
# 2014 CANCER CENTER ANNUAL REPORT

# Chairman's Report

Ivan Peacock, MD
*Cancer Committee Chairman*

## By Ivan Peacock, MD

I am especially pleased this year to present the Annual Report of the Nash-UNC Comprehensive Community Cancer Program considering the recent reaccreditation of the Nash program by the Commission on Cancer, the national accrediting body for cancer centers. This triannual certification award is a vital benchmark of quality and service for Nash to preserve, as a confirmation to our community that their local health care system upholds and delivers the highest standards for cancer care.

A Commission on Cancer representative was on site at Nash in October2014, to review the cancer program leadership; adherence to national treatment standards; accuracy of patient records; quality care improvement initiatives; data collection for the national database; and other national standards for cancer care promulgated by the Commission. In December 2014, the Commission on Cancer awarded its 3 year accreditation to Nash. The Commission survey report did identify several opportunities for improvement in the Nash program which are now being implemented and which will make Nash an even more robust cancer program.

The Nash Cancer Committee; the Nash Cancer Program Operations Group; and all Nash cancer providers, administrators and volunteers warrant high praise for diligently and expertly coordinating and delivering comprehensive cancer care to Nash patients and their families the past three years, while ensuring that the Commission on Cancer standards were met or exceeded.

The enduring pursuit of advancement for the Nash cancer program was boosted further in April 2014, through an official affiliation with UNC Healthcare; which changed the former Nash Healthcare System designation to Nash UNC. The new partnership will promote greater access for Nash cancer providers and patients to the resources and services of the nationally recognized UNC Lineberger Comprehensive Cancer Center. Cancer experts from UNC have already initiated an assessment of the Nash cancer program. This appraisal will be utilized to identify opportunities for improvement in the Nash Cancer Program as well as to develop approaches for integration of cancer care between Nash and UNC.

Additionally, a strategic planning session for cancer care was held at Nash Hospital in October 2014, which brought together UNC cancer experts and Nash cancer leaders and providers. This gathering was designed to build upon the recent UNC assessment and was directed toward developing a long term vision and stratagem for cancer care at Nash. While much work is yet to be completed, the evolving collaboration between the UNC and Nash will certainly yield durable benefits for cancer care at Nash; and for our community health all together.

I hope this Annual Report is helpful in providing an overview of the current cancer program activities at Nash, as well as an informative analysis of the Nash cancer registry data for 2013.

# Tomosynthesis at Nash Health Care

Todd Goodnight, MD

## By Todd Goodnight, MD

Our community has an abnormally high rate of patients with breast cancer and an abnormally high rate of deaths caused by breast cancer when compared to North Carolina and US averages. The UNC Nash Breast Care Center was created to change these statistics. We were excited to add a new imaging tool called tomosynthesis, aka 3D mammography, to help us fight breast cancer.

3D mammography is very similar to current digital mammography, but with an important twist: the X-ray machine moves while taking roughly 15 additional images. These additional images allow a powerful computer to reconstruct 1mm thick slices (the same thickness of a credit card) through the breast allowing the radiologist to see into the breast tissue. For regular mammography, 2 images are obtained of each breast. With 3D mammography, the original two images are obtained with an additional set of 30-80 reconstructed images.

The importance of this new technology is that it has been proven to find 40% more cancers and to decrease the rate at which patients have to return for further work up by 15%. Another way to say this is that 3D mammography is improving accuracy which translates to better care. Currently we are the only health care system with this technology in our area.

North Carolina enacted a new law as of January 1, 2014 that all patients receiving mammograms be informed of their breast density. Each breast is composed of tissue that produces milk and fat: breast density is a measure of that ratio of tissue to fat. It has been shown in multiple studies that women with a higher ratio of breast tissue to fat, what is medically called heterogeneously dense and dense breast tissue, have 4-6 times higher rates of breast cancer. As one can imagine the more breast tissue that is present, the more easily it hides breast cancer. So women with heterogeneously dense and dense breast tissue have an increased risk of breast cancer and that same tissue then hides the breast cancer. This phenomenon is another reason why 3D mammography is so helpful in that it allows the radiologist to look into all types of breast tissue.

