

OUTCOMES REPORT 2015
ONCOLOGY PROGRAM

Compassion,
Collaboration and
Community Connections



A MESSAGE FROM THE LEADERSHIP



Rajiv Datta, MD
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COMPASSION, COLLABORATION AND COMMUNITY CONNECTIONS

We all know that good medical care means more than good medicine; South Nassau Communities Hospital (SNCH) Gertrude & Louis Feil (GLF) Cancer Center's vision is to bring advanced diagnostic capabilities, innovative cancer treatment and compassionate supportive care to our patients. This means integrating modern treatment and supportive care services with comprehensive community cancer prevention and education, early detection and cancer screening programs—and doing all of this with a patient-oriented philosophy.

Our comprehensive program is enhanced by a strong team-oriented approach. By hosting multi-disciplinary conferences between Medical and Radiation Oncologists, Surgeons, Pathologists, Radiologists and other experts, the most appropriate, individualized treatment care plans are formulated. The entire SNCH Cancer Program staff is focused on healing and treating the mind, body and spirit. Specially-trained Nurse Navigators, Licensed Social Workers and Certified Dietitians provide the balance between innovative, expert treatment and personalized survivorship care.

For the 2015 Cancer Program Annual Report, it is our pleasure to draw attention to just a few of the many program highlights, offerings and available services:

- In May 2015, the SNCH Cancer Program was surveyed for reaccreditation by the American College of Surgeons Commission on Cancer. Our program received the 2015 Commission on Cancer Outstanding Achievement Award. This is the third consecutive survey cycle (2009, 2012 and 2015) for our program to receive this award.
- *Becker's Hospital Review* named SNCH to its 2015 edition of "100 hospitals and health systems with great oncology programs." The hospitals included on this list lead the way in care for patients with cancer and have received recognition for their clinical outcomes, multidisciplinary care teams, clinical expertise, oncology research, and cancer education and prevention efforts.
- The SNCH Cancer Committee accomplished its 2015 goal to establish a Lung Cancer Center of Excellence through the development of coordinated care between specialties: Pulmonology, Thoracic Surgery, Radiology, Radiation Oncology and Medical Oncology. The subcommittee will develop and provide recommendations to enhance services for this patient population through the addition of new technology and marketing strategies for the program.

- The Department of Surgical Oncology continued to expand with the appointment of Michael Herman, MD, as the Director of Urologic Oncology. Dr. Herman is board certified in Urology. With Dr. Herman's arrival to SNCH, he began treating patients with cryosurgery (cryo-ablation), a minimally invasive procedure for prostate cancer patients. Dr. Herman also began seeing patients in a sessional arrangement with Urology Associates, LLC in Freeport.
- F-3, the medical-surgery unit designated for oncology patients, won SNCH's *Journey to Excellence* award for the 3rd quarter of this year. F-3 was the most improved among all the units in the hospital, with significant increases in patient satisfaction scores in 21 of the 25 survey questions. Patients discharged by the unit reported that the nursing staff scored high in the following areas: prompt assistance with bedpan or bathroom needs, staff considerate of the post-discharge preferences of both patient and family; unit quiet at night; and thorough explanations of new medications.
- For the eighth consecutive year the Cancer Registry at SNCH received the NYSDOH Recognition Certificate for Completeness and Timeliness of Cancer Reporting based on 2014 case submissions.
- Radiation Oncology began implementing the Xofigo® injection treatment, a 2015 enhancement to the clinical services currently offered to prostate cancer patients. Xofigo is a radiopharmaceutical (radium-223) injection treatment for patients that have castration-resistant prostate cancer with symptomatic bone metastases and no known visceral metastases.
- The ELCAP study for 2015 resulted in 153 new enrollee scans, 74 annual scans and 85 ancillary findings from the study scans. The study location was successfully relocated to RALI and a new payment schedule was released for repeat scans. The SNCH Clinical Research team presented a poster of this study data at the 2015 Nassau Surgical Society Annual Clinic Day.
- The SNCH Clinical Research department entered into an agreement with Clinical Research Alliance, Inc. This agreement will allow the research department access to open industry-sponsored studies for oncology specific research trials.
- The SNCH 2nd Annual Clinical Research Day was held on February 5, 2015 at the hospital Conference Center and was a success with 75 medical and nursing professionals in attendance and 26 posters featured. There were also 5 speakers including Dr. Christine Hodyl and Dr. Thomas Zimmerman who spoke on various medical topics.
- SNCH marked Breast Cancer Awareness Month on October 15th with multiple activities:
 - Staff from surgical oncology and CWI staffed an education table in the Lottie Schamroth Conservatory and distributed to visitors educational brochures and pamphlets on early detection and prevention as well as treatment management.
 - A continuing education seminar, moderated by Christine Hodyl, DO with lectures given by SNCH top cancer experts Rajiv Datta, MD and Leester Wu, MD, offered the latest research and treatment options in breast cancer to the staff. Geri Barish, president of 1in9, The Long Island Breast Cancer Action Coalition, promoted the importance of survivorship to the group.

