



**Community**  
Hospital Anderson

# Community Cancer Care



*Tahir Naqvi, M.D. with a patient*



*Kim Stephens, RN;  
Katie Elliott;  
Jill Hensley, RN*



*Cathy Tieman, RpH, Pharmacist; Gloria Hoyle, PharmD, Pharmacist;  
Terri Reason, RN, Oncology Nurse*



*Roger Brockman, M.D.  
discussing how  
mammograms are read*

## *Cancer treatment close to home*

- Accredited by the American College of Surgeons Commission on Cancer
- National Accreditation Program for Breast Centers (NAPBC)
- Board certified physicians

On behalf of Community Hospital Anderson's cancer care services, I am pleased to present the 2011 annual report, displaying registry data from 2010. Our cancer committee, together with our cancer center staff strive to provide our community with exceptional cancer care. This is validated by our notable distinctions from the Commission on Cancer and the National Accreditation Program for Breast Centers. In addition to high quality care, we also provide genuine compassion for our patients, as we stand with them and truly treat their body, mind and spirit during this time in their lives.



Marsha Sherrell

This year, our annual report presents data and findings regarding the diagnosis and treatment of colorectal cancer. We hope you find this information helpful in understanding and appreciating the tremendous progress we have made in caring for our patients this year, as well as those who will be diagnosed and treated in years to come.

Marsha Sherrell  
Director of Cancer Services



## Cancer Center Staff

**Front row:** Katie Elliott, cancer registrar, Christina Thompson, MA, Angel Lyons, RN, clinical manager, Jayna Swanson, Stanna Roland, RN, OCN  
**Second row:** Cathy Tiernan, RPH, Laura Littleton, LPN, Debbi Smith, Judy Overby, RN, Tahir Naqi, M.D., medical oncologist, Marsha Sherrell, director, Lori Real, oncology office coordinator, Susan Gray, Gloria Hoyle, PharmD, Tammy Klingler, Terri Reason, RN  
**Back row:** Brenda Gates, RN, OCN, Russell Bukowski, RN, OCN  
**Not pictured:** Sherry Wasson, Pat Neal, LPN, Tena Turner, RN, Angie Ledford, LPN, Penny Metsker

## Meet our Cancer Leadership Team

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**. Surveyed every three years we were awarded three year accreditation with commendation in six areas, including outcomes analysis; submission of quality data; CAP guidelines followed for pathology reports; prevention and early detection programs; cancer education for registry staff and cancer-related quality improvements.



**Front row:** Brandy Hill, Pat Woods, Sonia Smythe, Kim Stephens, Cecilia Williams, Katie Elliott, Gloria Hoyle, Danielle Olney, Jill Hensley, Jennifer Nemunaitis-Keller, M.D.,  
**Second row:** Angel Lyons, Tahir Naqi, M.D., Boguslaw Uchman, M.D., Dick True, James Currier, M.D., Brenda Gates, Marsha Sherrell, Stanna Roland, Mindy Burch, Beth Tharp, Brandie Preston, D. Benjamin McCurdy, M.D.  
**Not Pictured:** Joseph Porcaro, M.D., Valarie Godfrey, Lesia McBride, Cathy Tiernan

### Cancer Committee Team

**Tahir Naqi, M.D.**  
**COC Cancer Liaison**  
Board Certified Medical Oncologist  
Board Certified Hematologist  
Board Certified Palliative Care