Since beginning the 3D mammography program in May of 2014, at least 30% of patients have opted to have this new technology with that number slowly growing. It has grown enough to add a second 3D mammography machine! There are some cons to 3D mammography in that it does increase radiation exposure slightly but does remain well within allowable FDA levels. Also the technique does take a few minutes longer to perform. However patients are seeing the usefulness of this new tool besides the minor drawbacks.

We are excited to add this new cutting edge technology to help patients and honor UNC Nash Breast Care Center's commitment to provide our community with best practice care.

Andrew Weil, MD

## By Andrew Weil, MD

The main focus of Nash UNC Cancer Center is to deliver the best quality of care to our cancer patients, through community education, early detection, treatment and survivorship efforts. We collect data on every cancer occurrence in our community and on patient outcomes. We use this data to not only make sure we are in compliance with the Commission on Cancer benchmarks for care, but to also look for any areas we can improve the quality of care we offer our patients. Furthermore, we at Nash Cancer center are not only trying to offer the standard of care to our patients, but also bring the latest treatment options to our patients as well.

One way we can bring the latest treatment options to our patients is through clinical trials. I am proud to announce that in 2014 Nash UNC and Boice-Willis Clinic entered a partnership to open clinical trials for NASH UNC Cancer patients.

Once such trial is The Effect of Walking on Fatigue After Chemotherapy in Patients 65 and Older (S-PACT). This is a straightforward study that looks at the impact of regular exercise on patients after the receive chemotherapy. We are excited for the study and to enroll patients because instituting a regular exercise program is a cost-effective, non-toxic and simple measure which may ultimately prove to have significant impact on patients morbidity and mortality after receiving chemotherapy for their cancer.

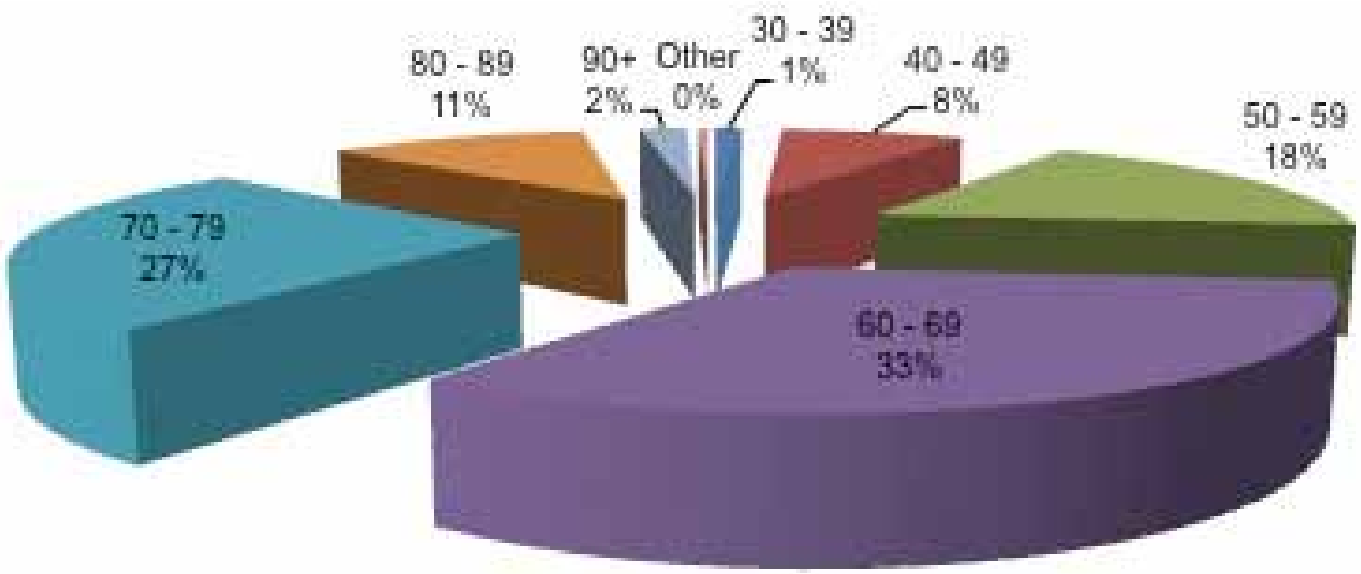
Another study we recently opened is NABPC B-47 which looks at treating breast cancer differently than we have in the past. HER-2 is a protein found in breast cancer. Herceptin is an antibody used in treatment of HER-2 positive breast cancer and has been found to improve survival when given with chemotherapy. Traditionally, HER-2 negative breast cancer is not treated with Herceptin. However, new data suggests that Herceptin may have activity against HER-2 negative breast cancer as well. NAPBC B-47 is a trial designed to determine whether the addition of Herceptin to chemotherapy improves survival in women with resected node-positive or high-risk node-negative breast cancer which is reported as HER-2 negative by HER-2 testing. The results of this trial could have a significant impact in how we treat HER-2 negative breast cancer.

