

20 | CANCER ANNUAL REPORT
17 | *Baptist Health Cancer Program*



"Metamorphosis", representing the healing power of community, is an acrylic on canvas created by the collective fingerprints of patients with metastatic breast cancer.



MONTGOMERY
CANCER CENTER

 A BAPTIST HEALTH FACILITY

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MESSAGE FROM LEADERSHIP



It is our pleasure to present the annual report for the Baptist Health Cancer Program. This report represents the summary of our inaugural year as an American College of Surgeons' Commission on Cancer accredited program. Our program successfully achieved accreditation through 2020 and received commendation on three standards. We are proud of the collective effort and improvements in our program and look forward to sharing them with you in this report.

Our program remains focused on serving patients in Central Alabama with a commitment to delivering high-quality, multidisciplinary, patient centered cancer care in our community. A few accomplishments this year include:

- Montgomery's Maxwell Gunter Air Force Base celebrated the 70th anniversary of the United States' Air Force with a spectacular air show and open house in April. We were proud to partner with local gastroenterologists to bring colorectal cancer awareness and education to spectators using a walk-thru inflatable colon. Clinicians provided education and answered questions from spectators representing all walks of life.
- Hosted colorectal cancer screening and prevention events for participants living in underserved areas or those with known health disparities to help them understand their colorectal cancer risk and options for screening.
- Baptist Health and Montgomery Cancer Center Navigation Team received an Avon-Pfizer Metastatic Breast Center Grant to help patients with metastatic breast cancer in meeting their medical and emotional challenges associated with the disease. An exciting and memorable weekend retreat called "Get Centered" was held at Prattville Legends Golf Resort. Women living with metastatic breast cancer enjoyed a wonderful weekend of fellowship, art therapy, rhythm therapy and motivational speakers. Unique and lasting bonds were forged between the participants throughout the weekend and have continued in the form of a support group following the retreat.
- Our commitment to clinical excellence and patient outcomes was demonstrated through improving the quality of pain management through measurement and action along with analysis of medication errors identifying opportunities for improvement.

We consider our patients and caregivers family and the work we are called to do every day is a privilege. We look forward to continuing to serve and advancing cancer care in our community. If you have any questions regarding this report, please call (334) 273-7000 or visit www.montgomerycancercenter.com to learn more.

Scott McDaniel, MD
Cancer Committee Chair

Laura Hamilton
Cancer Program Manager

Susan Reed
Cancer Program Administrator

CANCER COMMITTEE

Cancer Committee is a multidisciplinary team of representatives from multiple physician specialties, nursing, administration, quality, and cancer registry. Cancer Committee meets regularly to review and evaluate the quality and direction of the cancer program and make recommendations for improvement using American College of Surgeons' Commission on Cancer guidelines. The committee's overall goal is to strive for cancer care program excellence in prevention, early detection, diagnosis, and treatment of cancer based on the framework of the Commission on Cancer standards.

Scott McDaniel, MD	Medical Oncology, Committee Chair
Naresh Bellam, MD	Medical Oncology, Cancer Liaison Physician
Lee Franklin, MD	Radiation Oncology
Pat Rucker, MD	Radiology
Walter Bell, MD	Pathology
John Mark Vermillion, MD	Surgery
Pam Strickland, MD	Breast Surgery
Bill Saliski, MD	Pulmonology
Susan Reed	Cancer Program Administrator
Laura Hamilton, RN, BSN	Cancer Program Manager
Judy Smith, RHIA, CTR	Cancer Registry Quality Coordinator
Tommy McKinnon	Community Outreach Coordinator
Jeni Huggins, RN, BSN, OCN	Clinical Research Coordinator
Tammy-Inge Bowdoin, CPC	Cancer Conference Coordinator
Mona McDermott, LGSW	Psychosocial Services Coordinator
Genger Gallup, RN, BSN, OCN	Oncology Nurse Manager, Outpatient
Brad Talley, BSN, RN	Oncology Nurse Manager, Inpatient
Jennifer Bratz, MA, BSHAS, RHIA	Quality Improvement, Baptist Medical Center South
Dana Fitzpatrick, PT	Rehabilitation Services
Margaret Thompson, RN, BSN	Palliative Care Services
Carrie Webb, PharmD	Pharmacy
Jeanie Mann	American Cancer Society
Ali Pritchett, RD	Nutrition Services
Alta Gipson, LBSW	Social Work
Rebecca Goff, MTS, CSD	Clinical Pastor