A MESSAGE FROM THE LEADERSHIP

- In partnership with the Department of Community Education, the GLF Cancer Center screened more than 500 participants for cancer. The screenings included prostate, skin, head and neck, colorectal and lung cancers. South Nassau followed its distinct process for communicating all abnormal results to the participants and helping them navigate any further testing or treatment needed.
- The physicians and staff of the GLF Cancer Center participated in many community speaking events and presented educational talks on topics including melanoma, prostate cancer, cervical cancer and breast cancer. In addition, the staff attended the fifth Annual Breast Cancer Summit, the Annual Glow of Hope celebration on October 8 and spoke to a group at the Atria Tanglewood on October 15th as part of the annual donation of pink scarves, hats and caplets knitted by the residents for patients undergoing cancer treatments at SNCH.
- The Radiation Oncology and Gamma Knife programs consistently maintained patient satisfaction scores above 90%.
- The 2014 collection of data was completed by the Cancer Registry revealing that the Gertrude and Louis Feil Cancer Center diagnosed and/or treated 968 newly diagnosed cancer patients and 504 patients came to the center with disease recurrence or progression.
- The LEAN project implemented in the surgical oncology and UROGYN practices in 2013 continued to be a success throughout the year. The initiatives implemented resulted in a reduction in wait times for new patient appointments down to approximately 1 week and a reduction in the average time to check in and register patients. The staff was cross-trained to support each other to have an integrated approach and provide an exceptional patient experience.
- The Department of Radiation Oncology participated in a LEAN Project which started with four days of training in the methodology. The goal of the project was to eliminate duplication between the hospital and off- site office. The LEAN team devised a number of initiatives that will help the Department streamline many of its processes. A number of the findings from this project were implemented immediately, while others will continue into 2016.
- The F-3 Unit Based Council along with Pastoral Care, Volunteers, and Hospice of NY worked together to make a comfort cart. The items for comfort are given to our patients at the end of life or near end of life. The staff held raffles to raise money, collected donations and supplied items as needed. The comfort cart, pillows and blankets were donated by Hospice of NY.
- In May 2015, the South Nassau Oncology Practice, PC began purchasing chemotherapy and other pharmaceutical agents through a group purchasing agreement with McKesson Specialty Pharmacy. This has allowed the practice to begin buying and billing for these agents for their patients undergoing treatment.
- In 2014, the Department of Radiation Oncology identified the opportunity to improve code capture and efficiency of charge documentation for Gamma Knife patients. During

2015, the team worked closely with the Access Services Department to establish a process which enables the daily billing to be completed in a well-organized and efficient manner. This new process minimizes errors and allows for real time corrections as needed.

- Improved setup reproducibility using the prone breast radiation therapy board by adding several set-up steps to the process that help identify whether or not a patient is tilted into the prone board opening too much, too little, or just right. Since making the changes, the radiation therapists have reported that setups are much more reproducible. Equally important, the dose measurements have all been within expected ranges.
- In mid-November 2015, Radiation Oncology completed an extensive upgrade to our Mosaik Patient Management System (EMR), from version 2.00 to 2.62. This upgrade puts our department in compliance with EMR "Meaningful Use" requirements.
- On December 13, 2015, the Radiation Oncology physics group, working with Facilities and DD&C, completed a major upgrade of our ExacTrac image guidance system on the Novalis Tx™ linear accelerator. The ExacTrac system allows us to treat stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT), whereby we deliver ablative radiation doses to tumors with sub-millimeter accuracy. The new enhancements include an additional x-ray generator which will make the process more efficient, thus minimizing the chances for patient movement during the treatment.
- In early 2015, the physics group in Radiation Oncology tested and commissioned for clinical use a new dose measurement system, known as Optically Stimulated Luminescent Detectors (OSLDs). This system consists of extremely small dose detectors (known as nanoDots) that may be placed on the patient's skin prior to radiation therapy treatment. Following the radiation therapy delivery, physics staff uses a special dosimetric reader and software to report the measured dose delivered to the patient. In this way, we can verify the accuracy of our treatments. The OSLDs have proven to be an extremely valuable component of our quality assurance program.