**D. Benjamin McCurdy, M.D.**  
Board Certified General Surgeon  
including Breast Surgery

**Boguslaw Uchman, M.D.**  
**Committee Chair**  
Board Certified Pathologist

**James Currier, M.D.**  
Board Certified Radiation Oncologist

**Jennifer Nemunaitis-Keller, M.D.**  
Board Certified OB/GYN

**Joseph Porcaro, M.D.**  
Board Certified Radiologist

**Marsha Sherrell**  
Director of Cancer Services  
Cancer Registry Coordinator

**Beth Tharp, RN**  
Vice President of Patient Care Services

**Angel Lyons, RN**  
Clinical Manager, Cancer Services  
Quality Improvement Coordinator

**Katie Elliott**  
Cancer Registry  
Cancer Conference Coordinator

**Mindy Burch, CTR**  
Cancer Registry

**Jill Hensley, RN**  
Breast Health Navigator  
Community Outreach Coordinator

**Kim Stephens, RN**  
Breast Health Navigator

**Stanna Roland, RN, OCN**  
Oncology Nursing

**Valarie Godfrey**  
Manager, Women's Center

**Sonia Smythe, RN**  
Quality Assurance

**Gloria Hoyle, PharmD**  
Pharmacy

**Brandy Hill**  
Marketing and Community Relations

**Dick True**  
Chaplain

**Brandie Preston**  
Clinical Research

**Brenda Gates, RN, OCN**  
Oncology Nursing

**Lesia McBride, RN**  
Quality Assurance

**Pat Woods, RN**  
Case Management/Social Services

**Cathy Tiernan, RPh**  
Pharmacy

**Danielle Olney, RD**  
Dietitian

**Cecilia Williams**  
American Cancer Society

## 2011 Quality Improvement Data Study Colon Cancer

Analysis Reviewed by Tahir Naqvi, M.D.



A data study of 2006-2010 colon cancer cases has been reviewed at Community Hospital Anderson (CHA) and compared with national data of age, stage, treatment and survival. An observed five year survival study was also done for 2001-2005 data by age group and stage. It is noted that Community Anderson had 113 colon cancer patients from 2006-2010, compared to 76,000 nationally.

The age at the time of diagnosis at CHA is comparable to those nationally diagnosed, with the majority of patients diagnosed ages 60 - 99. The number of patients with early stages, stage I and II colon cancer is comparable at CHA to the national data. However, significantly more patients were diagnosed in stages II and IV nationally than at Community Hospital Anderson, noting 23% stage III nationally versus 8% at CHA and 18% stage IV nationally versus 10% at CHA.

Treatment modalities used including surgery and chemotherapy for both are comparable. Surgery nationally at 61% and 59% at CHA; Surgery with chemotherapy 25% nationally and 24% at CHA.

Survival based on age group in Anderson was 100% for patients between ages 1 - 49; 77% between ages 50 - 69; and 50-55% for ages 70 and older. Year to year survival rates were similar between CHA and nationally from years one through three. Survival rates were better at CHA for years four and five, 67% CHA versus 59% nationally; and 67% versus 55%, respectively.

Survival data based on stage was better at CHA, stage I through stage IV, except stage III where it was comparable, 52% versus 54%.

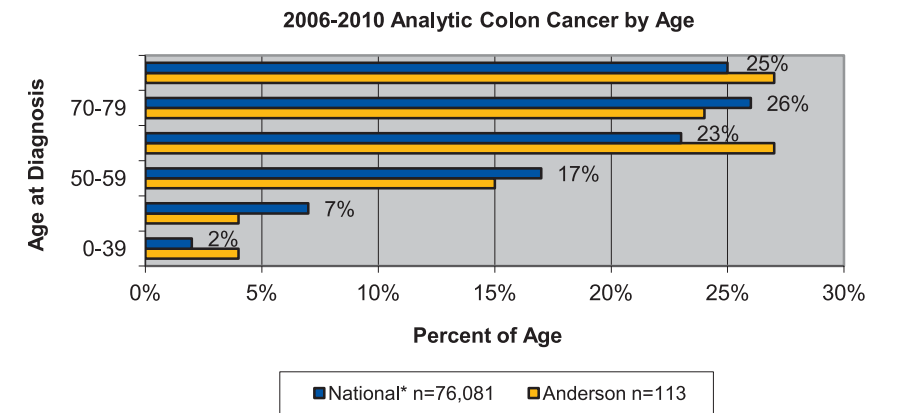
In summary it appears from the data gathered from the National Cancer Data Base at the Commission on Cancer, that Community Hospital Anderson does a great job treating colon cancer with better survival rates in comparison to other facilities nationwide.

## 2011 Quality Improvement Data Study

Question: Of the 2006-2010 analytic colon cancer cases what is the age, stage, treatment and survival?

