding on a low-dose CT, based on the guidelines, would be a nodule found that is 6mm or over. There have been 35 positive findings of nodules over 6mm in 2018, equaling 17% of those screened, that needed followed. Out of the 35 positive findings, four, or 11%, have been diagnosed with cancer. The patients with positive findings were notified by a navigator or ordering physician and put into a database to ensure follow-up in three or six months. Findings are reviewed by a multi-disciplinary team, including diagnostic radiology, pulmonology, radiation oncology, medical oncology, primary care, and surgery.

In evaluating the effectiveness of the program, participants and providers were asked a few questions. All felt the program was beneficial and put their minds at ease, and most with positive findings were surprised as they had no symptoms. Having the program has shown that by having a low-dose CT lung screening, cancer can be found at an earlier stage and pre-cancer nodules can be followed.

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>197</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of abnormals, 6 mm nodule or more needing further testing</td>
<td>35</td>
</tr>
<tr>
<td>Number diagnosed with cancer</td>
<td>4</td>
</tr>
</tbody>
</table>

**Oral, head, and neck screening**

An oral, head, and neck screening was held on April 14, 2018. There were two ENTs and a dentist who examined participants for oral cancers, pharyngeal lesions, tongue lesions, inner ear issues, and prominent lymph nodes in the neck region. With an increase in oral cancers at Community Hospital Anderson, the cancer committee felt it was important to offer a screening to catch lesions or abnormalities early, as well as to educate those in attendance about what to look for and information about Human Papilloma Virus (HPV) in oral cancers. This screening followed the national guidelines of the National Comprehensive Cancer Network (NCCN) and The American Cancer Society. The target audience for this screening were tobacco users, people with suspicious lumps, and those with low income without access to care. There were 40 participants at the screening with six abnormal exams, and all abnormal results were sent letters or called to ensure follow-up with their primary care physician or specialist.

In evaluating the effectiveness of the program, the participants were asked if they valued the program and for any recommendations for improvement. All participants valued the program and felt they were treated fairly, in a timely fashion, and had received quality education.

<table>
<thead>
<tr>
<th>Number of participants</th>
<th>40</th>
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<tbody>
<tr>
<td>Number of abnormals</td>
<td>6</td>
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Prevention programs

Breast health education
Breast cancer is a top cancer site at Community Hospital Anderson, so to provide more education on screening and diagnostic procedures, a class was offered on March 7, 2018. Dr. Jennifer Zook did a presentation on the importance of breast health screening and what tests are done for diagnosis, following guidelines from NCCN, NAPBC, and MD Anderson. The target audience was 18 years or older and was held in the evening to help capture working adults. There were 44 in attendance.

In evaluating the effectiveness of the program, all that attended felt they had learned something. Appropriate questions were asked by attendees, and materials were offered to all in attendance.

Cancer screening in the elderly population
A high percentage of patients in our community who are diagnosed with cancer are over the age of 55. Therefore, the cancer committee felt that speaking to this group was important. Dr. Bilal Siddiqui met with a group of 56 seniors on April 4, 2018 to discuss the importance of screening, focusing on breast, colon, and skin. Guidelines from The American Cancer Society and NCCN were utilized. In evaluating the effectiveness of the program, the audience liked the presentation and felt they learned things of which they were unaware.

Comments from patient satisfaction surveys

<table>
<thead>
<tr>
<th>I had an excellent experience.</th>
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<tbody>
<tr>
<td>Could not ask for a better group of doctors, nurses, and all of the other staff there.</td>
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<table>
<thead>
<tr>
<th>They are so good to me and make me feel that they really care about me.</th>
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<tbody>
<tr>
<td>Great experience when I go there.</td>
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<table>
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<tr>
<th>Nothing could have been done differently.</th>
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<table>
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<tr>
<th>They make a very scary time in life bearable and even bring joy.</th>
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<tbody>
<tr>
<td>The only thing I can say is this is one of the most top notch operations I have been to.</td>
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<table>
<thead>
<tr>
<th>Everything was just terrific, honestly.</th>
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<tbody>
<tr>
<td>Everyone there makes you feel like you’re a real person.</td>
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</table>
Important phone numbers

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

Websites

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

Upcoming events

Madison County ACS Relay For Life kickoff  January 2019
World Cancer Day  February 4, 2019
National Cancer Survivor’s Day  June 2, 2019
Madison County ACS Relay For Life  June 14, 2019
Love Lights A Tree  December 6, 2019

Community Health Network complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

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