More than 6,000 cancer patients treated each year

More than 66,000 patients documented in Cancer Registry since 1995

9,961 Cases Presented in Cancer Conferences (2007-2011)

13 facilities providing care to cancer patients

More than 70 clinical trials available for patients

More than 17,921 community members reached through outreach programs in 2011

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Note: The data shared in this report is the most currently available from the National Cancer Database and the Sentara Cancer Network registries.
A positive patient experience is critical. We believe our patients deserve the very best every time they walk through our doors.

Figure 1.
2011 Sentara Cancer Network Top 15 Analytic Cancer Sites
Breast cancer is the leading primary site, accounting for 25% (1,235 cases) of the total analytic cancer caseload (4,995 cases). Breast cancer is followed by lung cancer, prostate cancer, colon cancer, and melanoma as the top five sites for 2011. Other sites account for 16% of the total caseload and include all primary sites not in the top 14 for the Sentara Cancer Network.
Collaboration. Sentara Cancer Network physicians and healthcare professionals work together using their skills, knowledge and experience to help deliver the best quality outcome and personalized care for cancer patients in the community.

The Sentara Cancer Network:

- Partners with Eastern Virginia Medical School and Virginia Oncology Associates, allowing patients to tap into a comprehensive network of multi-disciplinary cancer care, from diagnosis to recovery.
- Offers quality care with a collaborative approach and access to extensive clinical research.
- Includes a vast network of physician experts, an invaluable resource to the Hampton Roads community.
- Treats more than 6,000 cancer patients each year.

No matter where you enter the Sentara Cancer Network, you have the support and combined expertise of cancer specialists working together to provide a dedicated approach to care.

A proven track record of quality, advanced care – One of the largest in the nation, the Sentara Cancer Network is the only accredited cancer network in Virginia, a distinction from the American College of Surgeons Commission on Cancer, which means we are held to the highest standards in delivering cancer care to our community. The Sentara Cancer Network was re-accredited in 2012 with all eight of the possible commendations.
Cancer patients can rest assured that the most **Innovative**, sophisticated **Technology** is being deployed to diagnose and treat cancer. The Sentara Cancer Network is helping more patients in our community **survive cancer** every day.

The Sentara Cancer Network is at the forefront of cancer advances, providing services comparable to the nation’s most highly regarded hospitals and medical centers.

- National Accreditations from the American College of Surgeons’ Commission on Cancer, the National Accreditation Program for Breast Centers, and the American College of Radiology.
- Fellowship Trained Physicians
- Comprehensive Team Approach to Cancer Diagnosis and Treatment
- Access to Clinical Trials and Genetic Counseling Services
- Advanced technology that is comparable to the nation’s most highly regarded hospitals and medical centers, including CyberKnife®, daVinci®, IntraBeam® and other surgical and radiation oncology therapies.

**Figure 2.**
**Sentara Cancer Network Cancer Conference Program - Number of Cases Presented 2007 – 2011**
During these conferences, physicians meet to share expert knowledge and create individualized care plans to ensure the best possible patient outcomes.
At Sentara, our **Commitment** is to provide innovative services to promote the improvement of personal health throughout Hampton Roads. With multiple **convenient locations** throughout the region, a myriad of **physician experts** and **innovative technology**, the Sentara Cancer Network provides the resources the community needs for prevention, diagnosis and treatment of cancer.

### Sentara Network Cancer Steering Committee Members

**Physicians**
- **Thomas Alberico, MD** – Medical Oncology, Cancer Committee Chair
- **James Schneider, MD** – Surgical Oncology, Cancer Liaison Physician
- **Victor Archie, MD** – Radiation Oncology
- **Bruce Booth, MD** – Medical Oncology
- **Joseph Dalton, MD** – General Surgery
- **Krista Dobbie, MD** – Palliative Care
- **Eric Feliberti, MD** – Surgical Oncology
- **Mark Fleming, MD** – Medical Oncology
- **Richard Hoefer, DO** – Surgical Oncology
- **Lester Johnson, MD** – Radiology
- **John Patterson, MD** – Hospice and Palliative Medicine
- **Marc Silverberg, MD** – Pathology
- **Scott Williams, MD** – Radiation Oncology
- **Jason Wilson, MD** – Surgical Oncology