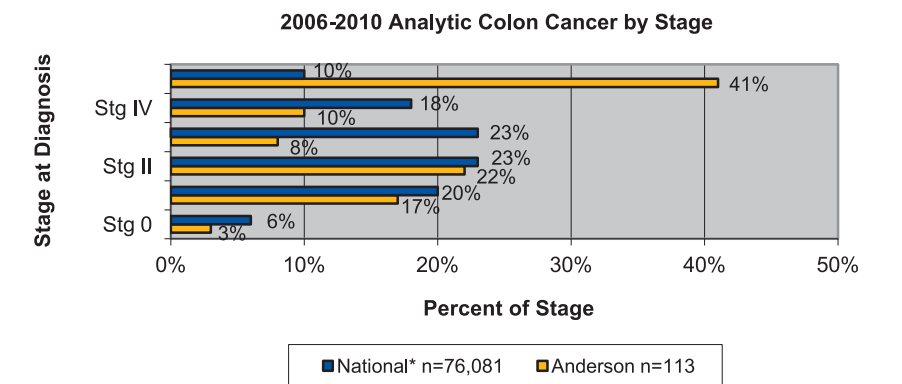
### Age at Diagnosis

	Anderson n=113	National* n=76,081
0-39	4%	2%
40-49	4%	7%
50-59	15%	17%
60-69	27%	23%
70-79	24%	26%
80-99+	27%	25%
<b>Total %</b>	<b>100%</b>	<b>100%</b>



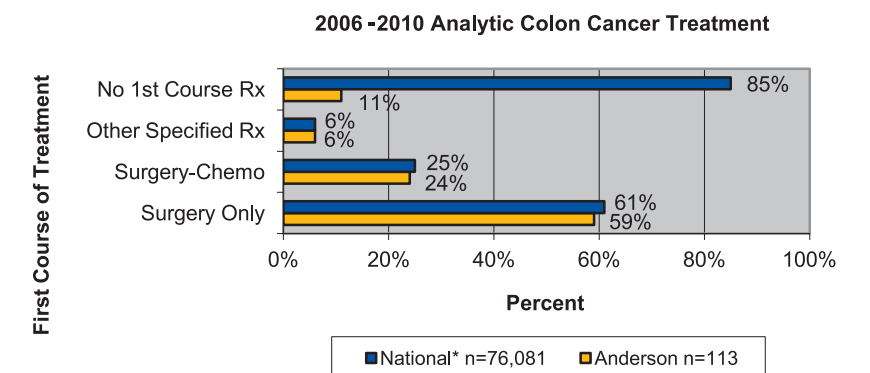
### Stage

	Anderson n=113	National* n=76,081
Stg 0	3%	6%
Stg I	17%	20%
Stg II	22%	23%
Stg III	8%	23%
Stg IV	10%	18%
Stg Unkn	41%	10%
<b>Total %</b>	<b>100%</b>	<b>100%</b>



### Treatment

	Anderson n=113	National* n=76,081
Surgery Only	59%	61%
Surgery-Chemo	24%	25%
Other Specified Rx	6%	6%
No 1st Course Rx	11%	85%
<b>Total %</b>	<b>100%</b>	<b>100%</b>



\*National Comparison: 2008, National Cancer Data Base, Chicago, IL (prepared by M. Burch, CTR)

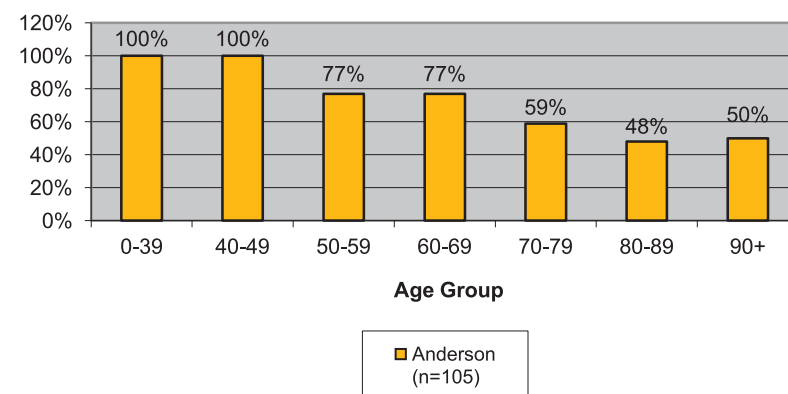
## 2011 Improvement Data Study

### 2001-2005

#### Observed Survival by Age Group

	Anderson n=105	Number of cases
0-39	100%	4
40-49	100%	4
50-59	77%	16
60-69	77%	27
70-79	59%	24
80-89	48%	24
90+	50%	6
<b>Total</b>		<b>105</b>