This 2015 Outcomes Report is a product of the efforts of many professionals who have contributed their expertise and energy to the improvement of cancer care in our community, and is based on 2014 statistical data. Please enjoy this comprehensive report and feel free to contact us for more information on cancer services for you or your patients



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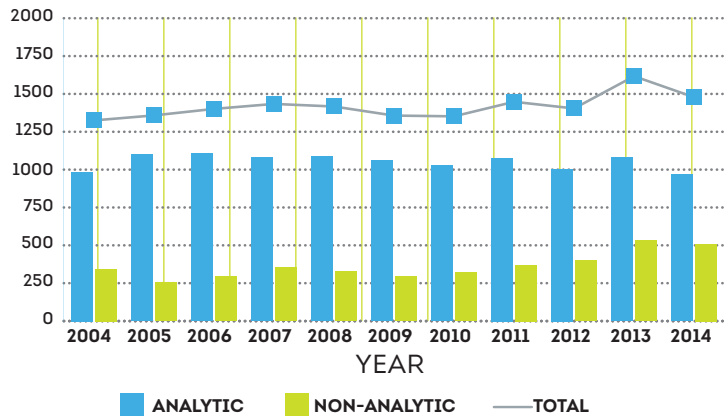
SUSAN WU, MD
Pathology

2014 STATISTICAL REVIEW

The quality of cancer care comes down to more than statistics. However, reviewing our Cancer Registry data allows us to gain a deeper insight into trends regarding incidence, demographics, treatment, and outcomes of those who come to SNCH for care. For the second year in a row (*), the number of new diagnoses dropped from the prior years, although very slightly, which reverses years of steady increases (figure 1). Noteworthy drops were seen in bladder, prostate and GYN cancers, but more melanomas, and benign brain tumors were diagnosed. (* The increases noted in 2013 caseload, specifically those patients who came to SNCH for recurrence or progression of disease, is attributed to the support provided to NYU after Superstorm Sandy damaged NYU's Radiation Oncology equipment).

Figure 1
CASELOAD TREND
SNCH 2004-2014

SOURCE: American Cancer Society Facts and Figures 2014 Estimates, SNCH Cancer Registry 2014 Cases



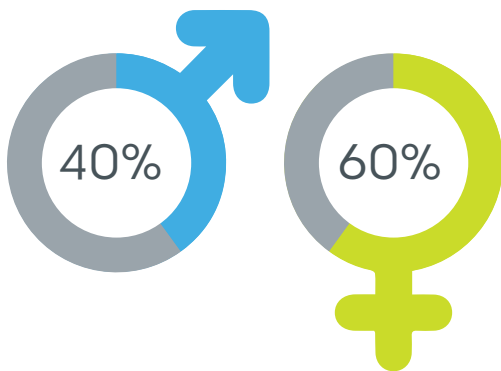
As has been the case for many years, cancers of the breast, lung and colorectal cancer were the top three malignancies seen at SNCH, followed by, GYN, CNS/brain, prostate and bladder cancer. This mirrors state and national trends (figure 2).

Figure 2
MOST PREVALENT
CANCER SITES
SNCH 2014 vs ACS 2014

	SNCH	NATIONAL	NYS
BREAST	23%	14%	14%
LUNG	14%	13%	13%
COLORECTAL	13%	8%	8%
GYN	7%	6%	5%
PROSTATE	6%	14%	14%
BRAIN/CNS	6%	2%	N/A
BLADDER	5%	4%	5%

Figure 3

MALE VS. FEMALE



Although cancer does not discriminate based on sex, there were more women than men diagnosed at SNCH (60% vs. 40%), which likely reflects the higher incidence of breast and gynecological cancers than exclusively male cancers (figure 3).