**Non-Physicians**
- **Cynthia Allen** – Vice President, Oncology Services
- **Deb Anderson** – Strategy
- **Joani Brough** – Administration, SPAH
- **Connie Bush** – Community Outreach
- **Janet Creef** – Oncology Social Work
- **Kimberly Dorsch** – Clinical Research
- **Nicky Dozier** – Clinical Research, VOA
- **Cindy Estes** – Oncology Nursing
- **Pennie Faircloth** – American Cancer Society
- **Cynthia Freeman** – Cancer Registry
- **Michael Gentry** – Corporate Vice President
- **James Hoy** – Pastoral Care
- **Vonia Ickes** – Clinical Nutrition
- **Joanne Inman** – Administration, SVBGH

**Brad Kirby** – Administration, Sentara Cancer Network
- **Tiffany Lewis** – VOA Genetics
- **Kathleen Marcia** – Cancer Registry
- **Maureen McGrath** – Administration, VOA
- **Linda McKee** – Administration, SCH/SWRMC
- **Sylvia Richendollar** – Administration, SNGH
- **June Robertson** – Administration, SVBGH
- **Meredith Strand** – Administration, SNGH
- **Jennifer Taylor** – Oncology Nursing
- **Rose West** – Marketing
- **Lynne Whitlock** – Administration, SOH
- **Eric Young** – Administration, SLH

### Sentara Healthcare

**Sentara Healthcare is an acknowledged leader in patient safety and quality innovation.** Founded in 1888 as the Retreat for the Sick in Norfolk, Virginia, Sentara has ranked for more than a decade among the nation’s top integrated healthcare systems by Modern Healthcare magazine and was the #1 most integrated health care system for two years consecutively in 2010 and 2011. Sentara, a not-for-profit health system, operates more than 100 sites of care serving residents across Virginia and northeastern North Carolina. The system is comprised of 10 acute care hospitals, including 7 in Hampton Roads, 1 in Northern Virginia, and 2 in the Blue Ridge region, advanced imaging centers, nursing and assisted-living centers, outpatient campuses, a home health and hospice agency, a 3,680-provider medical staff, and three medical groups with 618 providers. Sentara also offers medical transport ambulances and Nightingale, the first air ambulance serving Hampton Roads. Optima Health, an award winning Sentara owned health plan, serves 440,000 members in Virginia.
Team of Dedicated Specialists
As part of the Sentara Cancer Network, the Colorectal Cancer Program offers a comprehensive network of dedicated specialists who meet regularly to collaborate and make recommendations on patient treatment.

At each hospital, patient cases are discussed at a very high, multi-disciplinary level with many different opinions put into the equation. All the slides and x-rays are reviewed, along with details of the patient’s history, and a consensus is determined followed by the development of a specific care plan.

Collaboration for Quality Improvement
The number one accomplishment of the colorectal program this year is the reflective pathology testing (Immunohistochemical stains for mismatch repair proteins) of all colorectal specimens to identify those patients that need genetic testing for Lynch Syndrome. This testing was implemented in all Hampton Roads hospitals in July. This change will increase the ability to identify patients with high risk factors that need additional testing to determine the best long term treatment planning for them and their immediate family members.

The Colorectal Cancer Program also launched a project to reduce surgical site infections related to cancer and non-cancer colorectal surgery. By improving the communication process between the circulator and the surgeon, the accurate identification of wound class can be correctly benchmarked for national statistics.
Educating the Community

The Sentara Cancer Network is passionately committed to improving the diagnosis and outcome of colorectal cancer in our region. Tremendous amounts of resources are deployed in educating the community and encouraging early diagnosis, from hosting community education programs to encourage early detection, to providing access to colonoscopy screening.

In March 2012 we had an increased community focus on the disease and the benefits of early detection through screening, and living with a healthy lifestyle to decrease the chances of developing cancer.

As a result of the outreach efforts, awareness about colorectal cancer in the service area was increased by 27%, as measured by Pilot Media research.

www.facebook.com/sentaracolon

The 1st annual Sentara Don’t Sit on Colon Cancer 5K on the Sentara Princess Anne Hospital campus attracted more than 200 runners, including many survivors and their supportive family and friends. Plans are already underway for the 2013 events.

Figure 5.

