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The UNC Cancer Care at Nash is accredited by the American College of Surgeons Commission on Cancer (ACoS-CoC), and is designated a Comprehensive Community Cancer Program (CCCP). To meet the requirements of this volunteer designation, the UNC Cancer Care at Nash must accession 500 or more newly diagnosed cancer cases each year. In addition, the facility must provide a full range of diagnostics and treatment services either on-site or by referral.

The cancer program at Nash is proud to be accredited and designated a Comprehensive Communicate Cancer Program for more than 15 years.

Nash Cancer Committee

The Nash Cancer Committee brings together a variety of disciplines and specialists for a multidisciplinary collaborative team of health care professionals and administrators to drive and develop clinical quality oversight and strategic goal development.

The Committee is a requirement of the Commission on Cancer and includes board-certified physicians from surgery, medical oncology, radiation oncology, diagnostic radiology, pathology, etc. along with the Cancer Liaison Physician and representatives from nursing, pharmacy, psychosocial, registry, quality, nutrition, and administration. Working together, the Nash Cancer Committee annually identifies topics for study, evaluate and improve throughout the year. Several of these topics are highlighted in the UNC Cancer Care at Nash Annual Report.



Nash Cancer Committee 2016 Membership

Ivan Peacock, MD Chairman,	Radiologist
Michael Roth, MD	Cancer Liaison Physician, Pathologist
Sherri Alligood, RN	Hospice and Palliative Care Director
Tillman Bailey, MD	Radiologist
Morgan Baryla, RD, LDN	Dietitian
Doug Boyette, MD	Hospice and Palliative Care Medical Director
Jane Burain, PharmD	Pharmacist
Chris Cherry, RN	Oncology Nurse Manager
Terri Crawford, RT	Breast Care Center Manager
Daniel Crocker, MD	Medical Oncologist
David Eckert, MD	Pathologist
Lisa Gimber, RHIT, CTR	Cancer Registry Quality Coordinator, CTR
Todd Goodnight, MD	Radiologist
David Gorby, MD	Vice President of Quality
Sterling Grimes, MS	Cancer Program Administrator
Enola Hicks, RN	Social Worker
John Huffman, MD	Medical Oncologist
Jillian Hyttenhove, RD	Dietitian
Laura Jacimore, MD	Radiation Oncologist
Richard Jared	Community Outreach Coordinator
Michelle Johnson, RN	Oncology Nurse
Beth Kelly, RT	Dosimetrist, Supervisor of Radiation Oncology
Matt Paszek, MD	Surgeon
Janet Ragle, RN	Quality Director
Tracey Sanderford, PT	Physical Therapist
Dave Seaman, MD	Surgeon
Karen Vick, RN	Community Outreach
Terri Volk, RN	Cancer Conference Coordinator, Oncology Navigator
Brad Weisner, COO	Chief Operating Officer
Delphine Wiggins, MSW	Psychosocial Services Coordinator, Social Worker

Chairman's Letter

Ivan Peacock, MD; Nash Cancer Committee Chairman, Radiologist



Nash Health Care Systems' 2015/16 comprehensive community cancer program's Annual Report is intended to provide information on cancer in our community, and detail Nash Health Care Systems' ongoing cancer program activities.

The Annual Report provides me the opportunity, as Nash Cancer Committee Chairman, to express my gratitude to our cancer program's extraordinarily talented team of health professionals. They are wholly devoted to diagnosing, treating, rehabilitating, and supporting cancer patients in our community, and I remain grateful for their hard work and expertise.

Nash Health Care Systems corporate officer team and the Nash Health Care Systems Hospital Board of Commissioners also deserve special acknowledgement for their commitment to supporting the facilities and services that allow Nash Health Care's cancer program to provide comprehensive, high-quality, multidisciplinary patient centered care to our patients.

So what is Nash Health Care's Comprehensive Cancer Program? Who is involved? And why is it such an exceptional resource for patients and their families in the community in which Nash Health Care serves?

In order to deliver effective, patient-centered cancer care, Nash Health Care requires the coordinated services of an enormous array of health care professionals including administrators, physicians, surgeons, oncologists, radiologists, pathologists, nurses, navigators, nutritionists, social workers, psychosocial specialists, rehabilitation therapists, radiation therapists, laboratory technicians, genetic counselors, pharmacists, hospice care specialists, and volunteers from multiple organizations in our community.

The immense task of organizing and coordinating this diverse assemblage of individuals and services is accomplished through the Nash Cancer Committee, a group of select leaders who have demonstrated curiosity, passion, and the vision to create something better for our community.