CANCER REGISTRY

The cancer registry collects data on all cancer patients who are diagnosed and/or treated at each of the Baptist Health facilities, including Baptist Medical Center South, Baptist Medical Center East, and Prattville Baptist Hospital. Data collected by the cancer registry is used to support cancer program development, quality improvement, and outcomes analysis. Cancer registry data is also used to monitor compliance with national evidenced based clinical practice guidelines endorsed by the American College of Surgeons' Commission on Cancer. Specially trained Certified Tumor Registrars capture a summary of each cancer case in the cancer registry database including clinical diagnostic and therapeutic data, which is also reported to the central Alabama Statewide Cancer Registry and to the National Cancer Data Base.

MULTIDISCIPLINARY CANCER CONFERENCES

Baptist Health Cancer Program holds weekly multidisciplinary cancer conferences with key physicians, practitioners, and care team members actively participating in treatment planning discussions. Medical oncologists, surgeons, radiologists, radiation oncologists, and pathologists examine clinical, radiologic and pathologic factors specific to each case and consider treatment options. This conference allows cancer care specialists to share expertise and discuss evidence-based guidelines to recommend treatment options for each case reviewed. Nursing, administrative, and ancillary staff attend for educational purposes.

In 2017, 47 cancer conferences were held with 235 patient cases presented for multidisciplinary discussion. 95% of cases presented were prospective presentations, discussing diagnosis, treatment, or follow-up care. The table gives a summary of the cases presented.

SITE	CASES PRESENTED
Oral Cavity, Pharynx	13
Digestive System	36
Respiratory System	40
Bone	2
Soft Tissue	11
Skin	10
Breast	44
Female Genital System	8
Male Genital System	13
Urinary System	13
Eye Orbit	1
Brain, Other Nervous System	7
Endocrine	1
Lymphoma	26
Myeloma	5
Leukemia	2
Miscellaneous	3
Total for all sites	235



CANCER PROGRAM REPORT

Developments at Montgomery Cancer Center - Prattville

The newly renovated Montgomery Cancer Center–Prattville clinic allows for additional support services to improve cancer care in the River Region. The space means more modern physician exam rooms and infusion suites as well as state-of-the-art equipment. Financial counseling, pastoral care, chemotherapy education, and additional on-site clinical laboratory testing, were improved at this facility to enhance patient experience. Thus, our patients are afforded greater convenience in a setting of quality patient care, creating a positive impact in cancer care to the surrounding communities.

Oncology Certified Nurses

Rapid scientific and technological advances in cancer care require nurses to maintain current and highly specialized knowledge to provide quality care. Baptist Health Cancer Program oncology nurses demonstrate their professional expertise through a rigorous and nationally recognized certification program affiliated with the Oncology Nursing Society. Oncology nursing certification provides validation of the specialized knowledge and experience required for competent performance. More than 25% of Baptist Health oncology nurses achieved and maintain the Oncology Certified Nurse or Advanced Oncology Certified Nurse. 14 of 52 (27%) Montgomery Cancer Center nurses and 5 of 13 (38 %) CRNPs are certified. Baptist Health’s oncology nursing program has continued to achieve commendation level based on Commission on Cancer standards.

