



Edwards Comprehensive Cancer Center

CabellHuntington Hospital

2015 ANNUAL REPORT



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COLLABORATION FOR CARE.



Mary T. Legenza, MD, FACS

Breast Surgeon, Edwards Comprehensive Cancer Center
Cancer Liaison Physician, Oncology Committee

I am the Cancer Liaison Physician at the Edwards Comprehensive Cancer Center at Cabell Huntington Hospital. We have been accredited through the American College of Surgeons Commission on Cancer for over 14 years. What does this mean? How do you evaluate a cancer program to service you and your family? Please let me explain.

First of all, applying for and maintaining accreditation from the Commission on Cancer is a voluntary commitment by a cancer program to ensure its patients will have access to the full scope of services required to diagnose, treat, rehabilitate and support patients with cancer and their families. A cancer program is able to continually evaluate its performance and take proactive, corrective actions when necessary. This continuous evaluation reaffirms the commitment of the program to provide high-quality cancer care. Information on outcomes is shared nationally, so we have the benefit of data from large numbers of institutions to improve treatment.

The quality standards established by the CoC for cancer programs ensure:

- Comprehensive care, including a complete range of state-of-the-art services and equipment
- A multidisciplinary team approach to coordinate the best available treatment options
- Information about ongoing cancer clinical trials and new treatment options
- Access to prevention and early detection programs, cancer education, and support services
- A cancer registry that offers lifelong patient follow-up
- Ongoing monitoring and improvements in cancer care
- Quality care, close to home

If a program is unable to meet these objectives, they will not be accredited. The accreditation process occurs every three years and includes an on-site visit from a surveyor from the Commission on Cancer.

1References: American College of Surgeons/COC website



SPECIALTY	COMMITTEE MEMBER	DESIGNATED ALTERNATE
Mandatory Representation Physicians		
Chairman	Gerard Oakley, MD, ECCC Medical Director	A. Arrington, MD – CLP2
Cancer Liaison Physician	Mary Legenza, MD	J. Jensen, MD
Surgeon	Jack Traylor, MD	A. Chowdhary, MD
Medical Oncology	Maria Tirona, MD	Y. Lebowicz, MD