2001-2005 Analytic Colon Cancer 5 Year Survival by Age (n=105)



### 2001-2005

#### Observed Survival

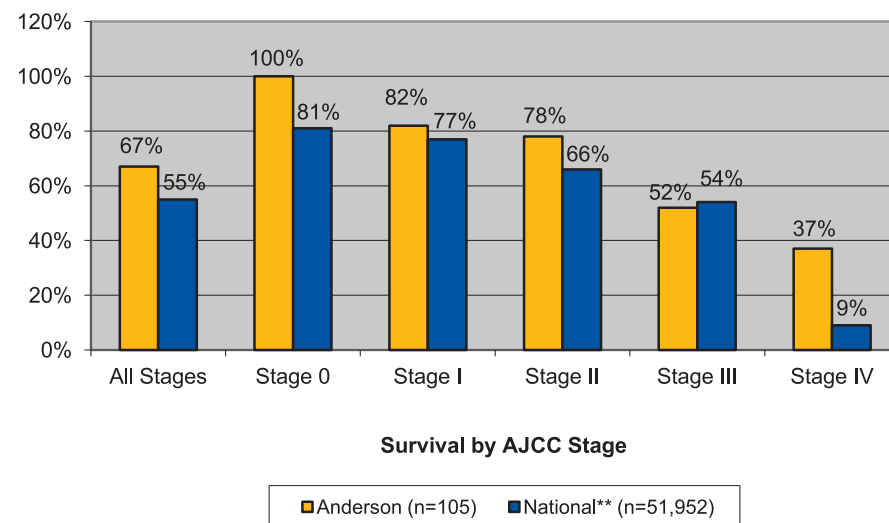
	Anderson n=105	National** n=51,952
Yr 1	85%	81%
Yr 2	71%	71%
Yr 3	68%	64%
Yr 4	67%	59%
Yr 5	67%	55%

### 2001-2005

#### Observed Survival by Stage

	Anderson n=105	National* n=51,952
All Stages	67%	55%
Stage 0	100%	81%
Stage I	82%	77%
Stage II	78%	66%
Stage III	52%	54%
Stage IV	37%	9%

2001-2005 Analytic Colon Cancer Observed Survival by AJCC Stage



\*Excluded multiple primaries, unknown stage of disease and unknown cancer status during last patient follow-up information.  
 \*\*National Comparison: 2003, National Cancer Data Base, Chicago, IL  
 (prepared by M. Burch, CTR 9/7/2011)

## Information about Colon Cancer

If you are 50 or older, you need to get tested for colorectal cancer. When caught early, colon cancer has a 90% survival rate. Early stages of colon cancer often have no outward signs or symptoms.

How many people get colorectal cancer? The American Cancer Society's most recent estimates for colorectal cancer in the United States are for 2011:

- About 101,340 new cases of colon cancer
- About 39,870 new cases of rectal cancer
- About 49,380 deaths from colorectal cancer

Not counting skin cancers, colorectal cancer is the third most common cancer found in men and women in this country. Overall, the lifetime risk of developing colorectal cancer is about 1 in 20.

*The death rate from colorectal cancer has been going down for more than 20 years. One reason is that there are fewer cases. Thanks to colorectal cancer screening, polyps can be found and removed before they turn into cancer. And colorectal cancer can also be found earlier when it is easier to cure. Treatments have also improved.*

## Screening tests

Regular colorectal cancer screening or testing is one of the best ways to help prevent colorectal cancer. Screening is the process of looking for cancer in people who don't have any symptoms of the disease. Some polyps, or growths, can be found and removed before they have the chance to turn into cancer. Screening can also help find colorectal cancer early, when it is small and more likely to be cured. People who have no known risk factors (other than age) should begin screening at age 50. Those who have a family history or other risk factors for colorectal polyps or cancer (such as inflammatory bowel disease) should talk with their doctor about starting screening at a younger age or getting screened more often. If you have a history of colorectal cancer in your family, you should talk with your doctor about when and how often to have screening tests.

