



SENTARA MARTHA JEFFERSON CANCER CENTER

2014 ANNUAL REPORT BASED ON 2013 STATISTICS

YEAR IN *Review*

2014 was a productive year in the Sentara Martha Jefferson Cancer Center. There were tremendous gains in treatment technologies and capabilities in radiation oncology, in lung cancer screening, diagnosis and treatment as well as in community outreach.





Perfect Pitch Treatment Couch

In October, two new treatment couches were installed in radiation oncology with Tilt and Roll capability, the first in Central Virginia. The new couches offer two additional axes of rotation – pitch and roll – for precise patient positioning and optimal treatment. Radiation Therapists can modify positioning digitally, without entering the room, therefore decreasing patient time on the couch.

Endobronchial Ultrasound (EBUS)

An endoscopy suite was converted to enable Endobronchial Ultrasounds to be performed. Dr. Chris Willms, thoracic surgeon, joined Dr. Kevin Lawrence, pulmonologist, in earning his certification in the procedure.

Endobronchial ultrasound (EBUS) is a minimally invasive procedure used in the diagnosis of lung cancer, infections, and other diseases causing enlarged lymph nodes in the chest. It allows physicians to obtain tissue or fluid samples from the lungs and surrounding lymph nodes without conventional surgery. No incision is required. EBUS is performed under moderate sedation or general anesthesia and patients usually recover and return home the same day.

Festival of the Book

In March, as part of the Virginia Festival of the Book, the cancer center was very proud to sponsor Dr. Otis Brawley, Chief Medical Officer for the American Cancer Society who spoke eloquently about his book “How We Do Harm: A Doctor Breaks Rank about Being Sick in America.” The following day, before leaving town, he visited the Cancer Center and participated in the weekly Cancer Conference.

2014 Community Outreach Summary:

Breast Health Screening Days

May 3, 2014 – Forty-six women were screened for breast cancer. Eight were called back for diagnostic mammograms, two had biopsies and one was diagnosed with cancer.

October 25, 2014 – Forty-eight women were screened, seven were called back for diagnostic mammograms, one had a biopsy and no cancers were detected.

Smoking Cessation

A free support group to help community members quit smoking was held January 23 through February 13, 2014 at the Jefferson City Center every Thursday from 5:00 to 6:00 PM.

Quit Smoking Charlottesville Smoking Cessation Support Group was offered in conjunction with the Charlottesville Free Clinic.

Lung Cancer Screening

Ninety-five Low-dose Cat Scans (LDCTs) were performed on patients at high risk for lung cancer, with 8 follow-up LDCT exams. No cancers were detected.

Skin Cancer Screening

On May 17, 2014, 128 people were screened for skin cancer with the generous assistance of seven dermatologists.

For twenty-five of the screened patients, a follow-up biopsy was recommended and for another thirty-one patients, follow-up exams were suggested for a second look at suspicious findings.

Look Good Feel Better Classes

February 4, April 22, August 19, and October 14

Celebration of Life - March 23, 2014

Women's Fly Fishing Weekend

April 4-6, 2014

Relax and Stretch for Cancer Care

A new free class offering was implemented on Feb. 5, 2014.

Palliative Care

2014 was a year of transition

for palliative care at Sentara Martha Jefferson. In May, Peggy Bishop, ANP-BC, ACHPN was welcomed to the team as a medical provider. Peggy received her training at VCU in Richmond. As an RN, she served as a Clinical Nurse Specialist in oncology for several years where she developed her interest in palliative care. She later pursued her NP and then had the opportunity to work with the renowned palliative care expert, Ira Byock, MD, at Dartmouth where she remained for ten years. While there, she became an (ELNEC) educator, co-authored articles and book chapters with other experts and ran a palliative care outreach clinic in rural Vermont. (See more on Peggy in sidebar)

At the same time, another member of the team transitioned to another position. After several years of focusing her tireless energy on symptom control for patients with chronic disease, Mina Ford, MSN, RN, AOCN, accepted an exciting opportunity in nursing education. Though her participation is greatly missed, the team is delighted that she has remained part of the Sentara Martha Jefferson family.