Sentara Cancer Network - % of Colon Resections With 12 or More Lymph Nodes Sampled 2005 - 2011

The Commission on Cancer (CoC) and National Quality Forum (NQF) endorse this quality indicator. Figure 5 demonstrates Sentara Cancer Network’s compliance by hospital. Source: Cancer Registry.
**Figure 6.**
**Sentara Cancer Network 2008-2011 Colon Cancers by Stage at Diagnosis**
Figure 6 illustrates the stage at diagnosis for Sentara Cancer Network colon cancers between 2008 and 2011. Early stage diagnosis is only slightly greater (2%) than the NCDB percentage. Source: Cancer Registry

![Diagram showing stage distribution for colon cancers](https://www.sentara.com/cancer)

**Figure 7.**
**Colorectal Cancer Analytic Case Volumes 2005 - 2011**
This graph shows colorectal cancer volumes for each Sentara Cancer Network hospital from 2005 to 2011. Volumes are highest at Sentara Virginia Beach General during this time period.

![Bar graph showing case volumes](https://www.sentara.com/cancer)

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**Sentara Colorectal Program Physician Leadership**

- Celeste Bremer, MD – Medical Oncology
- David Chang, MD – Medical Oncology
- Suhas Deshmukh, MD – Gastroenterology
- Jonathon Eisner, MD – Gastroenterology
- Gregory FitzHarris, MD – Colorectal Surgeon
- Richard Hoefer, DO – Surgical Oncology
- David Johnson, MD – Gastroenterology
- Dennis Rowley, MD – Pathology
- William Rudolph, MD – Colorectal Surgeon (facilitator)
- Scott Stanley, MD – Pathology
- John Sayles, MD – Colorectal Surgeon
- David Stockwell, MD – Gastroenterology
Innovative Technology and Clinical Excellence

All comprehensive breast centers in the Sentara Cancer Network have achieved accreditation from the National Accreditation Program for Breast Centers, a program of the American College of Surgeons. These centers also meet the rigorous requirements to be designated as Breast Imaging Centers of Excellence by the American College of Radiology. These accreditations reflect more than passing a survey, they are the standard of care and operations in every day that these centers provide service to Hampton Roads. And it is an ongoing pursuit of excellence. The Sentara Cancer Network is at the forefront in innovative technology, platforms and standards. Recent achievements in the program that will benefit the community include:

- Approval of digital tomosynthesis and the first steps in an implementation plan to introduce this service to Hampton Roads. Tomosynthesis is an imaging modality for performing high-resolution, limited angle tomography of the breast. It is particularly helpful for studying dense breast tissues.
- Adoption of the Magview® radiology information system for mammography.
- Participation in clinical trials.
- Response to new Commonwealth of Virginia legislation requiring patient notification about dense breast findings.
- Best practice standardization as demonstrated through specimen radiography systems in all Sentara ORs where breast surgery is performed.

The graphs below illustrate the 5-year survival of all breast cancer cases 2003-2005 in the National Cancer Data Base and the 5-year survival of all breast cancer cases in the Sentara Cancer Network Cancer Registries from 2003-2005. Sentara Cancer Network’s Stage 0 survival rate is slightly lower than the National Cancer Data Base. Sentara Cancer Network’s Stage I, II, and III, and IV rates are similar to national data.
Outreach and Action

While pink ribbons have become ubiquitous around the country in October for breast cancer awareness month, the staff and volunteers connected to the Sentara Cancer Network celebrate outreach and survivorship throughout the year. Through Get Pink with Sentara outreach events, social media and online appointment requests, the teams have focused on urging women to schedule their screening mammograms on time annually. Partnerships with the Susan G. Komen Foundation and the American Cancer Society remain strong throughout Hampton Roads with many collaborative initiatives. In particular, the network is the proud recipient of grants to reach underserved women with mammography at Sentara Obici Hospital and Sentara Norfolk General Hospital from the Susan G. Komen Foundation; and from the American Cancer Society via a Wal-Mart donation to reach women in the City of Portsmouth. The Sentara Comprehensive Breast Centers also acknowledge the ongoing support they receive from the dedicated hospital auxiliaries who over the years have funded the Sentara Mobile Mammography Van, new imaging equipment and direct patient services.