*Community Cancer Care offers free colorectal screening kits during the month of March. Call 800-777-7775 during the month of February and March to reserve your free kit.*

## Genetic testing, screening, and treatment for those with a strong family history

If you have a strong family history of colorectal polyps or cancer, you should think about getting genetic counseling to help you decide whether genetic testing or earlier screening may be right for you. Before getting genetic testing, it's good to know ahead of time what the results may or may not tell you about your risk. These tests are not perfect, and in some cases they may not be able to give you solid answers. This is why meeting with a genetic counselor before testing is a key part of choosing whether testing is right for you.

Dress in Blue Day  
 in recognition of  
 Colon Cancer is Friday,  
 March 2, 2012.

## Cancer Conference/Tumor Board

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

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

Cancer conference/tumor board is made of general surgery, medical oncology, radiation oncology, OB/GYN, urology, diagnostic radiology, pathology, oncology nursing, breast health services, social services, cancer registry, clinical research and cancer services administration.



Boguslaw Uchman, M.D., Pathologist; Tahir Naqvi, M.D., Medical Oncologist; James Currier, M.D., Radiation Oncologist; D. Benjamin McCurdy, M.D., Surgeon; Roger Brockman, M.D., Radiologist; Missing, Joseph Porcaro, M.D., Radiologist and Onisuru Okotie, M.D., Urologist



Kim Stephens, RN, Breast Health Navigator and Valarie Godfrey, Women's Center Manger



Roger Brockman, M.D., Boguslaw Uchman, M.D. and Katie Elliott

## 2010 Top Sites

### Number of Cases Diagnosed in 2010 All Patients

Lung	75
Breast	67
Prostate	36
Urinary Bladder	29
Colon	27
Non-Hodgkins Lymphoma	13
Leukemias	12
Uterine	9
Esophagus	8
Kidney	7
Melanoma	7
Pancreas	5
Larynx	4
Pharynx	4
All Other	26
<b>TOTAL</b>	<b>329</b>



Tahir Naqvi, M.D. and James Currier, M.D.

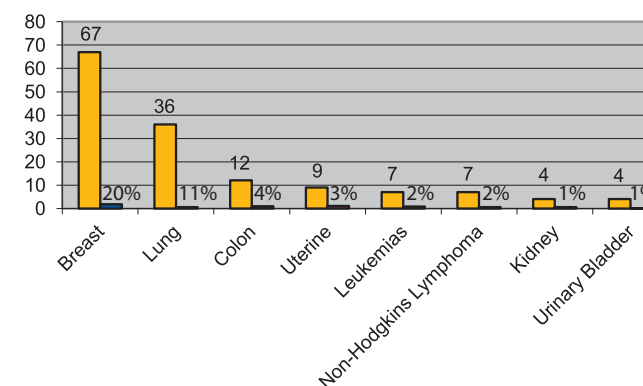


Brenda Gates, RN, OCN, Oncology Nurse and Pat Woods, RN, Case Management

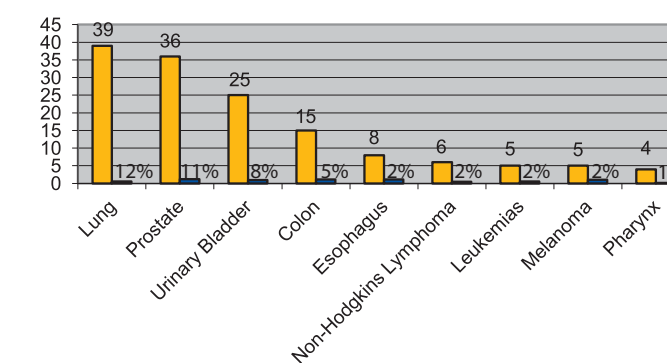
Female		% of All
Breast	67	20%
Lung	36	11%
Colon	12	4%
Uterine	9	3%
Leukemias	7	2%
Non-Hodgkins Lymphoma	7	2%
Kidney	4	1%
Urinary Bladder	4	1%
All Other	22	
<b>TOTAL</b>	<b>168</b>	