		T. Pacioles, MD
		M. Khasawneh, MD
		T. Walters, MD
		A. Freeman, MD
		D. Griswold, MD
Diagnostic Radiology	Peter Chirico, MD	
Radiation Oncologist	Grace Dixon, MD (appointed 12/18/14)	
Pathology	Linda Brown, MD	
Mandatory Representation Non-Physician		
Cancer Program Administrator	Chad Schaeffer, MS, FACHE	H. Burdick, MD
Oncology Nursing	Molly Brumfield, RN, BSN, MBA, OCN	Dee Murphy, RN
Social Services/Psychology - Psychosocial Services Coordinator	Michael Hanft, LGSW	Tom Hastie
Cancer Registry	Phyllis Edwards, RHIT, CTR, CCS	Shelby Moore, CTR, CCS
Performance Improvement/Quality Management Representative	Angie Hayes, MS, CMD	Denise Gabel-Comeau, MHA, CPHQ, CBB, CCP-SLP
Quality Improvement Coordinator		
Genetics Professional	Lisa Muto, MSN, WHNP-BC, APGN, OCN	D. Trador, RN
Palliative Care Specialist	Charles McCormick, MD (Family Practice) (Palliative Care)	Sheila Stephens, RN, DNP, AOCN
Rehabilitation Representative	Molly O'Dell, OTR/L, CDT	J. Ashton, Rehab
Cancer Conference Coordinator	Shelby Moore, CTR, CCS	P. Edwards, RHIT, CTR, CCS
Cancer Registry Quality Coordinator	Phyllis Edwards, RHIT, CTR, CCS	M. Legenza, MD
Community Outreach Coordinator	Chad Schaeffer, MS, FACHE	G. Gerlach, RN
Clinical Research Representative or Coordinator	Leann Ross, RN, OCN, CCRP	T. Giles, RN
ADDITIONAL SPECIALTY MEMBERS: PHYSICIANS		
Administration	Gerard Oakley, MD, ECCC Medical Director	Hoyt Burdick, MD, VP Medical Affairs
Pediatric Oncology	Linda Stout, MD (appointed 2/19/15)	P. Finch, MD
GYN Oncology	Gerard Oakley, MD (Chairman)	Nadim Bou Zgheib, MD (appointed 2/19/15)
	Nadim Bou Zgheib, MD	
	James Jensen, MD	
	Felix Cheung, MD	
	Terrance Julien, MD	
ADDITIONAL NON-PHYSICIAN MEMBERS		
Survivorship Coordinator	Malinda Hanshaw, RN, OCN	Marsha Dillow, RN, MSN, CBCN
Lung Health Center	Teresa Black, RN (appointed 2/19/15)	
Nurse Navigators	Colon: Jennifer Brown, RN	M. Ball, RN
	Lung: Margaret Ball, RN	Jennifer Brown, RN
	Breast: Gigi Gerlach, RN	Jennifer Brown, RN
	Angie Hayes, MS, CMD	
	Rebecca Russell, RN	Leann Ross, RN, OCN, CCRP
	Marsha Dillow, RN, MSN, CBCN	Leann Ross, RN, OCN, CCRP
	Teresa Giles, RN	
	A. Hardin, RN	
	Chris Larck, Pham	
	Mary Lough, ACS	Terri Francis, ACS
	Susan Hale, RDN, CSO, LD, CDE	
	Tom Hastie (appointed 2/19/15)	
INVITED GUESTS:		
Medical Oncology Fellows:	I. Mehmi, MD	
	M. Alsharedi, MD	
	A. Raufi, MD	
	Y. Khelfa, MD	