Figure 10.
% of Eligible Patients with Sentinel Lymph Node Biopsy Goal: 90% (NAPBC) - 2008 - 2011

Standard 2.4 of the National Accreditation Program for Breast Centers (NAPBC) standards states, “Axillary sentinel lymph node biopsy is considered or performed for patients with early stage breast cancer (Clinical stage I, II).” Figure 7 illustrates each breast center’s compliance with this standard.
Standard 2.9 of the National Accreditation Program for Breast Centers (NAPBC) standards states, “Palpation Guided or image-guided needle biopsy is the initial diagnostic approach rather than open biopsy.” Open surgical biopsy as an initial approach should be avoided as it does not allow for treatment planning and is associated with a high re-excision rate. Figures 11 and 12 demonstrate Sentara’s performance with the Needle Biopsy before Surgery rate as well as the Re-excision rate at each breast center in the Network. Source: Cancer Registry
Figure 13.  
2008-2011 Sentara Cancer Network Breast Cancer Stage at Diagnosis vs. National Cancer Data Base 2010 

Figure 13 illustrates the stage at diagnosis for Sentara Cancer Network breast cancers between 2008 and 2011. Early stage diagnosis (Stage 0/I) within the Sentara Cancer Network is approximately 5% greater than the NCDB percentage.

Figure 14.  
Screening Mammogram Volume

Figures 14 and 15 show the increase in volume of screening and diagnostic mammography within in Sentara Cancer Network. Sentara’s screening and diagnostic mammography have both increased significantly between 2008 and 2011.

Sentara Breast Program Physician Leadership

Thomas Alberico, MD - Medical Oncology  
Kelley Allison, MD - Mammography  
Victor Archie, MD - Radiation Oncology  
Mary Blumberg, MD - Pathology  
Thomas Clifford, MD - Surgeon  
Michael Danso, MD - Medical Oncology  
Melinda Dunn, MD - Mammography  
Nina Fabiszewski, MD - Co-Chair, Mammography  

Eric Feliberti, MD - Co-Chair, Surgical Oncology  
Kevin Halista, MD - Radiology  
Richard Hoeffner, DO - Surgical Oncology  
Andrew Loiacono, MD - Radiology  
Jennifer Reed, MD - Surgeon  
Mark Sinesi, MD - Radiation Oncology  
Terryl Times, MD - Surgeon  
Scott Williams, MD - Radiation Oncology
Pioneering Vision Achieved
The Thoracic Cancer Committee has grown from a handful of surgeons to a dedicated and subspecialized team in Hampton Roads who work collaboratively to deliver the best possible diagnostics and treatment plans for thoracic cancer patients.

Recent achievements made by the Committee include:

- Increase in the number of lung cancer patients presented at a multidisciplinary conference.
- Development and implementation of a High Risk Lung Cancer Screening Program, with self-referral CT Scans for appropriate patients for the Hampton Roads region.
- Partnership in the Society of Thoracic Surgeons (STS) has grown to include all hospitals in the network where thoracic surgery is performed.

These graphs illustrate the 5-year survival of all non-small cell lung cancer cases 2003-2005 in the National Cancer Data Base and the 5-year survival of all non-small cell lung cancer cases 2003-2005 in the Sentara Cancer Network Cancer Registries. Stage I, II, III, IV are all similar to the NCDB survival rates.

Sentara Thoracic Program Physician Leadership

John Bowers, III, MD - Pulmonology
Scott Cross, MD - Medical Oncology
Jeffrey Forman, MD - Pulmonology
Richard Hoefer, DO - Surgical Oncology
Wilkes Hubbard, MD - Co-chair-Thoracic Surgery
Steve Julian, MD - Administration
Peter Moy, MD - Thoracic Surgery
Joseph Newton, MD - Thoracic Surgery
Vijay Subramaniam, MD - Co-chair-Pulmonology
Bethany Tan, MD - Thoracic Surgery
Scott Williams, MD - Radiation Oncology
Figure 18.
Sentara Cancer Network - 2008-2011 Non Small Cell Lung Cancers by Stage at Diagnosis

Figure 18 illustrates the stage at diagnosis for Sentara Cancer Network lung cancers between 2008 and 2011. Early stage diagnosis is higher within the National Cancer Data Base. The NCDB also has a much higher unknown stage percentage than Sentara Cancer Network.

Figure 19.
Society of Thoracic Surgeons (STS) Lobectomy In-Hospital Mortality

Sentara Cancer Network vs STS National Average

Figure 19 illustrates the Sentara Cancer Network’s in-hospital lobectomy mortality from 2009 to 2011. Of the 128 patients entered into the Society of Thoracic Surgeons (STS) database in 2011, 0 patients expired, accounting for a 0% mortality rate. The STS national average for the 2009-2011 time period is 1.20%.