Peggy Bishop,
ANP-BC, ACHPN



While recruiting for an NP, the team was challenged to find a person who not only had palliative care experience, but who also exhibited the warmth, kindness and compassion that exemplify the Caring Tradition. In Peggy Bishop they found both. In her own words, "I am passionate about authentic connection with others, an opportunity to be of service in the world and address the needs of the seriously ill and dying – a place we will all be one day. Our world so values independence and function that when those attributes dwindle, there is an invisibility that occurs. Being able to shine a light, in what can be a dark alone place is so important. Giving people the opportunity to connect, to be seen, to not be alone is for me the foundation of humanity."

Since Peggy joined the team, consults have nearly doubled. She works closely with Chaplains Suzanne Smith and Tammy James, under the medical supervision of Paul Tesoriere, MD, with administrative direction from Faye Satterly, MFA, RN, CRNI. They are currently recruiting a second NP and plan to expand the team in the future to include both an MD and social worker.



Sentara Martha Jefferson Hospital

2014 BREAST PROGRAM REPORT

The Breast Cancer Committee is grateful for the leadership of Dr. Linda Sommers, Breast Surgeon, who served as Chair from May 2010 to December 2013 and under whose direction we earned the NAPBC designation. In 2014, we welcomed Dr. Erika Struble, Hematology-Oncology, as the new chair. Additions to our breast program in 2013 include Dr. Scott Pease in Radiology, Dr. Lynn Dengel in Breast Surgery, and Janelle Gorski, NP in Medical Oncology. Prior to joining our program, Dr. Pease completed a Breast Imaging Fellowship at the University of Virginia and Dr. Lynn Dengel completed a breast surgery fellowship at Memorial Sloan Kettering Cancer Center. In 2014, Dr. Brian Showalter joined our program after completing a plastic surgery residency at Wake Forest University, and Marsha Taylor, RN, OCN, became the Cancer Nurse Navigator.

The 2014 Breast Cancer Committee members are listed in Figure 1:

Figure 1: 2014 Breast Cancer Committee Members

Erika Struble, MD, Medical Oncologist, Chair
Jonathan Ciambotti, MD, Radiologist
Lynn Dengel, MD, Breast Surgeon
Michele Howe, PT, CLT-LANA, Certified Lymphedema Therapist
Sue Hunt, Director of Medical Imaging
John Jones, MD, Breast Surgeon
Joyce Miller, PhD, Cancer Program Coordinator
Patricia Mitchell, RN, Sr Clinical Research Nurse
Scott Pease, MD, Radiologist
Mark Prichard, MD, Medical Oncologist
Robert Pritchard, MD, Medical Oncologist
Mary Beth Revak, RN, BSN, CBCN, OCN, Women's Health Liaison

Candy Sadler, Mammography Supervisor
Faye Satterly, RN, BSN, CRNI, Director of Cancer Services
Linda Sommers, MD, Breast Surgeon
Cynthia Spaulding, MD, Radiation Oncologist
Laura Spinelli, MD, Pathologist
Marsha Taylor, RN, OCN, Cancer Resource Center Navigator
Victoria Vastine, MD, Reconstructive Surgeon

Ad Hoc Members

Maria Barnes, CTR, Cancer Registrar
Rebecca Lewis, CTR, Cancer Registrar
Meg McIntire, OTL, CHT, CLT, Certified Hand and Lymphedema Therapist



Mary Beth Revak,
RN, BSN, CBCH, OCN

Our 2014 focus was on quality improvements as demonstrated by participation in the Quality Oncology Practice Initiative (QOPI). We successfully

passed our first round of QOPI (Figure 2). The overall quality score for the breast module reflects core measures and the adjuvant measure score reflects

concordance with treatment guidelines.

The adjuvant score from QOPI mirrors our accomplishments with quality measures for American College of Surgeons Commission on Cancer. In 2011, the most recent year of comparative data from the National Cancer Data Base, we achieved 100% for all three breast measures (Figure 3). Treatment planning in concordance with national guidelines is paramount to our program.

Figure 2: QOPI Scores

	Sentara Martha Jefferson Hospital	QOPI Minimum Requirement
Overall quality score for breast module	81.85%	75%
Adjuvant Measure Score	100%	80%



Dr. Erika Struble,
Hematology-Oncology

Figure 3: Breast Quality Measures Based on 2011 Data

Measure	2011
HT	100%
BCS	100%
MAC	100%

HT = Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 yr (365 days) of dx for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.