The Nash Cancer Committee utilizes program standards and a structure established by the Commission on Cancer, a national accrediting organization for cancer programs under the American College of Surgeons. The Commission on Cancer is devoted to improving survival and quality of life for cancer patients through standard-setting utilizing validated national treatment guidelines, by monitoring and evaluating comprehensive quality care, by emphasizing prevention programs, by supporting and participating in cancer research, and by coordinating education for providers and patients.

The standards established by the Commission focus on a system of care that ensures optimal treatment and better outcomes for our cancer patients. It is the Nash Cancer Committee's ongoing mission to meet and surpass their accreditation standards when caring for our patients.

Nash Health Care's comprehensive community cancer program is committed to improving the survival and quality of life for cancer patients by monitoring compliance with national cancer treatment care guidelines, monitoring and reporting treatment outcomes, informing patients about research and clinical trials, and by using reporting tools that benchmark and improve outcomes at Nash Health Care facilities. We sponsor and endorse educational and training opportunities, and promote patient advocacy. Nash Health Care's Commission on Cancer accreditation assures patients that comprehensive quality cancer care is available close to home.

I am honored to be a member of the valued cancer care team at Nash Health Care Systems. I pledge, along with my colleagues on the Nash Cancer Committee, a total commitment to providing comprehensive, high-quality, and multidisciplinary patient centered care to our community. We will strive to keep improving, continue learning, and to deliver the best care possible – not because it is our profession, but because it is the right thing to do for our friends, our families, our community and for each other.

Commission on Cancer Quality Accountability Measures 2016 Cancer Liaison Physician Report

Michael Roth, MD; Cancer Liaison Physician, Pathologist

Nash Health Care is committed to providing comprehensive cancer care to area residents close to home. We use a multidisciplinary approach with treatment planning based on evidence-based, nationally accepted treatment guidelines. The cancer program's performance is measured in compliance with retrospective and real-time American College of Surgeons Commission on Cancer (ACS CoC) quality reporting tools, such as the Rapid Quality Reporting System (RQRS) and the Cancer Program Practice Profile Reports (CP3R). These programs utilize quality measures endorsed by the National Quality Forum (NQF), National Comprehensive Cancer Network (NCCN), and the American Society for Clinical Oncology (ASCO). Three of the measures noted below are endorsed by the NQF as Accountability Measures, meaning that these measures can be used for purposes such as public reporting, payment incentive programs and the selection of providers by consumers, health plans, or purchasers.

In addition, the program reports to, and utilizes, the National Cancer Data Base (NCDB), a list of over 1,500 CoC accredited facilities joint sponsored by the American College of Surgeons and the American Cancer Society. The NCDB reporting tools provide quality-related performance measures in comparison to aggregated CoC accredited programs at the state, region and national levels and include quality improvement, quality assurance, and surveillance measures.

Using these tools, the quality of care delivered by Nash Health Care Systems is monitored in accordance to nationally recognized benchmarks, which allows for continuous quality improvement. Nash Health Care Systems cancer care is in excellent standing with current performance rates at or above CoC goal.

Rapid Quality Reporting System Breast Accountability Measures Representative of Program Performance

American College of Surgeon Commission on Cancer Rapid Quality Reporting System

1. Radiation therapy is administered is within 1 year of diagnoses for women under age 70 receiving breast conserving surgery for breast cancer.

Commission on Cancer's goal: 90%; Nash Health Care's performance: 100%.

2. Combination chemotherapy is considered within 4 months of diagnosis for hormone receptor negative breast cancer.

Commission on Cancer's goal: 90%; Nash Health Care's performance: 100%.

3. Adjuvant hormonal therapy administered within 1 year of diagnosis for hormone receptor positive breast cancer.

Commission on Cancer's goal: 90%; Nash Health Care's performance: 100%.

4. Image guided needle biopsy performed for the diagnosis of breast cancer.

Commission on Cancer's goal: 80%; Nash Health Care's performance: 90%.

Lung Cancer Screening Saves Lives

Rachel Gorman, PR and Marketing Specialist
Terri Volk, RN, BSN, OCN, Oncology Nurse Navigator

Lung Cancer takes more lives than breast, prostate, and colon cancers combined. This year, more than 228,000 people will be diagnosed with the disease in the United States, and roughly 160,000 will die of it. In North Carolina, the health challenge is particularly pervasive. The Lung Cancer Initiative of North Carolina reports that lung cancer is the leading cause of death in the state, with 16 people dying of the disease every day.

Nash Health Care is working to combat that mortality rate by offering a convenient, low-cost lung cancer screening for patients in the counties that it serves. Those that qualify are now able to receive a sixty second test that uses a low-dose computerized tomography scan to create a series of detailed images of both lungs. It's simple, painless, and can detect lung cancer in its nascent stages, giving doctors more time to implement treatment plans and save patient lives.