Note: Sentara Cancer Network includes data from the Thoracic Surgery Center at Sentara Heart Hospital, Sentara Leigh Hospital, Sentara CarePlex Hospital, Sentara Virginia Beach General Hospital and Sentara Obici Hospital.

Figure 20.

Figures 20 and 21 illustrate esophagus and lung cancer volumes by Sentara Cancer Network hospital. Sentara Norfolk General Hospital represents the highest volume of lung cancer among hospitals in the Sentara Cancer Network and Sentara Leigh Hospital represents the highest volume of esophageal cancer.

Figure 21.

* Includes the Sentara Thoracic Surgery Center at Sentara Heart Hospital
Collaborative Consortium
While pancreatic cancer accounts for only 2.7% of all new cancers in the United States, it is the fourth leading cause of cancer deaths. The Pancreatic Cancer Consortium, formed by physician leaders from Sentara, Eastern Virginia Medical School, Virginia Oncology Associates and community physicians is comprised of highly skilled specialists committed to improving the long-term survival for pancreatic cancer patients.

This multi-disciplinary Consortium of experienced physicians and clinicians work closely together to deliver the highest quality diagnostics and treatments for each patient. Patients also have the opportunity to work one-on-one with a patient navigator.

“Virtual” Bi-Weekly Conferences
Physicians meet bi-weekly via a web-enabled forum to discuss pancreatic cancer cases prospectively, in order to jointly develop the appropriate care plans. During the bi-weekly meetings, physicians:
- collaborate and discuss complex cancer cases
- review patient eligibility for clinical trials
- recommend appropriate courses of treatment

Annual Pancreatic Lecture Series
The Consortium has also joined together to provide an annual Pancreatic Lecture Series which brings national and local experts together to present pertinent pancreatic cancer topics, including the latest in pancreatic clinical practice and research.

Quality Care Advances and Clinical Processes
The multidisciplinary team focuses on achieving and maintaining excellent clinical outcomes, providing access to innovative national clinical trials, and educating clinical providers on pancreatic cancer care and management. Recent efforts to improve quality care and processes include:
- Participation in two national clinical trials
- Standardization of processes, including the approach to care for the resectable, borderline resectable, and metastatic pancreatic patient
- Adoption of a CT protocol for the interpretation of CT scans
- Increase of the detail provided in diagnostic reporting
- Benchmarking the Consortium’s clinical results against national results
- In-depth retrospective review of processes for continuous quality improvement

Sentara Pancreatic Program Physician Leadership

Rebecca Alston, MD - Pathology
Glen Arluk, MD - Gastroenterology
David Chang, MD - Medical Oncology
Scott Cross, MD - Medical Oncology
Eric Feliberti, MD - Surgical Oncology
Steven Foxx, MD - Radiology
Valerio Genta, MD - Pathology
Steven Hall, MD - Radiology
Richard Hoefer, DO - Surgical Oncology, Co-Chair Pancreatic Cancer Consortium
Kelvin Hornbuckle, MD – Gastroenterology
Doug Howerton, MD - Gastroenterology
Song Kang, MD - Radiation Oncology
David Marcheschi, MD - Pathology
Dean McGaughey, MD - Medical Oncology
Michael Montileone, MD - Radiology
John Paschohl, MD - Medical Oncology
Roger Perry, MD - Co-Chair – Surgical Oncology, Pancreatic Cancer Consortium
Steven Pietruzynski, MD - Radiology
James Primich, MD - Radiology
William Richie, MD - Radiology
Kishore Rao, MD - Radiology
Dennis Rowley, MD - Pathology
Mozhdeh Salour, MD - Radiology
Niria Sanchez, MD - Pathology
James Schneider, MD – Surgical Oncology
Ravi Shamaaingar, MD - Radiology
Sarah Shaves, MD - Radiology
Mark Sinesi, MD - Radiology
Ben Skinner, MD - Radiology
James Sparrer, MD - Pathology
Scott Stanley, MD - Pathology
Audrey Steck, MD - Pathology
Edward Trapani, MD - Radiology
Jeffrey Vandesand, MD - Radiology
Harlan Vingan, MD - Radiology
Marshall Weissberger, MD - Radiology
Scott Williams, MD - Radiation Oncology
Figure 22. 
**Sentara Cancer Network Pancreatic Cancer Volumes 2005 - 2011**
Pancreatic cancer volumes are shown in figure 22. Sentara CarePlex Hospital, Sentara Leigh Hospital, Sentara Virginia Beach Hospital, and Sentara Norfolk General Hospital have the highest volume of pancreatic cancers in the Network. Source: Cancer Registries