BCS = Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer

MAC = Combination chemotherapy is considered or administered w/in 4 months (120 days) of dx for women under 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.

Timely and appropriate patient screenings and biopsies are the result of a close working relationship between radiologists and breast surgeons. Figure 4 includes mammogram and surgical data. Overall mammogram volumes have continued to increase as seen below:

Figure 4: Mammography and Surgical Volumes

Mammography	2012	2013
Screening mammograms	19,592	19,811
Diagnostic mammograms	5,690	5,512
Total mammograms	25,282	25,323

Breast Surgery	2012	2013
Closed Biopsy Total	200	202
Partial Mastectomy	122	118
Total Mastectomy	68	70
Needle biopsy before surgery	96%	94%
Re-excisions	10%	13%



Marsha Taylor,
RN, OCN

Five-year survival graphs, by request of the National Cancer Database (NCDB), can no longer be published. However, we continue to use survival rates for quality assurance purposes and are satisfied that they compare favorably to the national rates.

Presentation of breast cancer cases at breast cancer conference highlights our multidisciplinary approach to patient care. In 2013, we discussed 36% of our breast cancer cases. In 2014, prospective presentation of breast cases in Breast Cancer Conference increased to greater than 40%.

We also continue to offer free breast health screening days twice a year through the generous support of The Women's Committee. Figure 5 shows the services provided for the breast health screenings in 2013 and 2014.

Figure 5: Free Semi-Annual Screening for Uninsured and Underinsured Women

	2013	2014
Screening mammograms	109	101
Diagnostic mammograms	17	8
Biopsies	4	2
Cancers detected	1	1

Primary Site Tabulation For 2013 Caseload

PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE GROUP						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
All Sites	937	804	133	428	509	138	279	152	93	162	45	68
Oral cavity	32	30	2	21	11	0	9	3	3	14	0	3
Lip	2	1	1	2	0	0	2	0	0	0	0	0
Tongue	13	13	0	5	8	0	4	2	1	6	0	0
Oropharynx	1	1	0	1	0	0	0	0	0	1	0	0
Hypopharynx	2	2	0	2	0	0	1	0	0	1	0	0
Other	14	13	1	11	3	0	2	1	2	6	0	3
Digestive system	184	144	40	110	74	17	59	31	29	37	9	2
Esophagus	19	9	10	14	5	0	7	3	4	4	1	0
Stomach	13	12	1	10	3	0	3	3	3	4	0	0
Colon	85	65	20	49	36	11	29	19	12	9	5	0
Rectum	31	22	9	21	10	5	13	5	3	4	1	0
Anus/anal canal	5	5	0	3	2	1	1	0	3	0	0	0
Liver	7	7	0	3	4	0	2	0	0	2	2	1
Pancreas	16	16	0	6	10	0	1	1	3	11	0	0
Other	8	8	0	4	4	0	3	0	1	3	0	1
Respiratory system	125	124	1	69	56	0	35	8	29	51	2	0
Larynx	8	8	0	8	0	0	4	1	2	1	0	0
Lung/bronchus	114	113	1	60	54	0	28	7	27	50	2	0
Other	3	3	0	1	2	0	3	0	0	0	0	0
Blood & bone marrow	39	34	5	22	17	0	0	0	1	0	0	38
Leukemia	16	15	1	8	8	0	0	0	1	0	0	15
Multiple myeloma	14	11	3	10	4	0	0	0	0	0	0	14
Other	9	8	1	4	5	0	0	0	0	0	0	9
Connect/soft tissue	4	2	2	2	2	0	2	0	1	0	1	0
Skin	41	17	24	28	13	20	15	0	0	6	0	0
Melanoma	40	16	24	28	12	20	14	0	0	6	0	0
Other	1	1	0	0	1	0	1	0	0	0	0	0
Breast	226	217	9	1	225	63	76	47	12	12	16	0
Female genital	45	27	18	0	45	6	21	2	4	6	6	0
Cervix uteri	3	0	3	0	3	2	1	0	0	0	0	0
Corpus uteri	27	15	12	0	27	1	19	1	1	0	5	0
Ovary	12	12	0	0	12	0	1	1	3	6	1	0
Vulva	3	0	3	0	3	3	0	0	0	0	0	0
Male genital	87	63	24	87	0	0	22	46	4	9	6	0
Prostate	84	60	24	84	0	0	19	46	4	9	6	0
Testis	3	3	0	3	0	0	3	0	0	0	0	0
Urinary system	72	70	2	52	20	32	19	7	4	6	3	1
Bladder	50	48	2	40	10	31	9	6	0	1	2	1
Kidney/renal	21	21	0	12	9	0	10	1	4	5	1	0
Other	1	1	0	0	1	1	0	0	0	0	0	0