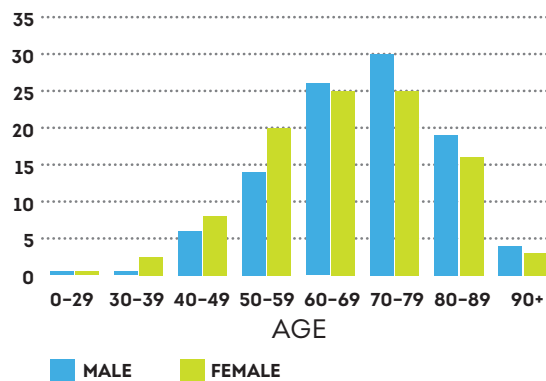
Diagnosis by age continues to show a relatively low incidence of cancer until the fourth decade

of life for women and the fifth decade for men, with a peak incidence seen in the seventh and eighth decades, followed by a drop in the ninth and tenth decades (figure 4). Given the demographics of the United States, even if the incidence of cancer decreases, the overall number of people being diagnosed over the coming years is very likely to increase substantially, thus underscoring the need for a robust healthcare system with capacity to provide care to those affected.

These “hard numbers” confirm that SNCH continues to provide high-quality cancer care, but there are other aspects of treatment, including diet, lifestyle changes, counseling, support groups, navigation, a multidisciplinary team approach, and survivorship, that enhance patient care. The reports that follow clearly show that these are also available in abundance to those in our community who walk through the doors of the Cancer Center.