The American College of Surgeons Commission on Cancer has developed quality measures that offer providers comparative information to assess adherence to and consideration of standard of care therapies for major cancers. This reporting tool provides a platform from which to promote continuous practice improvement to improve quality of patient care at the local level and also permits hospitals to compare their care for these patients relative to that of other providers. The aim is to empower clinicians, administrators, and other staff to work cooperatively and collaboratively to identify problems in practice and delivery and to implement best practices that will diminish disparities in care across Commission on Cancer (CoC)-accredited cancer programs. Cancer registry data elements are nationally standardized and considered open source. Each of these measures was developed by the CoC with the expectation that cancer registries would be used to collect the necessary data to assess and monitor concordance with the measures. Extensive validation and assessment of the measures were performed using cancer registry data reported to the National Cancer Data Base (NCDB). All measures are designed to assess performance at the hospital or systems-level, and are not intended for application to individual physician performance.

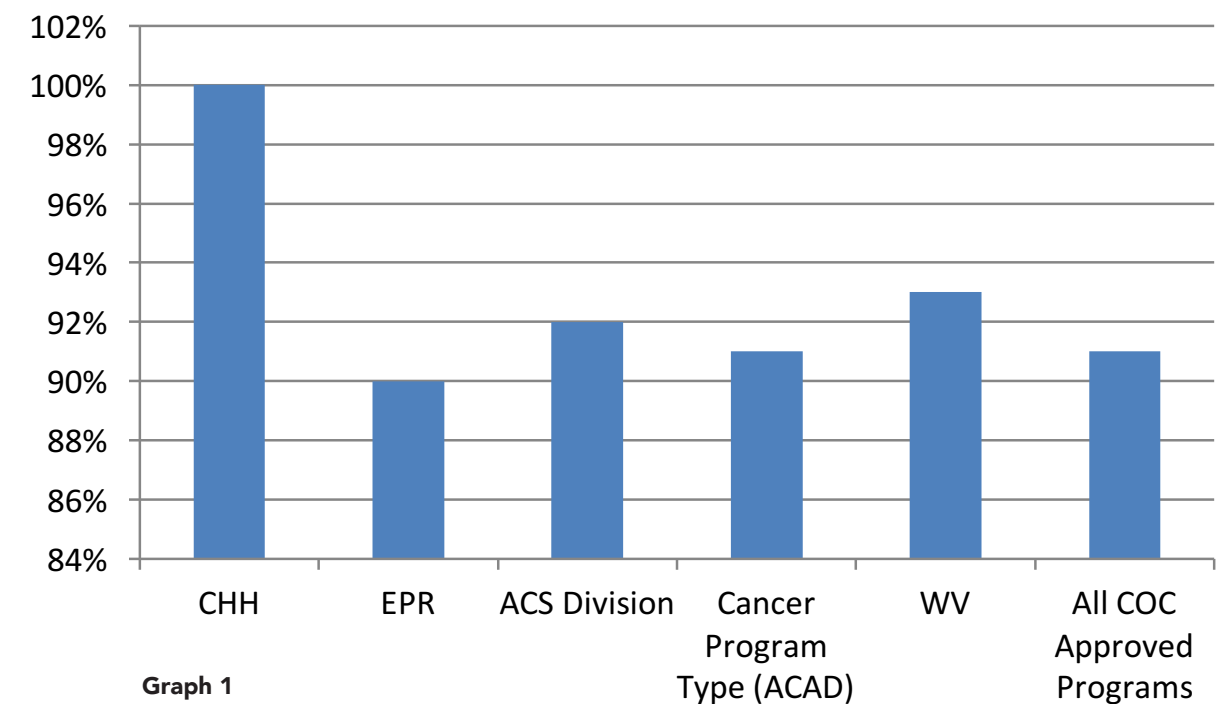
References: American College of Surgeons/COC website

**Cabell Huntington Hospital/Edwards Comprehensive Cancer Center
Standard 1.12 Public Reporting of Outcomes**

The Oncology Program at Cabell Huntington Hospital/Edwards Comprehensive Cancer Center is accredited by the American College of Surgeons Commission on Cancer (ACOS/COC) as an Academic Comprehensive Cancer Program (ACAD). The COC provides quality measures to individual facilities so that facilities may review and participate in corrective action plans should the measure fall below the recommended level. The COC experts collaborated with other quality organizations such as NQF and ASCO. The measures are provided to accredited organizations through Cancer Program Practice Profile Reports (CP3R). These measures were developed to provide facilities with comparative data for regional, state, other approved programs, and cancer program types. Cancer programs are encouraged to utilize data to demonstrate on the national, regional and state levels as well as by cancer program type (ACAD) and all approved cancer programs.

Evidence-based measures or accountability measures promote improvements in care delivery and are the highest standard for treatment. The estimated performance rate (EPR) is 90% for the accountability measures. The CP3R Accountability measures for CHH /ECCC are as listed below:

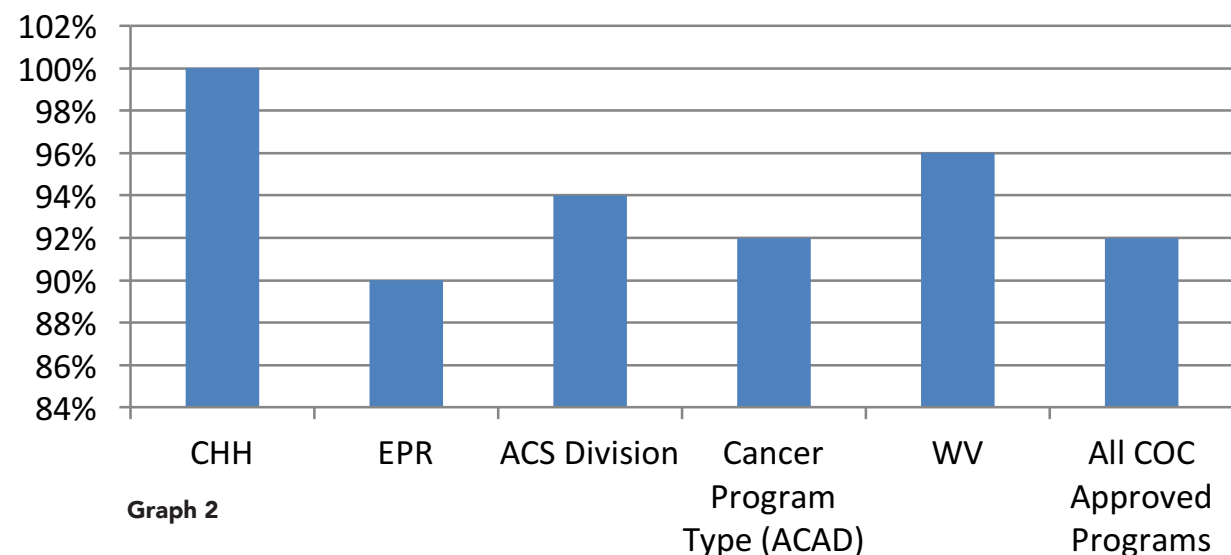
Tamoxifen or third generation aromatase inhibitor is recommended or administered within one year (365 days) of diagnosis for women with AJCC T1c or Stage IB-III hormone receptor positive breast cancer



Graph 1

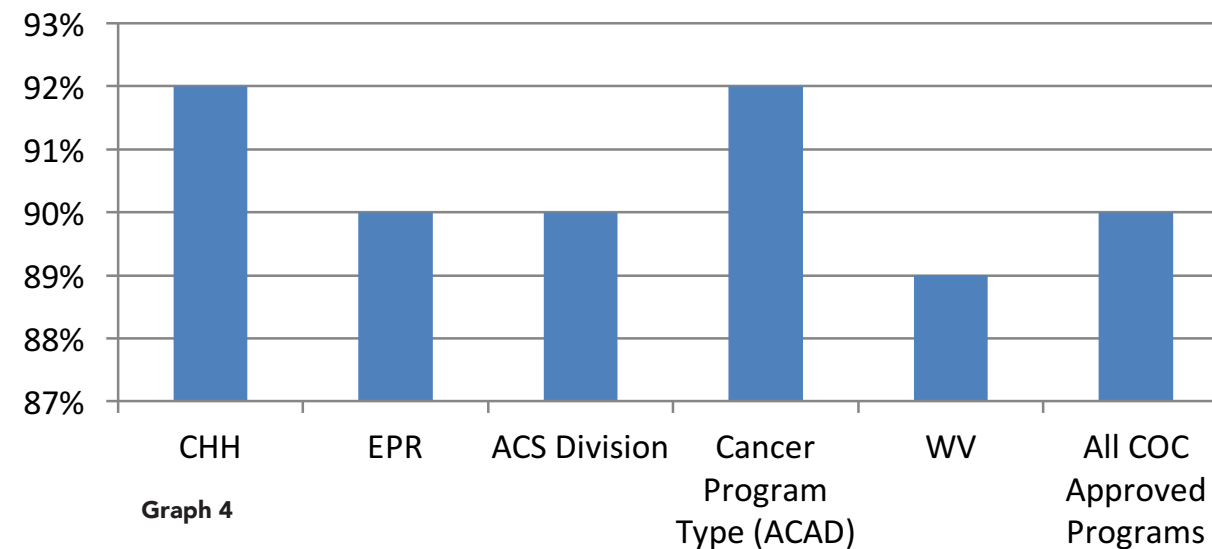
Breast Cancer: As noted in the Graph 1, Academic Comprehensive Cancer programs and CHH are at 92%. Overall reporting of hormonal therapy in state, regional and all approved programs are at or below 90%. Estimated performance rate is 90%.