Dr. Chris Willms, Thoracic Surgeon;
Dr. Jon Ciambotti, Radiologist



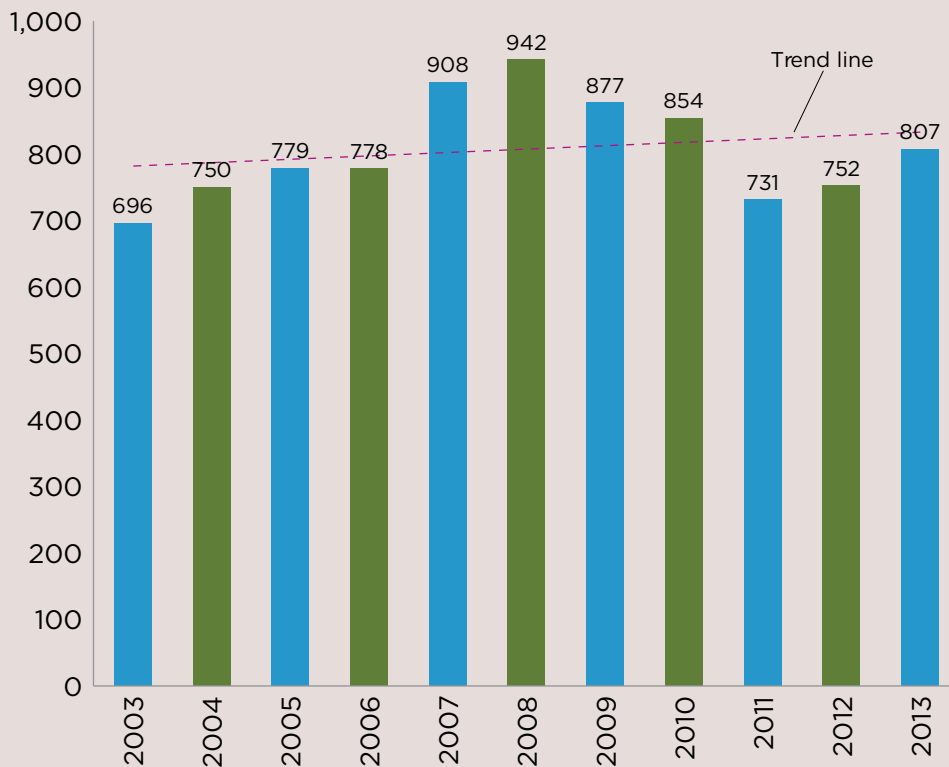
PRIMARY SITE	TOTAL	CLASS		SEX		AJCC STAGE GROUP						
		A	N/A	M	F	0	I	II	III	IV	UNK	N/A
Brain & CNS	11	10	1	3	8	0	0	0	0	0	0	11
Brain (benign)	2	2	0	0	2	0	0	0	0	0	0	2
Brain (malignant)	7	7	0	3	4	0	0	0	0	0	0	7
Other	2	1	1	0	2	0	0	0	0	0	0	2
Endocrine	16	16	0	4	12	0	13	1	1	0	0	1
Thyroid	15	15	0	4	11	0	13	1	1	0	0	0
Other	1	1	0	0	1	0	0	0	0	0	0	1
Lymphatic System	43	38	5	23	20	0	8	7	5	21	2	0
Hodgkin's Disease	4	4	0	1	3	0	1	2	0	1	0	0
Non-Hodgkin's Disease	39	34	5	22	17	0	7	5	5	20	2	0
Unknown Primary	9	9	0	4	5	0	0	0	0	0	0	9
Other/III-Defined	3	3	0	2	1	0	0	0	0	0	0	3

Number of cases excluded: 3

This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases.