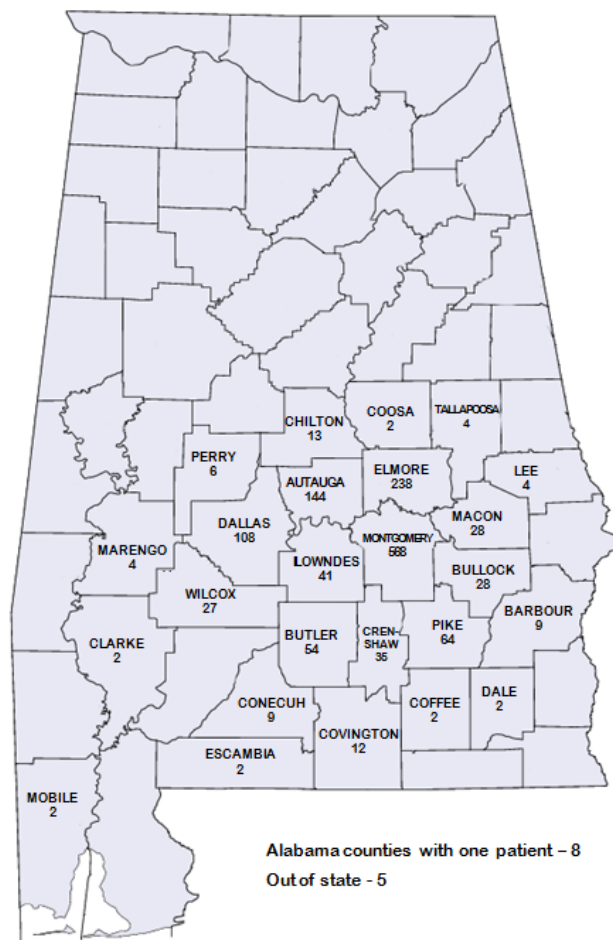
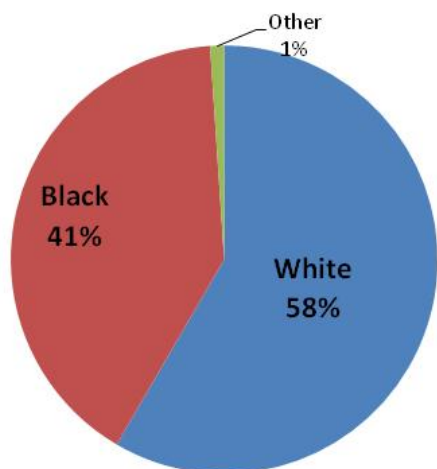
Support for People with Genetic Predisposition to Cancer

MCC Breast Imaging Manager Tina Hodge became a certified peer counselor with FORCE to promote awareness about managing hereditary risk factors for cancer. The mission of FORCE, which stands for “Facing Our Risk of Cancer Empowered”, is to improve the lives of individuals and families affected by hereditary breast, ovarian and related cancers. To this end, FORCE provides people with resources to determine whether they are at high risk due to genetic predisposition, family history, or other factors. Montgomery Cancer Center has partnered with FORCE to host quarterly counseling sessions to provide support for people who are pursuing their options. FORCE also offers personalized phone support and guidance for people considering genetic testing or who have already tested positive for a genetic mutation associated with an increased risk for cancer.

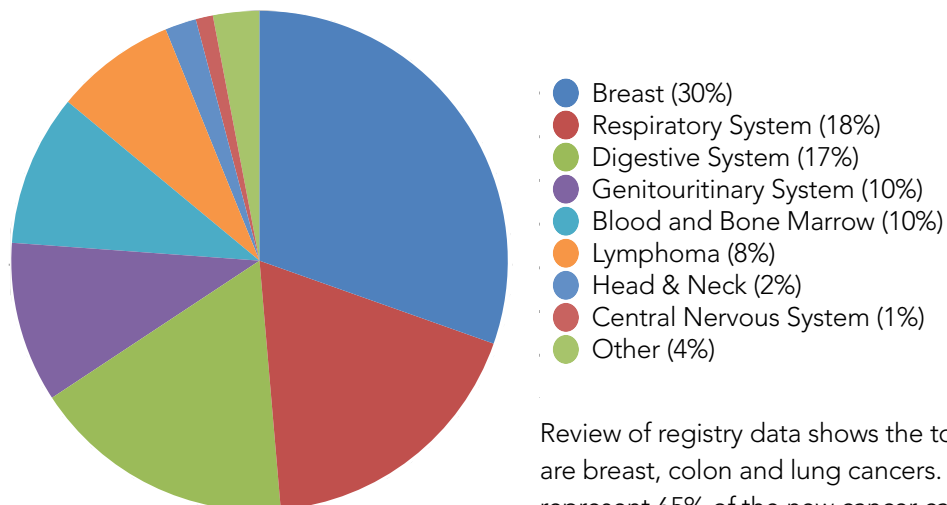
DISTRIBUTION OF CASES

The cancer registry accessioned 1,526 cases for Baptist Medical Center South in 2016. This number includes 1,425 analytic cases. Of the 1,425 analytic cases, 38% were male and 62% were female. These patients primarily reside in Montgomery (40%), Elmore (17%) and Autauga (10%) counties. The overall distribution of patient origin is presented in the following state map. Of the 1425 analytic cases, 38% were male and 62% were female.