Male		% of All
Lung	39	12%
Prostate	36	11%
Urinary Bladder	25	8%
Colon	15	5%
Esophagus	8	2%
Non-Hodgkins Lymphoma	6	2%
Leukemias	5	2%
Melanoma	5	2%
Pharynx	4	1%
All Other	18	
<b>TOTAL</b>	<b>161</b>	

2010 Female Top Cancer Sites

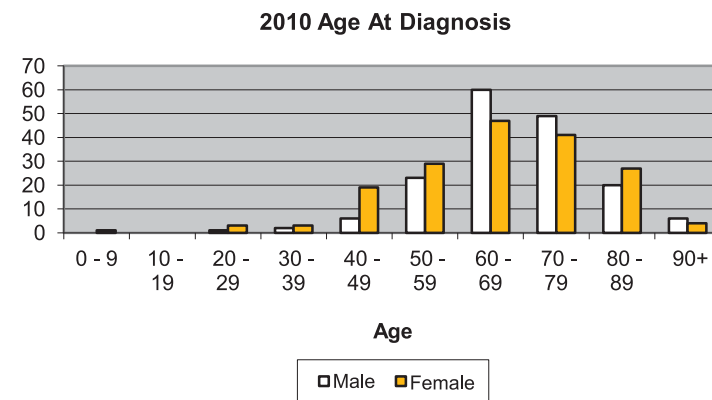


2010 Male Top Cancer Sites



## 2010 Age at Diagnosis

Age at Diagnosis	Male	Female
0 - 9	0	1
10 - 19	0	0
20 - 29	1	3
30 - 39	2	3
40 - 49	6	19
50 - 59	23	29
60 - 69	60	47
70 - 79	49	41
80 - 89	20	27
90+	6	4



Tahir Naqvi, M.D. and  
Stanna Roland, RN, OCN

Angel Lyons, RN and Russell Bukowski, RN, OCN



Katie Elliott, cancer registrar and  
Marsha Sherrell, Director of Cancer Services

## Our Cancer Registry



Katie Elliott

Katie Elliott is the cancer registrar and Mindy Burch, CTR, is the certified tumor registrar.

*What does a cancer registry do?*

The cancer registry ensures accurate and timely collection of cancer patient data, which allows for the evaluation of patient outcomes and identification of opportunities for improvement. All information entered into the cancer registry is sent to the state registry and the national cancer database. The information is then disseminated to the American Cancer Society, the Commission on Cancer database regarding patient survival, age at diagnosis, staging at diagnosis and treatment at diagnosis for national comparison and research.

## Clinical Research

The cancer center is currently participating in three clinical research trials. If you are interested in participating in a clinical trial, you may contact the Community Hospital Anderson Clinical Research Center at 765-298-2040

- *Varivax Vaccine for cancer patients receiving chemotherapy, to help with the prevention of shingles*
- *Army of Women, The Jewels in Our Genes Study, Breast Cancer Study*
- *Army of Women, Discovery of Early Markers of Breast Cancer*



## Meet our Breast Health Leadership Team

Community Hospital Anderson's breast health program is accredited by the American College of Surgeons and the National Accreditation Program for Breast Centers. The breast health leadership team is responsible for goal setting, as well as planning, initiating, implementing, evaluating and improving all breast-related activities at our facility. All physician team members are board certified.

### Tahir Naqvi, M.D.

*Board Certified Medical Oncologist  
Board Certified Hematologist  
Board Certified Palliative Care*