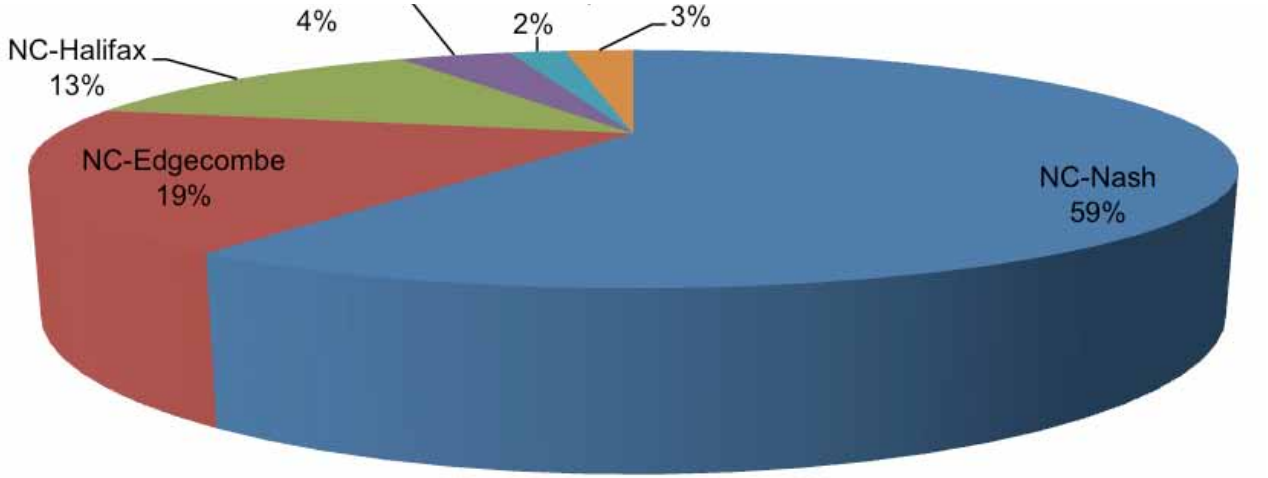
In 2015 we plan to open even more clinical trials to offer our cancer patients.

We here at NASH UNC Cancer Center look forward to another year of providing the highest quality of care to our cancer patients.