CASES BY RACE



2016 CASELOAD BY DIAGNOSIS



Review of registry data shows the top three sites for our program are breast, colon and lung cancers. These top three disease sites represent 65% of the new cancer cases treated by our program.

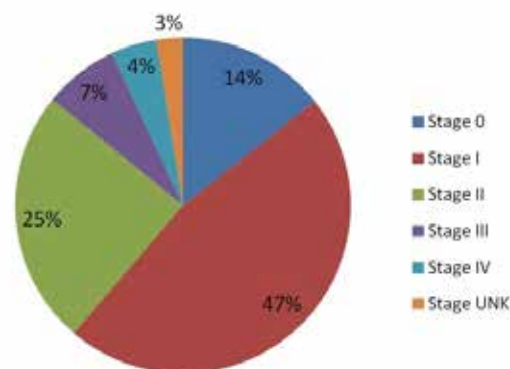
MOST COMMONLY TREATED CANCERS

Review of registry data shows the top three sites for our program are breast, colorectal, and lung cancers. These top three disease sites represent 54% of the new cancer treated by our program.

Top Three Sites by Stage at Diagnosis

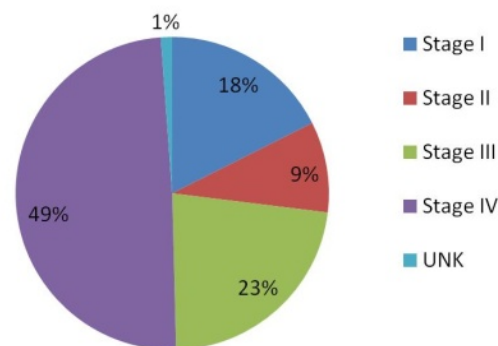
BREAST	n	%
Stage 0	62	14%
Stage I	203	47%
Stage II	107	25%
Stage III	31	7%
Stage IV	19	4%
Stage UNK	11	3%
Total	433	

BREAST CANCER
n=433



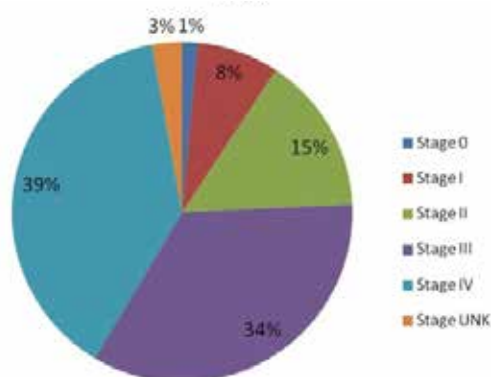
LUNG & BRONCHUS CANCER
n=257

LUNG & BRONCHUS	n	%
Stage I	45	18%
Stage II	24	9%
Stage III	58	23%
Stage IV	126	49%
Stage UNK	3	1%
Total	257	



COLORECTAL CANCER
n=140

COLORECTAL	n	%
Stage 0	2	1%
Stage I	11	8%
Stage II	21	15%
Stage III	48	34%
Stage IV	54	39%
Stage UNK	4	3%
Total	140	



COMMUNITY OUTREACH

Colorectal Cancer Prevention & Screening

Colorectal cancer is one of the top three cancers treated at Baptist Medical Center South. However, despite clear recommendations and evidence linking colorectal cancer screening to lower incidence and mortality, approximately 40% of adults are not up to date with screening. Cancer prevention and screening community outreach for 2017 was targeted at colorectal cancer. Community education was based on U.S. Preventive Services Task Force (USPSTF) guidelines. Cancer Program Staff coordinated several colorectal cancer prevention and screening events as shared below:

Maxwell Gunter Air Show

A 12-foot walk through inflatable colon, named "GI Air" was featured at the Maxwell Gunter Air Show in April 2017. Dr. Omair Atiq, Gastroenterologist and nurse navigators talked with more than 300 people as they walked through the educational display which demonstrated the stages of development of a colon cancer from polyp to invasive disease. The event was designed to raise awareness of colorectal cancer disease and different types of screening as prevention techniques. Clinical staff discussed evidence-based guidelines from the U.S. Preventive Services Task Force (USPSTF) encouraging regular screening beginning at age 50.