MAC: Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0 or Stage IB-III hormone receptor negative breast cancer



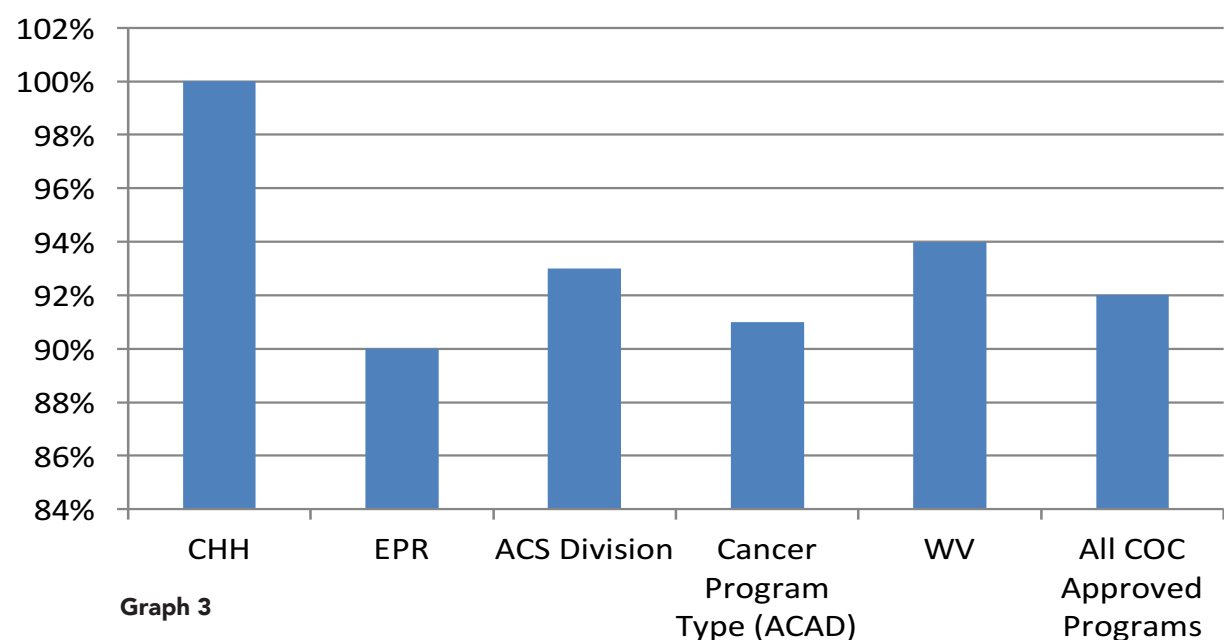
Graph 2
Breast Cancer: Graph 2 demonstrates that WV hospitals provide chemotherapy within four months of diagnosis to eligible women under the age of 70 that have Stage 1B through Stage 3 hormonal receptor negative breast cancer. Regionally, ACS Division is at 94%. CHH is 100%. Estimated performance rate is 90%.

MASTRT - Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= four positive lymph nodes