Commission on Cancer®

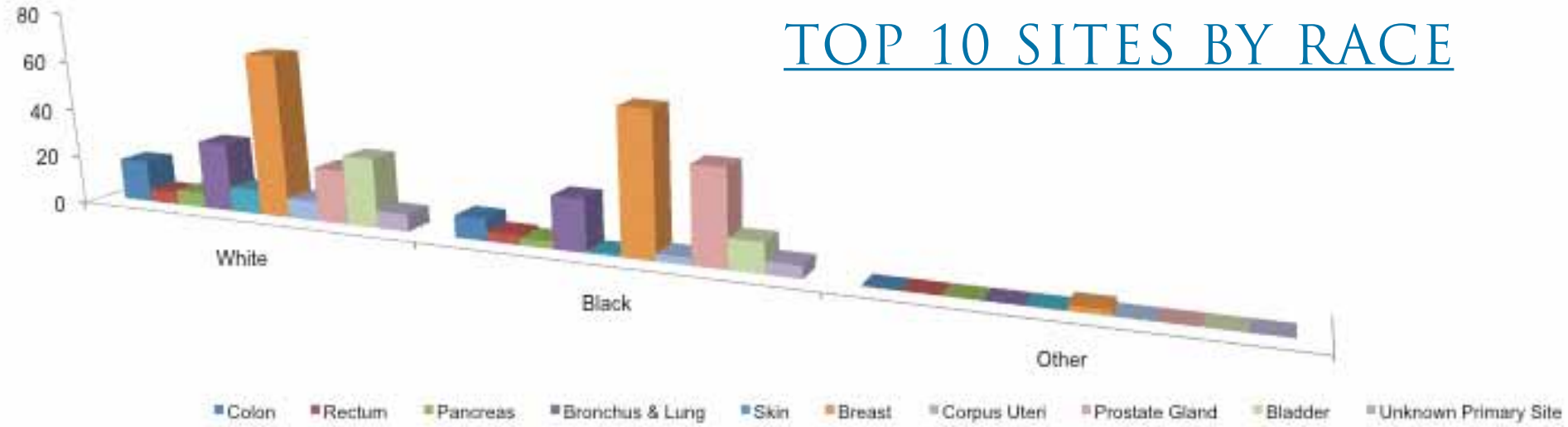
# DIAGNOSIS BY AGE



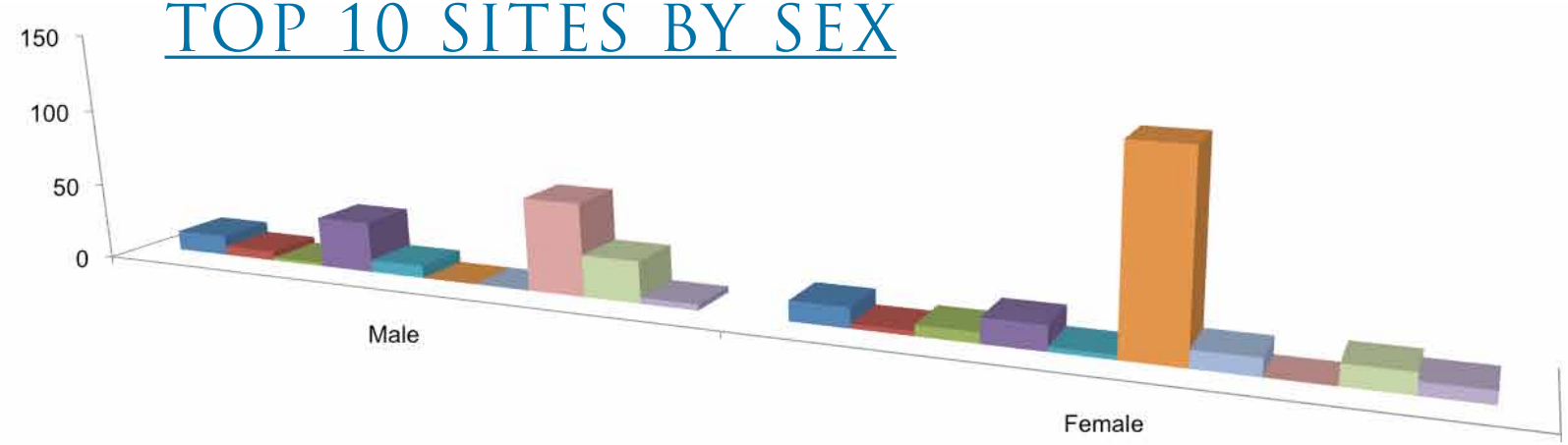




# DIAGNOSIS BY COUNTY

# TOP 10 SITES BY RACE




# TOP 10 SITES BY SEX



# Cancer Incidence By Body System And Sex - 2014

| Primary Site | Total | % | Male | % | Female | % |
|---|---|---|---|---|---|---|
| ORAL CAVITY & PHARYNX | 20 | 4.5% | 12 | 5.7% | 8 | 3.4% |
| Tongue | 5 | 1.1% | 4 | 1.9% | 1 | 0.4% |
| Salivary Glands | 2 | 0.4% | 0 | 0.0% | 2 | 0.8% |
| Floor of Mouth | 3 | 0.7% | 1 | 0.5% | 2 | 0.8% |
| Gum & Other Mouth | 2 | 0.4% | 0 | 0.0% | 2 | 0.8% |
| Tonsil | 5 | 1.1% | 4 | 1.9% | 1 | 0.4% |
| Hypopharynx | 2 | 0.4% | 2 | 0.9% | 0 | 0.0% |
| Other Oral Cavity & Pharynx | 1 | 0.2% | 1 | 0.5% | 0 | 0.0% |
| DIGESTIVE SYSTEM | 64 | 14.3% | 35 | 16.6% | 29 | 12.2% |
| Esophagus | 8 | 1.8% | 6 | 2.8% | 2 | 0.8% |
| Stomach | 4 | 0.9% | 1 | 0.5% | 3 | 1.3% |
| Small Intestine | 4 | 0.9% | 3 | 1.4% | 1 | 0.4% |
| Colon Excluding Rectum | 26 | 5.8% | 13 | 6.2% | 13 | 5.5% |