The screening program was first implemented in 2015, and was made available to men and women age 55-77 who were asymptomatic but with a tobacco smoking history of at least thirty pack years, as well as to those who are current smokers, and to those who have quit smoking in the last fifteen years but have a written order for the service. During the service's initial roll out, eleven patients received a scan, three required follow up and one was diagnosed with stage one lung cancer—Allen Winstead. He and his wife, Beverly, an employee at Nash Health Care, agreed to share their story in the hopes that it might inspire others to get screened.

Allen initially got screened at the behest of Beverly. She had heard about the test from a colleague, and had noted that Allen fell under its eligibility guidelines. "I had access to the materials, and as I read . . . I saw that Allen met the criteria" she explained. "We were planning for our retirement in a few years, I wanted him to be with me for that day, so I reached out to his PCP [ed note: Primary Care Provider] and try to get the physician order." Initially, the physician's office was confused. "His triage nurse was contacting Allen wanting to know why his wife was requesting the test. [She asked] 'is there anything going on with you?' Allen said, 'no there's nothing going on, my wife said that it was a new service and it would be free and she wants me to have it' . . . we went back and forth multiple times, phone calls," but when the physician realized that Allen wanted the test done, the order was called in. "[Allen's] kind of used to me doing stuff like that, prompting him" Beverly said "Yep, that's Beverly!" Allen agreed. "It was well worth it. Well worth it. At first I thought [the screening] was stupid, but after — I owe a lot to her" he said.

The screening took no time at all, Allen related, and there was no pain. "I mean the time you walk in to the time you walk out it lasts 15 minutes." The challenging part, he said,

was after it was over. "I came in, had it done, they called me that afternoon . . . said they had seen something. They wanted me to come back in to do another test" he remembered, "that's when I went worrying." Beverly and Allen made an appointment for him to get a PET scan at Nash Health Care the next day. Even though Allen hadn't shown any symptoms, the Lung Cancer Screening had detected a nodule.

"I cried the whole time" they waited for the follow-up PET scan test results, Beverly said. "The only thing we knew was that there was a nodule, not the staging of it, we knew it was like 3 millimeters but that was all we knew. I mean it could have been benign, we didn't know" she said.

Terri Volk, Oncology Nurse Navigator at Nash Health Care, stepped in to help them figure out their next steps. "Our Nurse Navigator, Terri Volk, led the charge . . . she said you get the orders, I'll make [the appointments] happen" Beverly said. "She gave us the option [of either] Vidant or UNC . . . we chose UNC so she made an appointment for us to go up there on the following Wednesday." Allen was scheduled for a miscopy and a bronchoscopy at UNC with Drs. Rivera and Hathcock to ensure that the cancer hadn't spread, "at that point, all we could think of [was] the worst. It was very emotional, but it happened so quickly," Beverly said.

The UNC physicians came back with good news. The nodule was stage one lung cancer, but it was still isolated. The Lung Cancer screening had detected Allen's cancer early enough that it hadn't metastasized. Allen would have to get a portion of his lung removed, but there wouldn't have to be any follow-up chemotherapy, recovered in the hospital for four days, with Beverly by his side the entire time. "I wasn't going nowhere" Beverly said, "I didn't leave! . . . I stayed right there." Allen agreed, laughing "right in that little chair. That Wednesday I finally got out of the bed and let her have the bed and I slept on the chair!" The worst was over.

Nine months have passed since his surgery and today Allen says that he feels great. He quit smoking right after the Lung Cancer Screening, and even though there's "shortness of breath every now and then" he has never "felt better than I have in my life." "His daily activities have increased! He's very active" Beverly agreed. They are both happy, healthy, and back to looking forward to retirement.

"The opportunity to have the diagnostic testing here [at Nash Health Care] and the fact that we were able to work with the clinical staff at UNC [after the test was positive] . . . to think of the best plan to have, the plan of action for care, the appropriate care" was vital to her husband's wellbeing, Beverly said. Allen too, is pleased and would recommend the service to anyone that qualifies for it. He encourages his colleagues to get screened, and many of them have stopped smoking after hearing his story. "Worth every penny" he says, looking at Beverly and smiling.

If you have questions about the lung cancer screening program, please contact Terri Volk, Oncology Nurse Navigator, at (252) 962-6110 or email tvolk@nhcs.org.



Katharine Garner received her cancer care at Nash Health Care.