Holt Street Church of Christ

An oncology nurse navigator and a registered dietician provided a presentation in July 2017 about colorectal cancer prevention to a targeted health disparity population, including 162 adults at Holt Street Church of Christ in Montgomery. Evidence-based guidelines from the U.S. Preventive Services Task Force (USPSTF) formed the basis of the presentation encouraging regular screening beginning at age 50. Discussion with dietician and oncology nurse navigator raised awareness of personal risk of colorectal cancer and prevention strategies, including diet, exercise, and regular colorectal cancer screening. Participants were offered an assessment of their individual risk factors, and those eligible were offered FIT test screening kit.

Selma Community

In August 2017, the oncology Nurse Navigator joined Vaughan Community Health Services at Food Outlet in Selma. Visual aids were employed to teach participants the process for sample collection. Of twenty-two (22) participants, seventeen (17) were eligible for the FIT test and were given a FIT test kit. 7 of 17 (41%) kits were returned by mail. One patient tested positive and proceeded to further screening with his gastroenterologist.

Provider Education

Dr. Omair Atiq, Gastroenterologist, provided professional education to physicians, nurses, and allied health professionals at the quarterly education conference at Montgomery Cancer Center in October. At this conference, health professionals discussed staging of colorectal cancer, updates in screening recommendations for early detection, and promotion of regular colorectal cancer screening according to the US Preventative Task Force Guidelines.

Lung Cancer Screening

As a designated American College of Radiology lung cancer screening facility, Carmichael Imaging uses annual low dose CT screening to detect lung cancer early in high risk patients.

In 2017, 375 patients were screened. A nurse navigator coordinates follow up care of patients in the lung cancer screening program and reports screening results to a national registry. Of patients screened, 21 were recommended for immediate follow up with PET (positron emission tomography), biopsy, or pulmonary consult; 5 cases were recommended for three-month follow up, and 71 cases were recommended for six-month follow up. Using the LungRad protocol, 24 cases were identified as having more than a 15% chance of malignancy. Ultimately, 3 patients had malignancies diagnosed and surgically removed. Finding lung cancer at early and resectable stages represents success for the lung cancer screening program because these patients are expected to have better treatment outcomes.

Weekend Retreat Patients Living With Metastatic Breast Cancer



Baptist Health and the Montgomery Cancer Center Navigation Team received a grant from the Avon-Pfizer Metastatic Breast Cancer Grants Program to help patients with metastatic breast cancer in meeting medical and emotional challenges associated with the disease.

Grant funds were used to survey patients about needs specific to metastatic breast cancer patients

as opposed to breast cancer patients with earlier stage curable disease. The cancer program surveyed 140 patients living with metastatic breast cancer about medical, emotional, and practical needs. Survey results from 47 patients stressed the emotional and financial challenges of living with metastatic disease. When asked what patients found helpful in coping with a metastatic cancer diagnosis, most patients pointed toward talking with other people, music, experiencing nature, individual and group prayer and worship services, counsel of faith representative, exercise, hobby, and reading.

The "Get Centered" retreat was held in September 2017 at Prattville Legends Golf Resort. Friendships were forged among the patient participants as the 3-day event progressed. The guest speaker, a metastatic breast cancer patient, challenged each woman to purposefully live with the terminal illness and remain connected with community. Each participant created a vision board over the weekend, between other retreat activities including music therapy, art therapy, a fashion show, and discussions on genetics. The group joined their fingerprints together on an acrylic canvas to form the "Metamorphosis" painting featured on the cover of this report. The retreat served as the foundation for a future ongoing community of women with advanced breast cancer to enjoy encouragement of an understanding and supportive community.