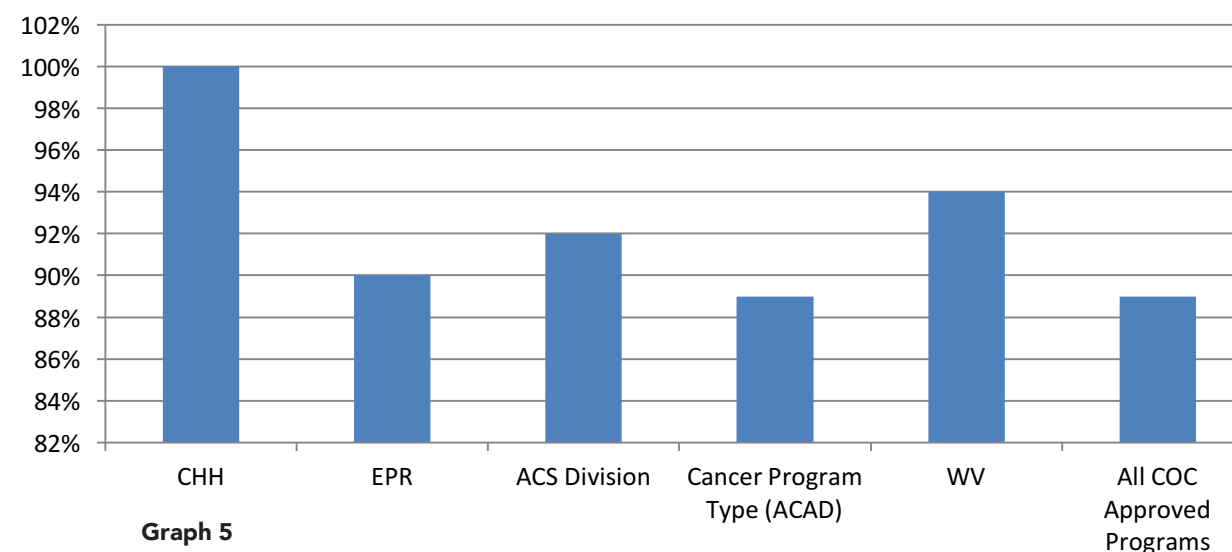
Graph 4
Graph 4 shows CHH and other Academic Programs are at 92% with ACS division and All COC approved programs are at 90%. Average for the state is 89%. Estimated performance rate is 90%.

BCSRT: Radiation is administered within one year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer



Graph 3
Graph 3 shows CHH and other Academic facilities provide radiation within one year of diagnosis for women under the age of 70 receiving breast conservative surgery for breast cancer at 100%. Estimated performance rate is 90%.

ACT: Adjuvant chemotherapy is recommended or administered with 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.



Graph 5
Colon Cases: Graph 5 shows CHH and Cancer Program type (ACAD) show 100% and the ACS division and all approved programs is 92%, the state is 89%. Estimated performance rate is 94%.

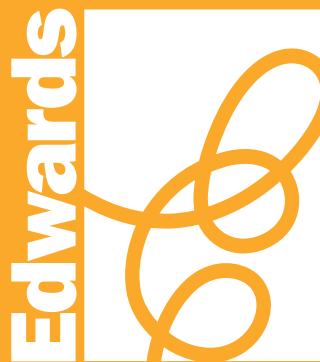
CONCLUSION: As noted in the above graphs, Cabell Huntington Hospital/ECCC Oncology Program provides treatment to their patients above the nationally recognized treatment recommendations.