Figure 4

AGE AT DIAGNOSIS BY GENDER



2014 CASELOAD		Sex		Class of Case		Stage Distribution						
Primary Site	Total	M	F	Analy	NA	Stg 0	Stg I	Stg II	Stg III	Stg IV	N/A	Unk
Total Caseload	1,472	587	885	962	510	108	310	149	112	146	115	22
ORAL CAVITY & PHARYNX	16	13	3	9	7	0	3	1	0	5	0	0
Tongue	5	2	3	4	1	0	3	0	0	1	0	0
Salivary Glands	3	3	0	2	1	0	0	0	0	2	0	0
Gum & Other Mouth	1	1	0	1	0	0	0	1	0	0	0	0
Nasopharynx	1	1	0	0	1	0	0	0	0	0	0	0
Tonsil	3	3	0	2	1	0	0	0	0	2	0	0
Hypopharynx	1	1	0	0	1	0	0	0	0	0	0	0
Other Oral Cavity & Pharynx	2	2	0	0	2	0	0	0	0	0	0	0
DIGESTIVE SYSTEM	235	132	103	185	50	21	43	38	34	38	2	9
Esophagus	15	11	4	9	6	0	1	2	2	3	0	1
Stomach	15	11	4	8	7	0	1	0	3	3	0	1
Small Intestine	5	3	2	4	1	0	0	2	1	1	0	0
Colon Excluding Rectum	103	56	47	92	11	19	19	19	15	15	0	5
Rectum & Rectosigmoid	36	21	15	31	5	2	12	3	6	7	0	1
Anus, Anal Canal & Anorectum	4	1	3	4	0	0	1	2	1	0	0	0
Liver & Intrahepatic Bile Duct	8	4	4	3	5	0	0	0	0	0	2	1
Gallbladder	2	1	1	2	0	0	1	0	1	0	0	0
Other Biliary	5	4	1	3	2	0	2	1	0	0	0	0
Pancreas	39	20	19	27	12	0	5	9	4	9	0	0
Retroperitoneum	1	0	1	1	0	0	1	0	0	0	0	0
Peritoneum, Omentum & Mesentery	1	0	1	1	0	0	0	0	1	0	0	0
Other Digestive Organs	1	0	1	0	1	0	0	0	0	0	0	0
RESPIRATORY SYSTEM	204	91	113	143	61	1	34	11	34	61	0	2
Larynx	11	8	3	4	7	0	1	2	0	1	0	0
Lung & Bronchus	193	83	110	139	54	1	33	9	34	60	0	2
SOFT TISSUE	11	5	6	8	3	0	2	2	4	0	0	0
Soft Tissue (including Heart)	11	5	6	8	3	0	2	2	4	0	0	0
SKIN EXCLUDING BCC & SCC	45	19	26	31	14	8	14	4	1	4	0	0
Melanoma -- Skin	45	19	26	31	14	8	14	4	1	4	0	0
BREAST	356	0	356	216	140	54	94	47	14	5	0	2
Breast	356	0	356	216	140	54	94	47	14	5	0	2
FEMALE GENITAL SYSTEM	96	0	96	72	24	0	42	5	6	15	3	1
Cervix Uteri	6	0	6	4	2	0	2	1	0	1	0	0
Corpus & Uterus, NOS	47	0	47	43	4	0	34	3	1	4	1	0
Ovary	33	0	33	21	12	0	5	1	4	10	0	1
Vagina	5	0	5	1	4	0	1	0	0	0	0	0
Vulva	2	0	2	0	2	0	0	0	0	0	0	0
Other Female Genital Organs	3	0	3	3	0	0	0	0	1	0	2	0
MALE GENITAL SYSTEM	99	99	0	58	41	0	20	28	2	6	0	2
Prostate	95	95	0	54	41	0	17	28	2	6	0	1
Testis	4	4	0	4	0	0	3	0	0	0	0	1
URINARY SYSTEM	100	74	26	79	21	24	31	8	6	3	1	6
Urinary Bladder	67	57	10	52	15	23	18	6	0	0	0	5
Kidney & Renal Pelvis	26	14	12	20	6	0	12	1	4	3	0	0
Ureter	5	3	2	5	0	1	1	0	2	0	0	1
Other Urinary Organs	2	0	2	2	0	0	0	1	0	0	1	0
EYE & ORBIT	1	1	0	0	1	0	0	0	0	0	0	0
Eye & Orbit	1	1	0	0	1	0	0	0	0	0	0	0
BRAIN & OTHER CNS	92	38	54	59	33	0	0	0	0	0	59	0
Brain	19	12	7	7	12	0	0	0	0	0	7	0
Other CNS	73	26	47	52	21	0	0	0	0	0	52	0
ENDOCRINE SYSTEM	43	11	32	31	12	0	18	0	6	1	6	0
Thyroid	30	7	23	25	5	0	18	0	6	1	0	0
Other Endocrine including Thymus	13	4	9	6	7	0	0	0	0	0	6	0
LYMPHOMA	58	33	25	27	31	0	9	5	5	8	0	0
Hodgkin Lymphoma	5	2	3	4	1	0	0	1	2	1	0	0
Non-Hodgkin Lymphoma	53	31	22	23	30	0	9	4	3	7	0	0
MYELOMA	20	14	6	6	14	0	0	0	0	0	6	0
Myeloma	20	14	6	6	14	0	0	0	0	0	6	0
LEUKEMIA	35	23	12	11	24	0	0	0	0	0	11	0
Lymphocytic Leukemia	17	9	8	3	14	0	0	0	0	0	3	0
Myeloid & Monocytic Leukemia	15	11	4	6	9	0	0	0	0	0	6	0
Other Leukemia	3	3	0	2	1	0	0	0	0	0	2	0
KAPOSI SARCOMA	1	1	0	0	1	0	0	0	0	0	0	0
Kaposi Sarcoma	1	1	0	0	1	0	0	0	0	0	0	0
MISCELLANEOUS	60	33	27	27	33	0	0	0	0	0	27	0
Miscellaneous	60	33	27	27	33	0	0	0	0	0	27	0

TREATMENT PLANNING CONFERENCES AND EVIDENCE-BASED CARE

Patient-focused weekly Cancer Conference meetings provide a forum for discussion of complex cases. Multidisciplinary physician attendance and presentation of the AJCC Cancer Staging schema's and National Comprehensive Cancer Network (NCCN) guidelines contributes towards the most appropriate management of the disease. Clinical trial options are discussed as presented by physicians and the Clinical Research Coordinator. The SNCH Cancer Conference is also supported by surgical and OB/GYN residents, medical students, community physicians as well as ancillary staff from palliative care, nursing, social work and cancer registry. Two hundred and sixty-six (266) cases were presented in 2015 which amounts to 27% of the annual analytic caseload. Ninety-six percent (96%) of the cases presented were in the diagnosis, staging, and/or treatment phase at presentation.