PRIMARY SITE TABLE – 2016

Diagnostic Site	Class Case		STAGE (Analytic Cases)							Total	% Total
	ANA	NON	0	I	II	III	IV	NA	UNK		
ORAL CAVITY, PHARYNX	24	4	0	0	2	6	16	0	0	28	1.83
---Tongue	6	1	0	0	0	1	5	0	0	7	0.46
---Salivary Gland	1	1	0	0	0	0	1	0	0	2	0.13
---Gum, Other Mouth	2	1	0	0	1	1	0	0	0	3	0.20
---Tonsil	10	0	0	0	1	2	7	0	0	10	0.66
---Nasopharynx	1	0	0	0	0	0	1	0	0	1	0.07
---Oropharynx	3	1	0	0	0	2	1	0	0	4	0.26
---Hypopharynx	1	0	0	0	0	0	1	0	0	1	0.07
DIGESTIVE SYSTEM	247	9	2	14	38	64	110	5	14	256	16.78
---Esophagus	21	0	0	0	2	6	11	0	2	21	1.38
---Stomach	25	0	0	1	2	4	13	0	5	25	1.64
---Small Intestine	6	1	0	0	0	0	5	1	0	7	0.46
---Colon, Rectum, Anus	140	6	2	10	21	48	54	0	5	146	9.57
-----Colon Excluding Rectum	99	6	1	3	14	38	42	0	1	105	6.88
-----Cecum	21	0	1	0	3	12	5	0	0	21	1.38
-----Appendix	4	1	0	2	0	0	1	0	1	5	0.33
-----Ascending Colon	10	0	0	0	1	8	1	0	0	10	0.66
-----Hepatic Flexure	5	0	0	0	3	2	0	0	0	5	0.33
-----Transverse Colon	3	0	0	0	0	1	2	0	0	3	0.20
-----Splenic Flexure	3	0	0	0	1	1	1	0	0	3	0.20
-----Descending Colon	13	0	0	0	1	4	8	0	0	13	0.85
-----Sigmoid Colon	29	2	0	1	5	8	15	0	0	31	2.03
-----Large Intestine, NOS	11	3	0	0	0	2	9	0	0	14	0.92
-----Rectosigmoid, Rectum, Anus	41	0	1	7	7	10	12	0	4	41	2.69
-----Rectosigmoid Junction	5	0	0	0	0	2	2	0	1	5	0.33
-----Rectum	28	0	1	5	5	5	9	0	3	28	1.83
-----Anus, Anal Canal, Anorectum	8	0	0	2	2	3	1	0	0	8	0.52
---Liver, Gallbladder, Intrahep Bile	7	1	0	2	1	1	1	2	0	8	0.52
-----Liver	4	1	0	1	0	0	1	2	0	5	0.33
-----Gallbladder	1	0	0	0	0	1	0	0	0	1	0.07
-----Intrahepatic Bile Duct	1	0	0	1	0	0	0	0	0	1	0.07
-----Other Biliary	1	0	0	0	1	0	0	0	0	1	0.07
---Pancreas	44	0	0	1	11	4	26	1	1	44	2.88
---Retroperitoneum	2	1	0	0	1	0	0	0	1	3	0.20
---Peritoneum, Omentum, Mesentery	1	0	0	0	0	1	0	0	0	1	0.07
---Other Digestive Organs	1	0	0	0	0	0	0	1	0	1	0.07

PRIMARY SITE TABLE – 2016

Diagnostic Site	Class Case		STAGE (Analytic Cases)							Total	% Total
	ANA	NON	0	I	II	III	IV	NA	UNK		
RESPIRATORY SYSTEM	263	11	0	45	24	59	131	1	3	274	17.96
---Nose, Nasal Cavity, Middle Ear	1	0	0	0	0	0	1	0	0	1	0.07
---Larynx	5	1	0	0	0	1	4	0	0	6	0.39
---Lung and Bronchus	257	10	0	45	24	58	126	1	3	267	17.50
-----Non-Small Cell	213	10	0	42	24	49	97	0	1	223	14.61
-----Small Cell	36	0	0	3	0	8	24	0	1	36	2.36
-----Other Lung	8	0	0	0	0	1	5	1	1	8	0.52
BONES, JOINTS	2	0	0	2	0	0	0	0	0	2	0.13
SOFT TISSUE INCLUDING HEART	9	1	0	2	0	1	6	0	0	10	0.66
SKIN	14	4	1	4	1	4	4	0	0	18	1.18
---Skin: Melanoma	13	4	1	4	1	3	4	0	0	17	1.11
---Skin: Other Non-Epithelial	1	0	0	0	0	1	0	0	0	1	0.07
BREAST	433	13	62	203	107	31	19	0	11	446	29.23
---Female Breast	431	13	62	202	106	31	19	0	11	444	29.10
---Male Breast	2	0	0	1	1	0	0	0	0	2	0.13
FEMALE GENITAL SYSTEM	52	8	0	6	7	13	17	0	9	60	3.93
---Cervix Uteri	17	2	0	3	4	3	5	0	2	19	1.25
---Corpus, Uterus: NOS	18	5	0	2	2	4	5	0	5	23	1.51
-----Corpus Uteri	15	5	0	2	2	4	2	0	5	20	1.31
-----Uterus: NOS	3	0	0	0	0	0	3	0	0	3	0.20
---Ovary	15	1	0	1	1	6	6	0	1	16	1.05
---Vagina	1	0	0	0	0	0	1	0	0	1	0.07
---Vulva	1	0	0	0	0	0	0	0	1	1	0.07
MALE GENITAL SYSTEM	36	19	0	5	9	0	19	0	3	55	3.60
---Prostate	31	19	0	3	9	0	19	0	0	50	3.28
---Testis	4	0	0	2	0	0	0	0	2	4	0.26
---Other Male Genital Organs	1	0	0	0	0	0	0	0	1	1	0.07
URINARY SYSTEM	60	16	8	7	9	4	23	1	8	76	4.98
---Urinary Bladder	27	8	7	1	8	4	4	1	2	35	2.29
---Kidney	27	8	0	6	1	0	15	0	5	35	2.29
---Renal Pelvis	3	0	0	0	0	0	3	0	0	3	0.20
---Ureter	2	0	1	0	0	0	0	0	1	2	0.13
---Other Urinary Organs	1	0	0	0	0	0	1	0	0	1	0.07