| Cecum | 7 | | 2 | | 5 | |
| Ascending Colon | 5 | | 3 | | 2 | |
| Hepatic Flexure | 1 | | 1 | | 0 | |
| Splenic Flexure | 1 | | 1 | | 0 | |
| Descending Colon | 3 | | 1 | | 2 | |
| Sigmoid Colon | 9 | | 5 | | 4 | |
| Rectum & Rectosigmoid | 9 | 2.0% | 6 | 2.8% | 3 | 1.3% |
| Anus, Anal Canal & Anorectum | 2 | 0.4% | 2 | 0.9% | 0 | 0.0% |
| Liver & Intrahepatic Bile Duct | 2 | 0.4% | 2 | 0.9% | 0 | 0.0% |
| Pancreas | 9 | 2.0% | 2 | 0.9% | 7 | 3.0% |
| RESPIRATORY SYSTEM | 53 | 11.8% | 35 | 16.6% | 18 | 7.6% |
| Nose, Nasal Cavity & Middle Ear | 1 | 0.2% | 1 | 0.5% | 0 | 0.0% |
| Larynx | 3 | 0.7% | 1 | 0.5% | 2 | 0.8% |
| Lung & Bronchus | 49 | 10.9% | 33 | 15.6% | 16 | 6.8% |
| SOFT TISSUE | 2 | 0.4% | 2 | 0.9% | 0 | 0.0% |
| Soft Tissue (including Heart) | 2 | 0.4% | 2 | 0.9% | 0 | 0.0% |
| SKIN EXCLUDING BASAL & SQUAMOUS | 10 | 2.2% | 7 | 3.3% | 3 | 1.3% |
| Melanoma -- Skin | 9 | 2.0% | 6 | 2.8% | 3 | 1.3% |
| Other Non-Epithelial Skin | 1 | 0.2% | 1 | 0.5% | 0 | 0.0% |