Supporting, Educating and Empowering Survivors Cancer Transitions: Moving Beyond Treatment and Back to Wellness

Delphine C. Wiggins, MSW, LCASA,
Oncology Social Worker, UNC Cancer Care at Nash

The U. S. government estimates that there are over 14 million cancer survivors living in the United States today, and about 62 percent of them will live five years or longer post-diagnosis. According to a 2007 Institute of Medicine report, cancer survivors face a heavy physical and psychological burden as they transition from cancer patient to survivor. As mortality rates drop and cancer is being increasingly seen as a chronic illness, patients are requiring more information and new tools to manage their health and well-being after their initial treatment ends.

Many cancer survivors report that they had a lot of support during treatment, but that it was hard for them to make a transition to a new way of life once it ended. To address that concern, UNC Cancer Care at Nash, supported by the Duke Endowment and in partnership with UNC Cancer Center, has developed Cancer Transitions, a support program intended to support survivor populations in the four-county region the hospital serves.

Cancer Transitions: Moving Beyond Treatment and Back to Wellness is a state-of-the art program designed to empower cancer survivors to take an active role in their recovery and bridge the gap between active treatment and life following cancer. The program offers answers to questions, provides education and relevant information and creates an environment where cancer survivors and their loved ones can support one another by building healthy habits, connecting with continued support, and finding a more confident, active voice as they move forward.

The free, five week program is offered twice a year and involves an Oncology Nurse and Social Worker, a Registered Dietician, and a Fitness Expert who guide patients through exercise routines, training in relaxation and stress management, nutrition plans, and long-term medical management options customized to fit their needs.

Information about Cancer Transitions may be accessed by contacting Delphine Wiggins, MSW at (252) 962-8908 or dcwiggins@nhcs.org

Nash Breast Care Center: Community Engagement

Terri Crawford, BSRT (R)(M),
Nash Breast Care Center Manager

At Nash Breast Care Center, we strive to ensure that every woman in our region receives screening services and treatment, whatever their ability to pay. In partnership with the Nash Health Care Foundation, we identify and provide important screening services to qualified patients in need: those who have never had a mammogram, those who have no insurance, and those who are underinsured in the lower income bracket that can't afford to have a mammogram, but do not qualify for the BCCCP in their respective counties.

Outreach includes several health fairs every year in the various communities that we serve. We have a successful working relationship with Rural Health Group that has 13 active locations in our community as well as Edgecombe and Nash County Health Departments. Over the past 18 months, Nash Breast Care Center and Nash Health Care Foundation completed over 576 various procedures totaling more than \$45,000 including mammograms, breast ultrasounds, breast and lymph node biopsies, and breast MRI when a diagnosis of cancer is found on prior biopsy, but insurance does not cover it. We also provide transportation assistance for those patients that require support getting to and from Nash Health Care.



Nash Breast Care Center team



Lisa Lynch recieved her cancer care at Nash Health Care.

Nash Breast Care Center

2460 Curtis Ellis Drive
250 Medical Arts Mall, Suite B
Rocky Mount, NC 27804
(252) 962-6100

Nash Breast Care Center

Terri Crawford, Manager: (252) 962-6108

Rural Health Group

Kesha Rooks, RN, BSN
(252) 536-5863

Nash County Health Department

Lorie Perry, BCCCP Coordinator: (252) 446-0027

Edgecombe County Health Department

Linda Silver, BCCCP Coordinator: (252) 641-751

Nash Health Care Foundation: Cancer Patient Assistance Fund

Stacy Jesso, VP, Chief Development Officer, Nash Health Care Foundation

In December 2015, as a part of a three year strategic focus, the Nash Health Care Foundation Board voted to allocate financial resources in support of the Cancer program at Nash Health Care. As a part of the initiative, the Cancer Patient Assistance Fund was created to ease financial hardship, by providing financial assistance to qualified patients in need.

Financial assistance commonly awarded through the Cancer Patient Assistance Fund includes:

- Assistance with co-pays for medications
- Gift cards for gas and food
- Nutritional supplements
- Assistance with household expenses, such as rent, mortgage, and utilities
- Prosthetics
- Bras
- Wigs
- Lymphedema therapy

Nash Health Care Foundation's Cancer Patient Assistance Fund also provides much-needed support for the development, implementation, and purchase of patient educational resources. These guidebooks, brochures, etc. provide crucial information about topics including screening, surgical options, medical oncology, radiation oncology, genetic testing, survivorship, rehabilitation, and nutrition.