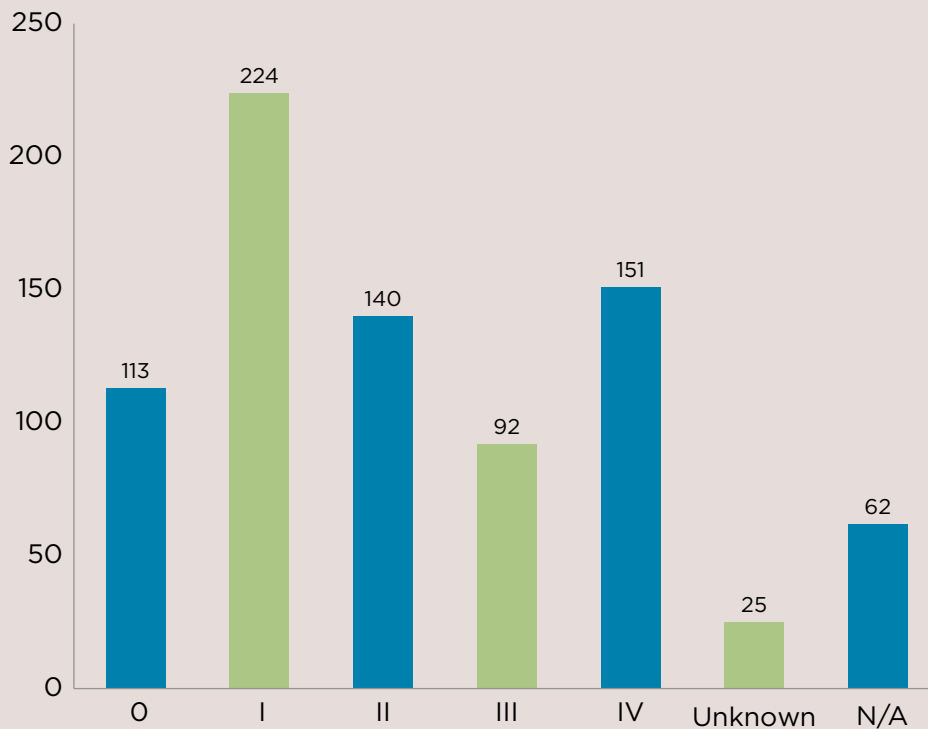
In 2013 a total of 937 cases of cancer were registered at Sentara Martha Jefferson Hospital of which 804 were analytical cases. Analytical cases include patients who were diagnosed and/or received their first course of therapy at Sentara Martha Jefferson Hospital. This represents an increase of 55 cases compared to the previous year (see Figure 1). Of the patients diagnosed at Sentara Martha Jefferson Hospital, about 90% elect to stay at Sentara Martha Jefferson for their initial therapy.

FIGURE 1. CANCER CASES BY YEAR



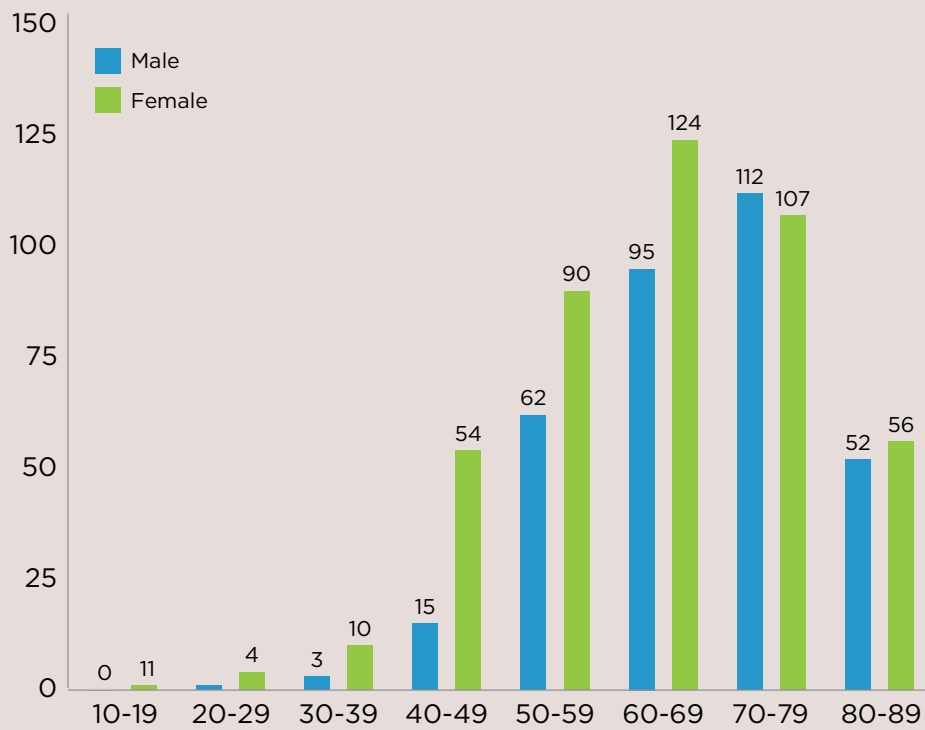
The most commonly treated cancers at the Sentara Martha Jefferson Hospital continue to reflect both recent local and national trends. The 5 commonest cancer diagnoses in 2013, as in previous years, were cancers of the breast (217), lung (113), colorectal (87), prostate (60), and bladder cancer (48). Fifty nine per cent of patients were diagnosed with early stage disease (defined as stage 0, I, or II) when chance for cure is the greatest. (See Figure 2).