<table>
<thead>
<tr>
<th>Year</th>
<th>Sentara Bayside Hospital</th>
<th>Sentara CarePlex Hospital</th>
<th>Sentara Leigh Hospital</th>
<th>Sentara Norfolk General Hospital</th>
<th>Sentara Obici Hospital</th>
<th>Sentara Virginia Beach General Hospital</th>
<th>Sentara Williamsburg Regional Medical Center</th>
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<tr>
<td>2009</td>
<td>71</td>
<td>25</td>
<td>27</td>
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<td>73</td>
<td>21</td>
<td>23</td>
<td>28</td>
<td>7</td>
<td>11</td>
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</tbody>
</table>

Figure 23. 
**Pancreatic Surgical Procedure Volume 2009-2011**
72 pancreatic cancer resections (partial and total) were identified in 2009, 48 in 2010, and 73 in 2011. Pancreatic cancer resections include partial and total pancreatectomies. Source: CareDiscovery

Figure 24. 
**Pancreatic Surgical Procedure Mortality Rate 2009 to 2011**
Since 2009, the mortality rate for pancreatic procedures has decreased from 7% to 5% within the Sentara Cancer Network. The internal benchmark was set at 5% in 2009 by the Pancreatic Cancer Consortium. Source: CareDiscovery

Figure 25. 
**10 or More Lymph Nodes at Pancreatic Resection - 2009 to 2011 - Sentara Cancer Network**
In late 2009, the Sentara Cancer Network Pancreatic Consortium adopted a benchmark of 10 or more lymph nodes harvested at the time of resection. The graph below illustrates the compliance with this standard from 2009 to 2011. Source: Cancer Registries
Advanced Prostate Cancer Care
Each individual patient is presented with guidance on the treatment that is best matched with his age, lifestyle, and overall health conditions. The nationally accredited Sentara Cancer Network includes several sub-specialty trained oncologic urologists, medical oncologists.

Bringing New Treatment Options
The Sentara Cancer Network contributed to the approval of new medical treatment options for prostate cancer. Through local research and collaboration, there have been several new drugs approved and available to local patients.

The Prostate Cancer Program offers:
- Board-certified, fellowship-trained prostate cancer specialists
- Leading-edge minimally invasive surgery using the da Vinci robot
- Advanced treatments including external beam radiation, cryoablation and seed therapy
- Access to the latest prostate cancer research and clinical trials in partnership with Eastern Virginia Medical School
- Patient navigators and ongoing support groups

One of the Top Ranking Urology Programs in the U.S.
Within the network, Sentara Norfolk General Hospital was recently ranked among the Top 50 Urology programs in the country by *U.S. News & World Report*. In order to meet the criteria for this ranking, a hospital must excel across a range of difficult cases within the specialty. Scoring is based upon reputation, patient survival, patient safety and care-related services provided by nurses and physicians.

Figure 26. Observed Survival for Prostate Cases - Sentara Cancer Network 2003-2005
The graphs below are a comparison between the 5-year survival for prostate cancer in the National Cancer Data Base 2003-2005 and the 5-year survival for the Sentara Cancer Network 2003-2005. Stage I, II, and IV are lower in Sentara than at the NCDB. Stage 0 and III are slightly higher than the National Cancer Data Base.

Figure 27. Observed Survival for Prostate Cases - National Cancer Data Base 2003 - 2005
**Figure 28.**
**Sentara Cancer Network - 2008-2011 Prostate Cancers by Stage at Diagnosis vs. National Cancer Data Base 2010**

Figure 28 illustrates the stage at diagnosis for Sentara Cancer Network prostate cancers between 2008 and 2011. Early stage diagnosis (Stage I/II) within the Sentara Cancer Network is approximately 7% greater than the NCDB percentage.