### James Currier, M.D.

*Board Certified Radiation Oncologist*

### Jennifer Nemunaitis-Keller, M.D.

*Board Certified OB/GYN*

### Roger Brockman, M.D.

*Board Certified Radiologist  
including Mammography*

### Boguslaw Uchman, M.D.

*Committee Chair  
Board Certified Pathologist*

### D. Benjamin McCurdy, M.D.

*Board Certified General Surgeon  
including Breast Surgery*

### Joseph Porcaro, M.D.

*Board Certified Radiologist  
including Mammography*

**Marsha Sherrell** — *Director of Cancer Services*

**Beth Tharp, RN** — *VP of Patient Care Services*

**Jill Hensley, RN** — *Breast Health Navigator*

**Kim Stephens, RN** — *Breast Health Navigator*

**Valarie Godfrey** — *Manager, Women's Center*

**Terri Walker** — *Certified Mastectomy Fitter*

**Danielle Olney, RD** — *Dietitian*

**Stephanie Metz, PT** — *Lymphedema Specialist*

**Brandie Preston** — *Clinical Research*

**Pat Woods, RN** — *Case Management/Social Services*

**Angel Lyons, RN** — *Clinical Manager*

**Katie Elliott** — *Cancer Registry*

**Stanna Roland, RN, OCN** — *Oncology Nursing*

**Brenda Gates, RN, OCN** — *Oncology Nursing*

**Sonia Smythe, RN** — *Quality Assurance*

**Lesia McBride, RN** — *Quality Assurance*

**Gloria Hoyle, PharmD** — *Pharmacy*

**Dick True** — *Chaplain*

**Cecilia Williams** — *American Cancer Society*



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS

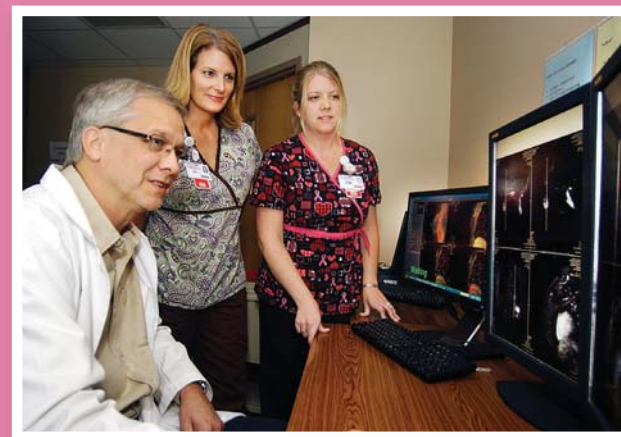


*Boguslaw Uchman, M.D., Pathologist; Tahir Naqvi, M.D., Medical Oncologist;  
James Currier, M.D., Radiation Oncologist; Jennifer Nemunaitis-Keller, M.D., OB/GYN;  
D. Benjamin McCurdy, M.D.; Joseph Porcaro, M.D., Radiologist and Roger Brockman, M.D., Radiologist*

## Breast Conference

Physicians, breast health navigators, oncology nurses, social services representatives, the cancer registrar and cancer center director meet twice monthly to discuss newly diagnosed breast cases.

The breast health navigators and cancer registrar help organize the conference. Most of the patients being discussed have met with the medical oncologist or the breast surgeon regarding their cancer type. The patient has typically provided a family history, which will help to determine if genetic testing needs to be done prior to the discussion of surgery. The radiologist reviews the mammogram findings as well as other radiology tests that have been performed. The pathologist reviews biopsy results. The medical oncologist, radiation oncologist and surgeons discuss a plan of care with a team of navigators, nurses and social services. Care is based on the patient's clinical stage and follows national guidelines. The group also discusses clinical research trials, in careful consideration of the best care for the patient.



*Roger Brockman, M.D., Jill Hensley, RN, Breast Health Navigator,  
Kim Stephens, Breast Health Navigator; reviewing a mammogram*

## Patient Navigation

Jill Hensley, RN, BSN, and Kim Stephens, RN, serve as Community Hospital Anderson's breast health navigators. Jill is a registered nurse with over 20 years experience in women's health care, and Kim has eight years of experience as a registered nurse. Our breast health navigators meet with every patient undergoing a biopsy. They are there to support the patient and help to answer any questions.



Kim Stephens and Jill Hensley

If a patient is diagnosed with breast cancer, she will meet with our navigators to receive educational materials about the diagnosis. The navigators assess the patient situation and work with the patient's primary care provider, surgeon and oncologist. They ensure the patient gets to her appointments and provides any additional referrals to needed social services. The breast health navigators also check the patient's health history and family history. If a patient has a family history of breast cancer, she is typically referred for genetic testing. It is important to know a patient's family history as it impacts the type of surgery or treatment she may have.