One way to measure the quality of care a program provides to its patients is to measure its adherence to evidence-based treatment guidelines. In 2015, the leaders of SNCH Cancer Program sought to determine rates of and factors associated with adherence to the National Comprehensive Cancer Network (NCCN) treatment guidelines. Since lung cancer is both deadly and frequent, its appropriate care has a great impact on our community, therefore a study was designed to look at Stage III Lung

Cancer as this is the stage of disease for which multidisciplinary care and meticulous workup is the most critical. Cancer Registry data of stage III non-small cell lung cancers diagnosed 1/1/2004 to 12/31/2014 was utilized. Derived AJCC stage group was used in determining which cases to select. Patients who underwent surgical resection were excluded from the study as were patients that were diagnosed and expired in the same hospital admit without treatments. Patients who went elsewhere were also excluded.

When one looks at treatment, what is most clear is that SNCH non-surgical patients are receiving (78%), or being offered (100%) appropriate treatment options based on their pre-treatment evaluation results and stage of disease at diagnoses. These options include pre-operative systemic therapy (chemotherapy) in combination with or sequential to radiation therapy. Single modality treatment was administered as warranted for those patients unable to tolerate concurrent or one particular modality of therapy. Concurrent chemotherapy (CRT) regimens used were carboplatin and taxol or cisplatin and etoposide. The most commonly prescribed Radiation Therapy (RT) dose range was 6000 – 7000 cGy. Patients who opted to stop treatment, experienced complications unrelated to treatment or received palliative RT (SVC syndrome) account for the dose outliers.

IMPROVING PATIENT CARE

South Nassau's Department of Radiation Oncology began using a prone breast board (manufactured by Bionix® Radiation Therapy) for breast radiation therapy treatments in August 2014. The prone breast board consists of a foam platform upon which the patient rests. The contralateral breast is supported by an elevated platform known as the breast bridge, while the ipsilateral breast hangs down through an opening. The radiation beams only focus on the tissue in the opening.

Prone breast setups offer many advantages over supine setups for certain breast patients. Radiation therapy with the prone setup results in significantly less heart and lung involvement, and thus reduced cardiotoxicity and morbidity from ipsilateral lung disease. These dosimetric improvements are more pronounced for large, pendulous breasts.

Both the supine and the prone breast boards serve the same purpose – to provide support and reproducible positioning. However, prone breast radiation therapy requires a completely different setup than the traditional supine setup, and presents a unique set of challenges. This stems from the fact that the region to be irradiated cannot be well visualized by the radiation therapist.

Due to the unique challenges with prone breast setups, South Nassau's radiation therapists encountered a steep learning curve in obtaining reproducible setups. The general setup has

three steps. First, the therapist "biangulates" the patient, aligning the patient's setup marks on the posterior and lateral skin surface with room laser crosshairs. Second, the therapist measures the overhead distance from the radiation source to the patient's skin (known as the posterior source-to-skin distance, or SSD.) This SSD measurement must agree with the treatment plan. Otherwise, patient repositioning and repeating the above two steps are warranted. The third step is a shift to the treatment point, or isocenter, roughly in the center of the breast treatment area. Due to the inherent nature of the prone breast board, the radiation therapist cannot visualize the entire breast that is in the radiation field. This presents a challenge in ensuring a reproducible setup from day to day. Ideally, the patient's position in the board will be identical to that acquired at the time of the treatment planning CT. In practice, the radiation therapists have seen day-to-day variations in the amount of side-to-side "roll" into the opening of the breast board. This variability causes a change in the location of the treatment isocenter, as well as the rotation of the patient as seen by the radiation beams. Even with an accurate following of the three setup steps, positioning may vary from day to day.

Radiation therapy staff came to the physics group with this issue, as the repeating of setups was affecting efficiency of treatment. Our physicists considered setup changes to help identify whether or not a patient is tilted into the

prone board opening too much, too little, or just right. The physicists decided to add a setup step – in addition to the posterior SSD measurement, therapists will rotate the treatment machine 90 degrees and then measure a lateral SSD as well. The final shift to treatment position shall not be done until both the posterior and lateral SSD measurements are within 5 mm of that specified in the treatment plan. If outside of this tolerance, therapists reposition the patient. The extra measurement would alert the therapist if the patient's tilt into the board opening is not "just right" before taking the extra setup steps, filming the patient, and treating the patient.