PRIMARY SITE TABLE – 2016

Diagnostic Site	Class Case		STAGE (Analytic Cases)							Total	% Total
	ANA	NON	0	I	II	III	IV	NA	UNK		
EYE, ORBIT	1	1	0	0	0	0	0	1	0	2	0.13
---Eye, Orbit: Non-Melanoma	1	0	0	0	0	0	0	1	0	1	0.07
---Eye, Orbit: Melanoma	0	1	0	0	0	0	0	0	0	1	0.07
BRAIN, OTHER NERVOUS SYSTEM	21	1	0	0	0	0	0	21	0	22	1.44
---Brain: Malignant	16	1	0	0	0	0	0	16	0	17	1.11
---Brain-CNS: Benign, Borderline	5	0	0	0	0	0	0	5	0	5	0.33
ENDOCRINE SYSTEM	9	2	0	2	2	0	1	1	3	11	0.72
---Thyroid	7	2	0	2	2	0	0	0	3	9	0.59
---Thymus	1	0	0	0	0	0	0	1	0	1	0.07
---Adrenal Gland	1	0	0	0	0	0	1	0	0	1	0.07
LYMPHOMA	85	5	0	8	10	28	38	0	1	90	5.90
---Hodgkin Lymphoma	14	0	0	0	3	6	5	0	0	14	0.92
-----Hodgkin - Nodal	14	0	0	0	3	6	5	0	0	14	0.92
---Non-Hodgkin Lymphoma	71	5	0	8	7	22	33	0	1	76	4.98
-----NHL - Nodal	52	3	0	3	4	19	26	0	0	55	3.60
-----NHL - Extranodal	19	2	0	5	3	3	7	0	1	21	1.38
MYELOMA	35	1	0	0	0	0	0	35	0	36	2.36
LEUKEMIA	58	2	0	0	0	0	0	58	0	60	3.93
---Lymphocytic Leukemia	28	2	0	0	0	0	0	28	0	30	1.97
-----Acute Lymphocytic Leukemia	1	0	0	0	0	0	0	1	0	1	0.07
-----Chronic Lymphocytic Leukemia	24	2	0	0	0	0	0	24	0	26	1.70
-----Other Lymphocytic Leukemia	3	0	0	0	0	0	0	3	0	3	0.20
---Non-Lymphocytic Leukemia	26	0	0	0	0	0	0	26	0	26	1.70
-----Acute Myeloid Leukemia	14	0	0	0	0	0	0	14	0	14	0.92
-----Chronic Myeloid Leukemia	11	0	0	0	0	0	0	11	0	11	0.72
-----Other Myeloid-Monocytic	1	0	0	0	0	0	0	1	0	1	0.07
---Other Leukemia	4	0	0	0	0	0	0	4	0	4	0.26
-----Other Acute Leukemia	2	0	0	0	0	0	0	2	0	2	0.13
-----Aleukemic, subleukemic and	2	0	0	0	0	0	0	2	0	2	0.13
MESOTHELIOMA	1	0	0	0	0	1	0	0	0	1	0.07
KAPOSI SARCOMA	0	1	0	0	0	0	0	0	0	1	0.07
MISCELLANEOUS	75	3	0	0	0	0	0	75	0	78	5.11
TOTALS	1425	101	73	298	209	211	384	198	52	1526	100.00



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