References: NCDB, CP3R data, COC quality measure development

2014 Cancer Registry Summary by Body System, Sex, Class, Status and Best CS/AJCC Stage Report

Primary site	Total	Sex		Class of Case		Status		Stage Distribution – Analytic Cases only					
		Male	Female	Analytic	Non-Analytic	Alive	Exp	Stage 0	Stage 1	Stage II	Stage III	Stage IV	Unk/na
Lip	1	1	0	1	0	1	0	0	1	0	0	0	0
Tongue	4	3	1	4	0	0	4	0	1	0	1	2	0
Salivary Glands	2	1	1	1	1	2	0	0	0	0	1	0	0
Floor of Mouth	1	1	0	1	0	1	0	0	1	0	0	0	0
Gum & Other Mouth	2	2	0	2	0	1	1	0	0	0	0	2	0
Tonsil	4	4	0	3	1	2	2	0	1	0	0	2	0
Oropharynx	1	1	0	1	0	0	1	0	0	0	0	1	0
Hypopharynx	3	3	0	3	0	3	0	0	0	0	2	1	0
Esophagus	5	4	1	3	2	2	3	0	0	2	0	1	0
Stomach	13	11	2	10	3	5	8	0	2	1	2	5	0
Small Intestine	7	5	2	7	0	6	1	0	0	1	3	2	1
Colon (excluding Rectum)	44	27	17	35	9	36	8	6	6	4	8	10	1
Rectum & Rectosigmoid	37	23	14	29	8	32	5	2	6	4	7	10	0
Anus, Anal Canal & Anorectum	7	2	5	6	1	6	1	0	1	2	2	0	1
Liver & Intrahepatic bile duct	21	18	3	15	6	7	14	0	6	0	4	5	0
Gallbladder	3	2	1	3	0	2	1	0	0	0	2	0	1
Other biliary	4	2	2	4	0	0	4	0	2	0	0	0	2
Pancreas	21	8	13	19	2	3	18	0	1	4	4	10	0
Peritoneum, Omentum & Mesentery	1	0	1	0	1	1	0	0	0	0	0	0	0
Larynx	12	10	2	7	5	8	4	0	1	3	0	3	0
Lung and Bronchus	178	92	86	145	33	92	86	0	39	14	28	59	5
Trachea, Mediastinu, & Other	2	2	0	2	0	1	1	0	0	0	1	0	1
Bones & Joints	8	5	3	5	3	7	1	0	3	0	0	2	0
Soft Tissue	10	4	6	8	2	8	2	0	3	3	1	0	1
Melanoma	27	17	10	22	5	24	3	6	6	6	1	3	0
Breast	214	2	212	167	47	197	17	10	69	60	17	10	1
Cervix Uteri	16	0	16	12	4	14	2	0	3	0	6	3	0
Corpus & Uterus, NOS	101	0	101	95	6	93	8	0	84	4	4	2	1
Ovary	32	0	32	24	8	28	4	0	7	1	11	4	1
Vagina	3	0	3	3	0	3	0	0	1	2	0	0	0
Vulva	23	0	23	11	12	23	0	5	2	0	2	1	1
Other Female Genital Organs	3	0	3	3	0	3	0	0	2	0	1	0	0
Prostate	111	111	0	85	26	103	8	0	14	54	8	9	0
Testis	6	6	0	5	1	5	1	0	4	0	1	0	0
Penis	1	1	0	1	0	1	0	0	0	0	1	0	0
Urinary Bladder	46	30	16	39	7	42	4	14	10	9	1	4	1
Kidney & Renal Pelvis	61	39	22	44	17	50	11	0	30	3	2	8	1
Ureter	1	0	1	1	0	1	0	1	0	0	0	0	0
Other Urinary Organs	1	0	1	1	0	0	1	0	0	0	0	0	1
Eye & Orbit	2	1	1	2	0	2	0	0	0	0	0	0	2
Brain	23	16	7	20	3	16	7	0	0	0	0	0	20
Cranial Nerves	16	6	10	13	3	15	1	0	0	0	0	0	13
Thyroid	43	6	37	26	17	43	0	0	21	1	4	0	0
Other Endocrine	12	4	8	8	4	12	0	0	0	0	0	0	8
Hodgkin Lymphoma	7	4	3	6	1	6	1	0	3	0	0	3	0
Non-Hodgkin Lymphoma	53	39	14	39	14	42	11	0	13	12	2	12	0
Myeloma	6	2	4	4	2	4	2	0	0	0	0	0	4
Leukemia (lymphocytic)	39	28	11	31	8	33	6	0	0	0	0	0	31
Myeloid & Monocytic Leukemia	12	10	2	9	3	10	2	0	0	0	0	0	9
Other leukemia	4	3	1	4	0	3	1	0	0	0	0	0	4
Mesothelioma	1	1	0	1	0	0	1	0	0	0	0	1	0
Miscellaneous	29	15	14	26	3	18	11	0	0	0	0	0	26
Totals	1,270	559	711	1,004	266	1,006	264	44	343	190	126	176	115





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⌘ Cabell Huntington Hospital