If a patient is uninsured or underinsured, the navigators guide them to one of our affiliated programs. A grant we have received from Indiana Cancer Awareness/The Breast Cancer License Plate provides screening mammograms for women who qualify. Our Susan G. Komen For the Cure grant provides screening and diagnostic mammograms, as well as some breast ultrasounds, breast MRIs and breast biopsies. We are also a provider of the state's Breast Cancer/Cervical Cancer Program (BCCP), through which many women qualify for free breast testing.

Please call 765-298-1617 or e-mail [breasthealthservices@eCommunity.com](mailto:breasthealthservices@eCommunity.com) for more information or assistance.

*Breast Self-Exams (BSE): Checking your breasts is called a breast self-exam. You should examine your breasts every month, 7-10 days after your menstrual period begins. After menopause or a hysterectomy, examine your breasts on the first day of the month. Women aged 20 or older should perform a BSE every month. By doing the exam regularly, you get to know how your breasts normally feel, and you can more readily detect any signs or symptoms.*



Race for the Cure  
• SAVE THE DATE •  
Saturday, April 21, 2012  
Indianapolis

With a grant from the Susan G. Komen for the Cure Indianapolis and a grant from the Indiana Breast Cancer Awareness/License Plate Grant, we are able to provide free services to women in Madison County that they might not otherwise receive. We have been receiving grants for six years from Susan G. Komen. In 2010 we served 348 women with grant funds.

We served approximately 11,160 women in 2010, and served 348 women with grant anticipated funds. We were able to exceed many of our goals in 2010.

- **Screening Mammograms**
  - o Goal – 80 screening mammograms
  - o Performed – 110 free screening mammograms, with 57 of those provided by the Indiana Breast Cancer Awareness grant.
  - o Goal exceeded by 30
- **Diagnostic Mammograms**
  - o Goal – 75 free diagnostic mammograms
  - o Performed - 98 diagnostic mammograms
  - o Goal exceeded by 23
- **Breast Ultrasounds**
  - o Goal – 70 free breast ultrasounds
  - o Performed – 84 free ultrasounds
  - o Goal exceeded by 14
- **Breast MRI**
  - o Goal – 5 free MRIs
  - o Performed – 2
- **Biopsies**
  - o Goal – 12 women to receive free biopsies
  - o Performed – 20 biopsies
  - o Goal exceeded by 8
- **Breast Cancer/Cervical Cancer Program (BCCP)**
  - o Goal – had anticipated that we would enroll 50 patients, but due to adding physicians to the program we were able to enroll 72 patients into the program.
  - o Goal exceeded by 22 patients.

*Funds raised from the Susan G. Komen Race for the Cure help to fund their grants. Consider being a part of the Race for the Cure.*



*American Cancer Society Making Strides Against Breast Cancer Hospital Team*

**Important Phone Numbers:**

Community Cancer Care Center/Dr. Tahir Naqvi	765-298-4220
Breast Health Navigators	765-298-1617
The Comfort Shoppe/Mastectomy Fitting	765-298-1622
Community Hospital Anderson	765-298-4242
The American Cancer Society	800-227-2345

**Web Sites:**

Community Hospital Anderson	<a href="http://CommunityAnderson.com">CommunityAnderson.com</a>
Susan G. Komen Central Indiana	<a href="http://komenindy.org">komenindy.org</a>
American Cancer Society	<a href="http://cancer.org">cancer.org</a>
Colon Cancer Alliance	<a href="http://ccalliance.org">ccalliance.org</a>

**Dates To Remember:**

Madison County ACS Relay For Life Kick Off	January 26, 2012
Go Red for Women/National Wear Red Day	February 3, 2012
Susan G. Komen Pink Tie Ball	February 18, 2012
Wear Blue for Colon Cancer Awareness	March 2, 2012
Susan G. Komen Race for the Cure	April 21, 2012
Oncology Nurses Day	April 28, 2012
Madison County ACS Relay For Life	June 8-9, 2012
Susan G. Komen Pink Ribbon Celebration	September 23, 2012
American Cancer Society Making Strides	October, 2012
CHA Women's Spa Night	October, 2012



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[CommunityAnderson.com](http://CommunityAnderson.com)