As a result of funding support, patient information is now available on:

- Lung Cancer
- Prostate
- Colorectal
- Breast cancer

The Cancer Patient Assistance Fund also supports Nash Health Care's programmatic efforts, including:

- Cancer Survivorship support
- Supportive Therapy & Services
 - Therapeutic Massage
 - Reflexology
 - Yoga
 - Lymphedema services
 - Nutrition

The Cancer Patient Assistance Fund does not represent Nash Health Care Foundation's first foray into supporting cancer patients. In 2014, it funded the Breast Risk Assessment and Prevention program to promote community awareness, preventative care, and treatment plans for the uninsured, under-insured, and indigent population. Since then, \$132,000 has been raised to support Breast Care and over \$45,000 has been allocated for breast screenings. Referrals for this program are in partnership with the Nash and Edgecombe County Health Departments and the Rural Health Group in Roanoke Rapids, N.C. The Nash Breast Care Center aims to reach those at risk, serve more patients, and save more lives

Nash Cancer Registry

Lisa Gimber, RHIT, CTR, Certified Tumor Registrar

The Cancer Registry at Nash Health Care Systems is responsible for collecting, managing, analyzing, and reporting data and maintaining life-long follow-up on every analytic cancer case and all benign brain and central nervous system tumors diagnosed and/or receiving first-course treatment at our facility. Patients diagnosed and/or receiving first-course treatment at Nash Health Care Systems are considered analytic cases. The patients diagnosed and/or treated elsewhere and seen at Nash Health Care Systems for diagnostic work-up, in-transit care, disease recurrence or persistence are considered non-analytic cases. During 2014, 543 analytic cases and 76 non-analytic cases were added to the Nash Registry database for a total case addition of 619 cases. The Registry has added over 11,000 cases into the database since the Registry reference date of January 1, 1992.

Follow-up is conducted annually on analytic patients in the Nash Health Care Systems database since our reference date. Follow up is to determine the patient's cancer status, add any further treatments, and to analyze the effectiveness of treatments. The Registry is currently following 4,300 patients with a success rate of 92% exceeding the American College of Surgeons Commission on Cancer (ACoS) standard of 80%. Follow-up from our 5-year reference of January 1, 2009 is 94% also exceeding the target of 90%.

Statistical information gathered from the Registry data is used by area physicians, the American Cancer Society, the North Carolina Central Cancer Registry, the National Cancer Data Base (NCDB) and local hospitals

to review trends and outcomes for cancer patients. Monitoring survival statistics and disease recurrence helps improve the standard of care for patients who have cancer, certain diseases of the blood, and lymphatic systems and non-malignant brain tumors, as well as to provide data to prompt new research studies and clinical trials.

The Registry data contributes to treatment planning, staging, continuity of care for patients, evaluating outcomes and for comparative analysis with other hospitals. In order to maintain high-quality data, it is required by the ACoS that 10% of the Registry's analytic case abstracts be reviewed by a physician to ensure accuracy. This goal was met, with Dr. Andrew Weil, Dr. Doug Boyette, and Dr. Peter Mancusi-Ungaro conducting reviews of Registry abstracts.

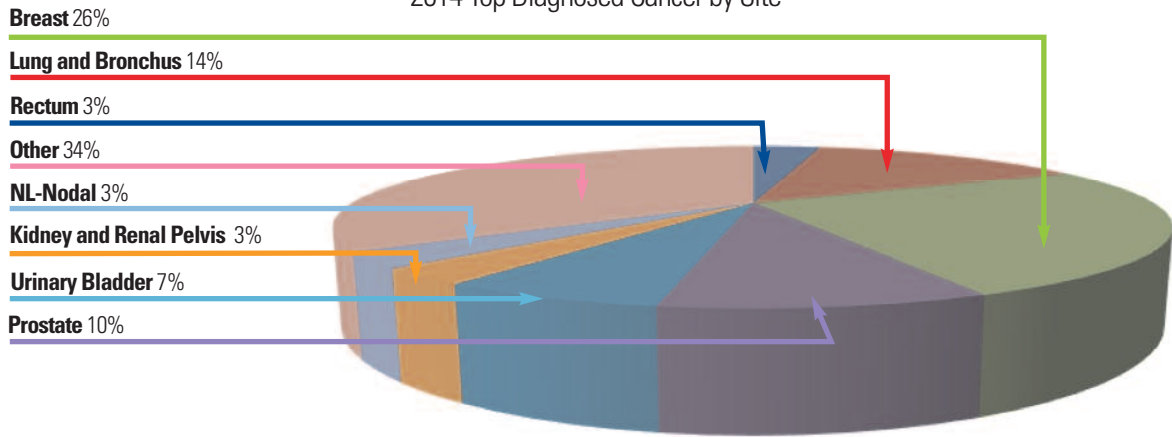
The Registry currently employs one full-time Certified Tumor Registrar and one PRN or "as needed" Certified Tumor Registrar. Both Certified Tumor Registrars are members of the NC Cancer Registrars Association (ANCCR) and the National Cancer Registrars Association (NCRA).