**Figure 29.**
**Prostate Cancer Analytic Case Volumes 2005 - 2011**

This graph depicts the prostate cancer volumes for each Sentara Cancer Network hospital from 2005-2011. Volumes are highest at Sentara Norfolk General Hospital where most of the prostatectomies are performed.
Unique Services for Hampton Roads
The Sentara Cancer Network provides the only regional referral center for the treatment of head and neck cancer. Treatment strategies may include surgery, radiation and/or chemotherapy. Patients can be confident that an entire team of head and neck cancer specialists work together on their behalf, recommending the appropriate treatment and care, with 100 percent of cases reviewed at weekly cancer conferences.

Experience and Resources
The Sentara Cancer Network head and neck cancer team offers unmatched expertise and state-of-the-art care as well as community outreach efforts:

- Fellowship-trained head and neck oncologic and reconstructive surgeons including microvascular reconstruction, oncologic surgical pathologist, head and neck oncology research nurse, medical oncologists, radiation oncologists, endocrinologists, radiologists, plastic and reconstructive surgeons, dentists, social worker and dieticians.

- TransOral Robotic Surgery (TORS) program which uses the minimally invasive, precision instruments and fiber-optic camera of the daVinci™ robotic surgery.

- Partnership with the Eastern Virginia Medical School, collaborating with endocrinology experts to ensure the most comprehensive, advanced approach for treating thyroid cancer.

- Participation in Radiation Therapy Oncology Group clinical trials.

- Community outreach efforts with American Cancer Society partnerships, screenings and an active monthly oral, head, and neck support group.

- Advanced microvascular reconstruction which involves harvesting flaps of healthy tissue with their blood supply from remote sites in the body and implanting the tissue in the surgical site to reconstruct head and neck areas.

Sentara Head and Neck Program Physician Leadership
Matthew Bak, MD – Otolaryngology – Head and Neck Surgery
Daniel Karakla, MD – Otolaryngology – Head and Neck Surgery
Barry Strasnick, MD – Otolaryngology – Head and Neck Surgery
**Figure 30.**
Sentara Cancer Network Head and Neck Cancer Volumes - 2005 - 2011
The accompanying graph demonstrates the head and neck cancer volumes from 2005 to 2011. Head and neck cancer includes oral cavity/pharynx, larynx, nasal/sinuses, and thyroid. Sentara Norfolk General Hospital sees the vast majority of head and neck cancer in the Sentara Cancer Network.

**Figure 31.**
Sentara Norfolk General Hospital Head and Neck Cancer Conference - 2007 - 2011 Case Presentations
The pie graph shows the breakdown of head and neck cases presented at the Head and Neck Cancer Conference at Sentara Norfolk General Hospital between 2007 and 2011.
**Multidisciplinary Approach**
The Sentara Cancer Network adopts a multidisciplinary approach to the diagnosis and treatment of leukemia and lymphoma, as well as other blood disorders. The Hematology/Oncology team consists of highly skilled physician leaders and health care specialists who work together to deliver the best possible outcome, and are committed to patient comfort and recovery.

The dedicated Hematology/Oncology team meets bi-weekly to review and discuss each patient’s case and recommends the most appropriate treatments.

**Hematopathology Advances**
The hematopathology services of the Sentara Cancer Network continue to make advances. Expanded laboratory services now include Flow Cytometry, Fluorescence in Situ Hybridization, Cytogenetics, Immunohistochemistry, and Molecular Labs. A sustained year-over-year growth in referred cases is a testament to the clinical expertise and commitment to high quality. In 2012, the projected number of referred cases is:

- 1,007 Mone Marrow
- 3,191 Flow
- 2,904 Fluorescence in Situ Hybridization
- 1,491 Marrow Cytogenetic
- 591 Constitutional Cytogenetic

**Innovation and Technology**
The Sentara Cancer Network Hematology/Oncology cancer program offers innovative technologies, methods and standards. Team members frequently collaborate with Eastern Virginia Medical School and Virginia Oncology Associates on case reports and full clinicopathologic research projects, demonstrating a continued commitment to medical student/resident education and translational research. Other recent accomplishments include:

- Improvements and standardization of coagulation lab testing
- Standardization of pathologic work up and clinical care of patients, applying current recommended guidelines
Figure 32.  
**Sentara Cancer Network Hematology Quality Indicators - SCN vs. Benchmark - 2009-2011**

The Sentara Cancer Network Hematology Committee developed quality indicators for hematology and set internal Sentara goals for each. The graph below describes the quality indicator and shows the Network's performance, which is over the set benchmark for each indicator.