FIGURE 2. CANCER CASES BY STAGE



Cancer remains largely a disease of an aging population. The median age at diagnosis of patients at Sentara Martha Jefferson Hospital was between 60-69 years. Approximately 70% of patients were aged 60 and older at the time of diagnosis; 43% were aged 70 and older (see Figure 3). On average women were a bit older compared to men at the time of their diagnosis.

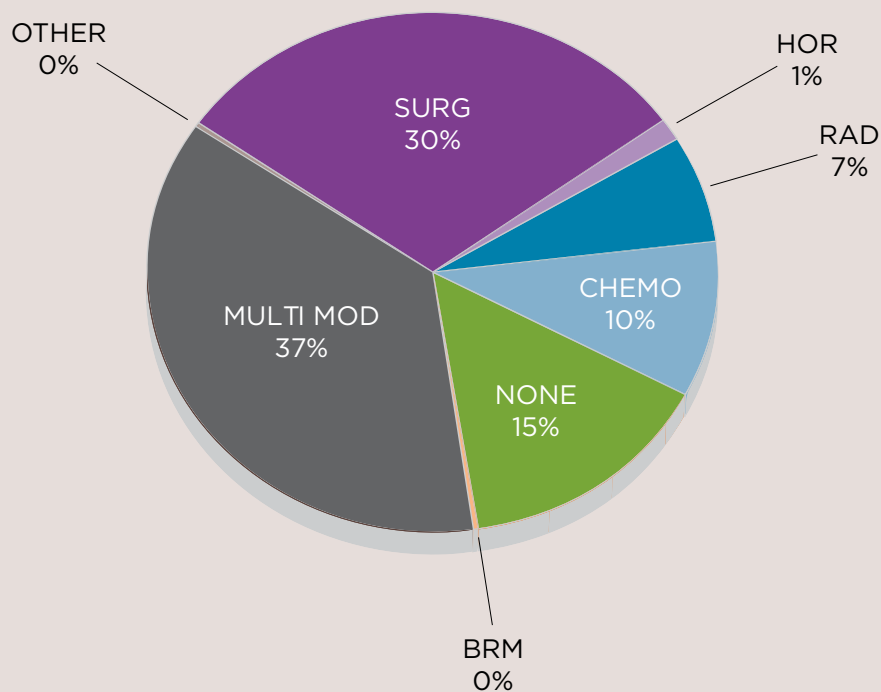
FIGURE 3. CANCER CASES BY AGE



A major emphasis of the cancer program at Sentara Martha Jefferson Hospital has been and remains the comprehensive and multidisciplinary care of patients. Nearly half of patients were treated with more than one modality including some combination of surgery, radiation treatment, and chemotherapy. (Figure 4)

Optimizing patient outcomes requires the coordination of care across these disciplines and this is reflected in the survival experience for patients cared for at Sentara Martha Jefferson Hospital. Overall survival rates for SMJH patients remain as good, or better, than state and national averages.

FIGURE 4. CANCER THERAPIES



500 MARTHA JEFFERSON DRIVE, CHARLOTTESVILLE, VA 22911