| Primary Site | Total | % | Male | % | Female | % |
|---|---|---|---|---|---|---|
| BREAST | 125 | 27.9% | 0 | 0.0% | 125 | 52.7% |
| Breast | 125 | 27.9% | 0 | 0.0% | 125 | 52.7% |
| FEMALE GENITAL SYSTEM | 17 | 3.8% | 0 | 0.0% | 17 | 7.2% |
| Cervix Uteri | 2 | 0.4% | 0 | 0.0% | 2 | 0.8% |
| Corpus & Uterus, NOS | 11 | 2.5% | 0 | 0.0% | 11 | 4.6% |
| Ovary | 2 | 0.4% | 0 | 0.0% | 2 | 0.8% |
| Vagina | 1 | 0.2% | 0 | 0.0% | 1 | 0.4% |
| Vulva | 1 | 0.2% | 0 | 0.0% | 1 | 0.4% |
| MALE GENITAL SYSTEM | 60 | 13.4% | 60 | 28.4% | 0 | 0.0% |
| Prostate | 60 | 13.4% | 60 | 28.4% | 0 | 0.0% |
| URINARY SYSTEM | 50 | 11.2% | 33 | 15.6% | 17 | 7.2% |
| Urinary Bladder | 40 | 8.9% | 27 | 12.8% | 13 | 5.5% |
| Kidney & Renal Pelvis | 10 | 2.2% | 6 | 2.8% | 4 | 1.7% |
| BRAIN & OTHER NERVOUS SYSTEM | 10 | 2.2% | 8 | 3.8% | 2 | 0.8% |
| Brain | 8 | 1.8% | 7 | 3.3% | 1 | 0.4% |
| Cranial Nerves Other Nervous System | 2 | 0.4% | 1 | 0.5% | 1 | 0.4% |
| ENDOCRINE SYSTEM | 6 | 1.3% | 0 | 0.0% | 6 | 2.5% |
| Thyroid | 6 | 1.3% | 0 | 0.0% | 6 | 2.5% |
| LYMPHOMA | 12 | 2.7% | 10 | 4.7% | 2 | 0.8% |
| Hodgkin Lymphoma | 2 | 0.4% | 2 | 0.9% | 0 | 0.0% |
| Non-Hodgkin Lymphoma | 10 | 2.2% | 8 | 3.8% | 2 | 0.8% |
| NHL - Nodal | 8 | | 6 | | 2 | |
| NHL - Extranodal | 2 | | 2 | | 0 | |
| MYELOMA | 2 | 0.4% | 1 | 0.5% | 1 | 0.4% |
| Myeloma | 2 | 0.4% | 1 | 0.5% | 1 | 0.4% |
| LEUKEMIA | 2 | 0.4% | 1 | 0.5% | 1 | 0.4% |
| Lymphocytic Leukemia | 1 | 0.2% | 0 | 0.0% | 1 | 0.4% |
| Myeloid & Monocytic Leukemia | 1 | 0.2% | 1 | 0.5% | 0 | 0.0% |
| MISCELLANEOUS | 15 | 3.3% | 7 | 3.3% | 8 | 3.4% |
| Miscellaneous | 15 | 3.3% | 7 | 3.3% | 8 | 3.4% |
| Total | 448 | | 211 | | 237 | |

# 2014 Education Series

*In 2012-2013, the Nash Cancer Program instituted a regular Continuing Medical Education series through its partnership with the UNC Lineberger Comprehensive Cancer Program in Chapel Hill NC. Since its implementation physician speakers from UNC have given lectures on topics related to breast, head and neck cancers, GYN Oncology, etc... We look forward to continued collaborationbetween UNC and Nash Health Care to sustain this effort. Lectures given to NHCS physicians during 2014 include:*

- *What's New in Breast Cancer Today* – UNC Telemedicine
- *An Update on Cervical Cancer Screening Guidelines* – Dr Monica Brown Jones
- *Acute Myeloid Leukemia (AML): Have we made any progress?* – Dr Joshua Zeidner
- *Palliative Care, Hospice and End of Life in Oncology* – Mary Dunn, RN, MSN, OCN, NP-C
- *Improving Safety in Radiation Oncology* – Dr Chera
- *Fertility Preservation in the Male Oncology Patient* – Dr Matt Coward

# Social Work Services At Nash Cancer Treatment Center

***Outpatient Social Work services may be accessed by contacting Delphine Wiggins, MSW at (252) 962-8908 or dcwiggins@nhcs.org.***

A diagnosis of cancer can affect many areas of a person's life, causing him or her to feel overwhelmed. Nash Cancer Treatment Center hired its first Outpatient Oncology Social Worker in November 2012 to assist cancer patients with access to various non-medical services during all phases of their treatment journey.

Our Outpatient Oncology Social Worker can help patients understand how best to communicate with their medical treatment team as well as give them advice on talking to family members, friends, and co-workers about their cancer experience.

**Help is also available to assist patients in:**

- Access to information to help patients and their families fully understand their cancer diagnosis and treatment options
- Support to help cope emotionally with a diagnosis of cancer
- Understanding benefits and insurance coverage
- Apply for programs that offer financial assistance
- Connecting to support groups, educational programs and counseling for patients and their families
- Coping with emotions associated with cancer: sadness, anger, worries, and fears
- Reducing stress through relaxation techniques
- Understanding how cancer affects intimacy, fertility and self body image
- Exploring complementary and alternative medicine options
- Evaluating clinical trials
- Understanding survivorship issues/life as a cancer survivor
- Planning for advanced directives: Living Wills, Healthcare Power of Attorney
- Accessing transportation to and from cancer treatment
- Accessing medication assistance programs