Two more recommendations were made. First, the therapists would ensure that the patient's clavicle is not in the prone board opening, but is supported by the upper part of the

board for a more stable positioning. A second recommendation was to place a radiation dose detector on the patient's skin at the first treatment for every prone breast patient (at 2 cm beyond midline toward the contralateral breast). At this skin location, we would expect dose to be in the range of 10%-25% of the prescribed radiation dose (depending on the custom treatment plan).

Since initiating the new setup policies, our dose measurements have all been within expected ranges of 10-25%. Equally important, since making the setup changes mentioned above, the radiation therapists have reported that setups are much more reproducible. We continue, as a matter of policy, to measure dose at every first treatment for prone breast.

CLINICAL EDUCATION ACTIVITY

The Cancer Center marked Breast Cancer Awareness Month on October 15th by providing a continuing education seminar to the hospital staff and any visitors who wanted to attend. The event, moderated by Christine Hodyl, DO, offered latest breast cancer information on AJCC cancer staging schema, research and treatment options from the NCCN with lectures given by

SNCH top cancer experts Rajiv Datta, MD and Leester Wu, MD. Geri Barish, president of 1in9, The Long Island Breast Cancer Action Coalition, promoted the importance of survivorship to the group. Over 85 staff took part in the half day event that awarded CME and CNE to those who participated.

EARLY DETECTION, AWARENESS AND SUPPORT ACTIVITIES

Based on the results of the Community Health Needs Assessment (CHNA, 2013 - 2015) and SNCH 3-Year Comprehensive Community Service Plan, programs are offered based on identified needs of target populations as evidenced by disease rates, community requests and/or selected communities as outlined in the CSP. Our programs follow national evidence-based screening guidelines and our follow-up process ensures that all screening participants are provided with a written copy of their results, either onsite or by mail as applicable based on type of screening conducted, that the information is sent to participants' primary provider if requested, and individuals who have findings that require further review and/or testing are provided with appropriate resources for referral and follow-up.



SKIN CANCER SCREENINGS

- July 10 and September 18
- Cooperative project with local dermatologist
- 148 screened
- 47 referred, 35 biopsies recommended
- 6 malignancies diagnosed:
1 Squamous Cell Carcinoma, 4 Basal Cell Carcinoma, 1 melanoma

PROSTATE CANCER SCREENINGS

- June 11; September 8 and 29; October 17
- Cooperative project with radiation oncologists and local urologist – American Cancer Society
- 136 total screened
- 14 elevated PSA results were referred for follow-up

HEAD AND NECK CANCER SCREENINGS

- June 11 and October 17 – American Cancer Society/Oral Cancer Foundation
- 60 participants
- 9 referred for further evaluations

COLORECTAL CARE KIT DISTRIBUTION

- March 19, May 4
- INSure FIT - Fecal Immuno-chemical Test – American Cancer Society
- Target populations identified
- 42 attendees
- 7 kits distributed to eligible individuals generated
- 2 kits were returned, all results were negative

LUNG CANCER SCREENING – (ELCAP) EARLY LUNG CANCER SCREENING PROJECT

- All year
- Evidence based program – National Comprehensive Cancer Network
- 153 new participants
- 74 annual follow-up scans
- No lung cancers identified
- 85 Ancillary findings

42 COMMUNITY LECTURES AND 23 HEALTH FAIRS AND RELATED COMMUNITY EVENTS

provided general health promotion, cancer prevention and awareness information, tobacco use/smoking cessation material to more than 1000 community residents. Lecture Topics included: heart health, healthy eating and activity, staying psychologically healthy as you age, what you need to know about colorectal cancer, reducing screen time, smoking cessation, diabetes self-management, relaxation and stress reduction, melanoma awareness, new treatment options for prostate cancer, importance of screening and early detection of cervical cancer, choking prevention, breast cancer awareness, stroke prevention, proper body mechanics.



AWARD-WINNING CANCER PROGRAM



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