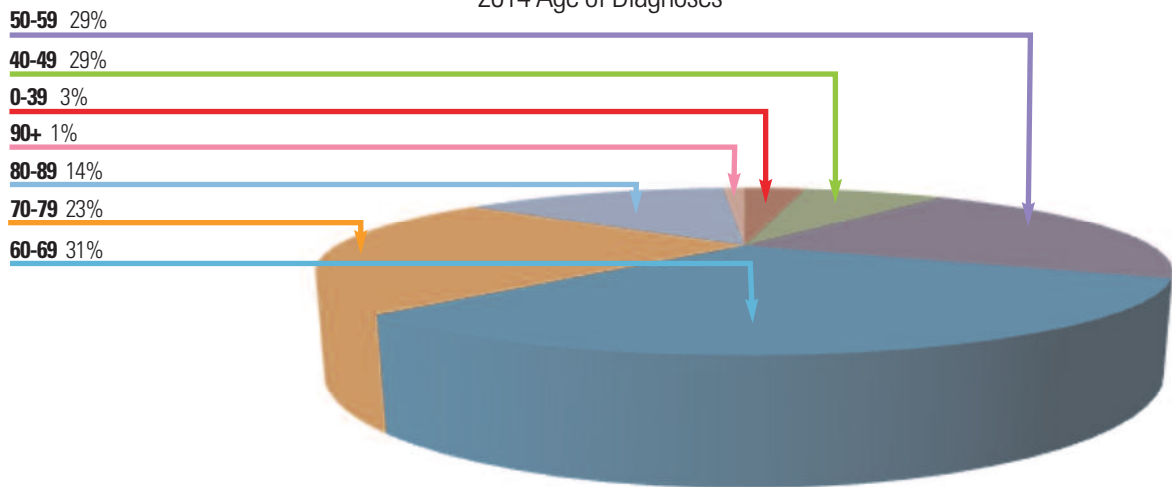
*Ashley Naleimale
received her
cancer care
at Nash
Health Care.*