**Hematology: percentage of patients aged 18 years and older with a diagnosis of chronic lymphocytic leukemia (CLL) who had baseline flow cytometry studies performed.**

- 2009-2010: 95.7%
- 2011: 97.4%
- Sentara Benchmark: 100%

**Hematology: percentage of patients aged 18 years and older with a diagnosis of multiple myeloma, not in remission, who were prescribed or received intravenous bisphosphonate therapy within the 12-month reporting period.**

- 2009-2010: 91.2%
- 2011: 90.4%
- Sentara Benchmark: 90.0%

**Hematology: percentage of patients aged 18 years and older with a diagnosis of myelodysplastic syndrome (MDS) or an acute leukemia who had baseline cytogenetic testing performed on bone marrow.**

- 2009-2010: 94.4%
- 2011: 97.9%
- Sentara Benchmark: 90.0%

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**Hematology/Oncology Physician Leadership**

- **Burton Alexander, MD** – Medical Oncology
- **Daniel Atienza, MD** – Medical Oncology
- **Scott Cross, MD** – Medical Oncology
- **Stephen Fisher, MD** – Hematopathology
- **Lora Herman, MD** – Pathology
- **Scott Kruger, MD** – Medical Oncology
- **H. Raymond Tahhan, MD** – Transfusion Service

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**More Online**

Watch videos of physicians and patients online at [sentara.com/cancer](http://sentara.com/cancer)
## 2011 Sentara Cancer Network Primary Site Table

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Primary Site</th>
<th>Sentara Careplex Hospital</th>
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Analytic cases are cases diagnosed and/or treated during the first course of treatment at the assigned institution. Total cases include cases that enter the institution for recurrences or later courses of treatment as well.

Data Compiled by
Sentara Cancer Network
Registry Subcommittee:

Jane Allmaras
Gastrointestinal

Tammy Berryhill, CTR
Gynecology Oncology

Karrie Brickhouse, CTR
Hematology/Neuro-oncology

Kristy Bridgeman
Head and Neck/Skin

Rhonda Despinis, CTR
Breast, Rapid Quality Reporting System

Taquilla Diggs-Wright
Urology

Sandra Edwards
Follow-up

Cynthia Freeman, CTR
Team Leader, Peninsula

Holanda Harding
Breast

June Harlow
Cancer Conferences/Follow-up

Kathleen Marcia, CTR
Team Leader, Southside

Cressetta Peterson
Breast

Terry Reich
Casefinding

Lana Tyree, CTR
Breast
Cancer Conferences

The Sentara Cancer Network is one of the largest in the nation and is the only accredited cancer network in Virginia. This distinction from the American College of Surgeons Commission on Cancer means we are held to the highest standards in delivering cancer care to our community.

Comprehensive services are provided at centers across the region by a team of specialists who share information via a growing number of Multi-disciplinary Cancer Conferences. If you are a physician who would like to join any of the conferences, please contact the coordinators at the numbers provided.

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<tr>
<th>SITE</th>
<th>CONFERENCE</th>
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<th>ROOM</th>
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Sentara Careplex Hospital is located at 2600 Huntington Avenue, Hampton, VA 23666. Pancreatic Cancer Conference is located at 1001 Boulevard, Williamsburg, VA 23185.
## Sentara Cancer Conferences

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<td>Head &amp; Neck Conference</td>
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<td>Multidisciplinary Cancer Conference</td>
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<td>EVMS Hofheimer Hall</td>
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<td>Cancer Grand Rounds</td>
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<td>SVBGH Health &amp; Education Center Rooms A &amp; B</td>
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Sentara’s unique program is recognized for the strength of its vast network of cancer experts, coupled with the personal care of its many community cancer centers conveniently located throughout the region.

When you receive care at any one of these locations, you access a comprehensive network of cancer care. And the most impressive feature of that network is its ability to collaborate and provide a multidisciplinary approach that leads to better quality – and a better patient experience.

Need answers to your cancer questions? You’re one call away.

Call Toll Free: 888-220-2214

Speak with a cancer expert who will answer your questions and provide you with the resources you need for cancer prevention, detection, treatment and support.

www.sentara.com/cancer
Your community, not-for-profit health partner