UNC Cancer Care at Nash Patient Statistical Information – 2014

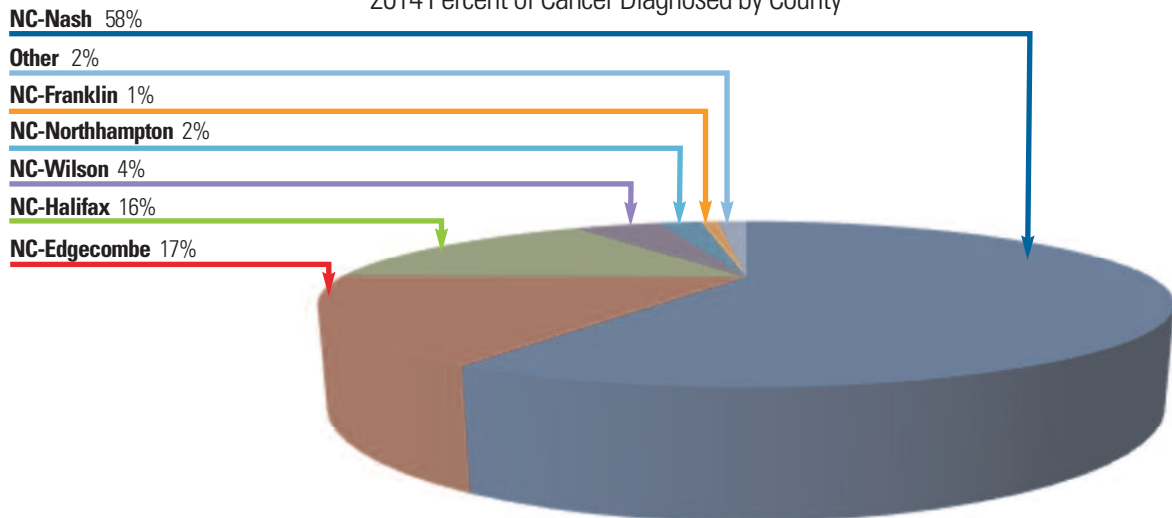
2014 Top Diagnosed Cancer by Site



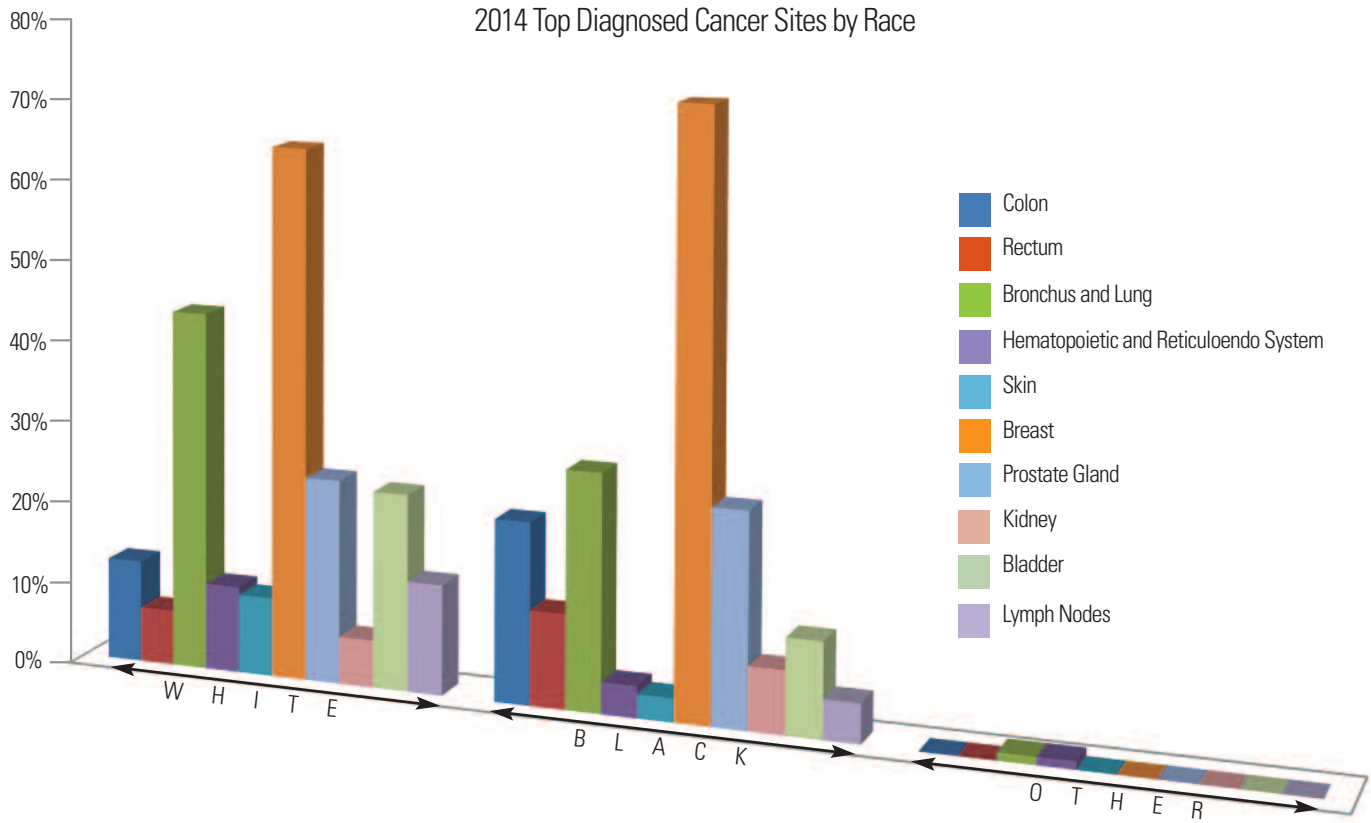
2014 Age of Diagnoses



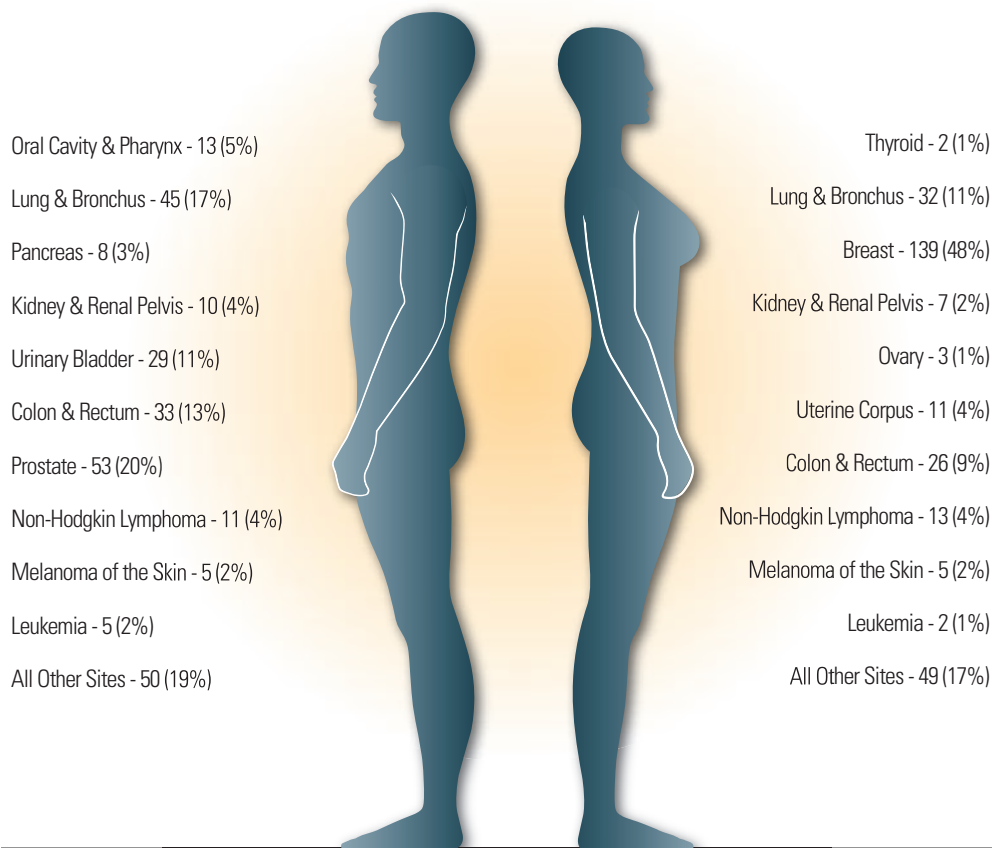
2014 Percent of Cancer Diagnosed by County



2014 Top Diagnosed Cancer Sites by Race

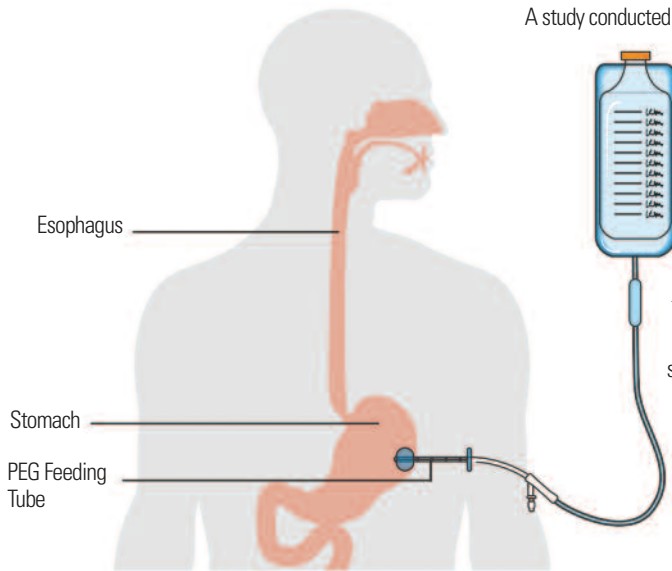


2014 Top Diagnosed Cancer Sites by Sex



UNC Cancer Care at Nash Quality Study: PEG Tube Patient Process

Jillian Hyttenhove, RD, LDN, Outpatient Nutrition Program Coordinator



A study conducted from January 2014 to June 2015 found that 69% of head and neck cancer patients have a PEG tube placed in the outpatient setting. The study also revealed that only 31% of head and neck cancer patients had home health or tube feeding formula delivery set up at the time of their PEG tube placement. In addition, it was found that there is not a standard PEG tube placement education packet given to the patient upon discharge.

Many of these patients may wait weeks from the time their PEG tube is placed and home enteral nutrition is set up for them. This is problematic because many are already malnourished and nutritionally compromised. This delay can negatively impact their overall health and ability to successfully complete cancer treatment.

Since this study was conducted, a standard PEG and tube feeding information sheet was created and uploaded to Cerner so nursing staff can give this to the patient upon discharge. Copies were also made available to Nash Day Endoscopy. The packet provides the patient with basic tube feeding instructions and how to care for the PEG tube at home. An outpatient dietitian was also made available to provide education to head and neck patients on how to use their feeding tube and facilitate home enteral nutrition delivery for those patients who need it.

New Facility: Under Construction

The UNC Cancer Care at Nash will begin renovations and construction on a comprehensive community cancer center in late 2016. With the addition of a new Medical Oncologist, Dr. Alston-Johnson, the UNC Cancer Care at Nash will now offer medical oncology and radiation oncology services in one location. Construction plans include relocating outpatient chemotherapy infusion and outpatient infusion to Nash Day Hospital. More information will be shared as space plans are finalized late summer of 2016. Estimated cost for this project is \$6 million.



UNC Cancer Care at Nash

A service of Nash Hospitals

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