Cancer Annual Report 2017*

Our story begins with you.

BalladHealth™

It's your story. We're listening.


STOP
STOP
STOP

Chairman's message

The Cancer Committee is formed under the direction of the Bylaws of the Medical Executive Committee and serves to monitor, supervise and encourage improvement in the provision of cancer treatment services at Johnson City Medical Center. The committee has further responsibility for maintaining certification by the American College of Surgeons (ACoS) Commission on Cancer, The Joint Commission, and other professional and accrediting bodies. Quarterly committee meetings provide a forum for communication and collaboration on measures that contribute toward annual goals and standards.

The committee oversees numerous multidisciplinary cancer conferences that are held. A graph showing the number of patients discussed at these conferences is included in this report. A detailed graph of the Cancer Program Practice Profile Reports (CP3R) measures is also included in this report.

The patient navigator program continues to grow. Numerous screening and prevention programs are held in conjunction with the Health Resource Center.

The cancer program at Johnson City Medical Center is committed to honor those we serve by delivering the best possible care. Our vision is to build a legacy of superior health by listening to and caring for those we serve. We offer impressive medical and surgical services, as well as numerous ancillary programs for our patients.

Kanishka Chakraborty, M.D.
Chairman

*During the 2017 calendar year, the Regional Cancer Center at Johnson City Medical Center operated under the health system Mountain States Health Alliance.

Larynx carcinoma

The Cancer Committee for Johnson City Medical Center has chosen to review patterns of care for laryngeal cancer in our institution. This brief report will detail patient demographic and clinical factors for our patient population. Comparison years for 2012 and 2016 are chosen.

Table 1 shows distribution of age for newly diagnosed patients for the index years. Peak incidence for these cancers is in the sixth and seventh decade.

Distribution by age

Table 1

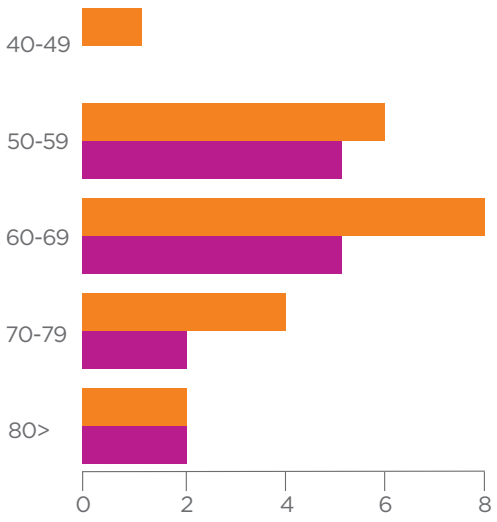
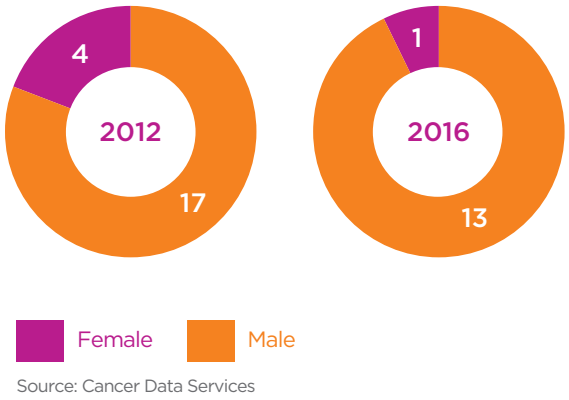


Table 2 shows distribution by gender. In our patient population there is a significant preponderance of male patients with laryngeal cancers. While national trends have seen an increasing proportion of female patients for these cancers, we have not witnessed this in our local population.

Distribution by gender

Table 2



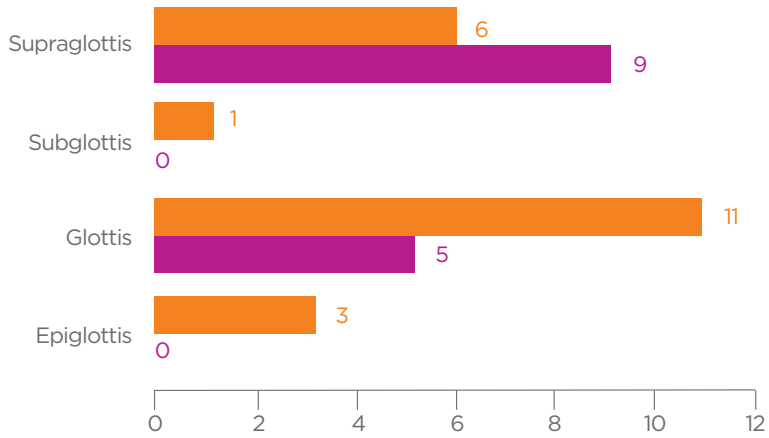
Source: Cancer Data Services

Table 3 reveals the anatomic sub sites. Please note that because of a coding phenomenon when moving from ICD 9 to ICD 10, epiglottis cancers were considered separate from other supraglottic laryngeal cancers in 2012.

Table 4 were shows the geographic distribution for the homes of our patients.

Distribution by sub sites

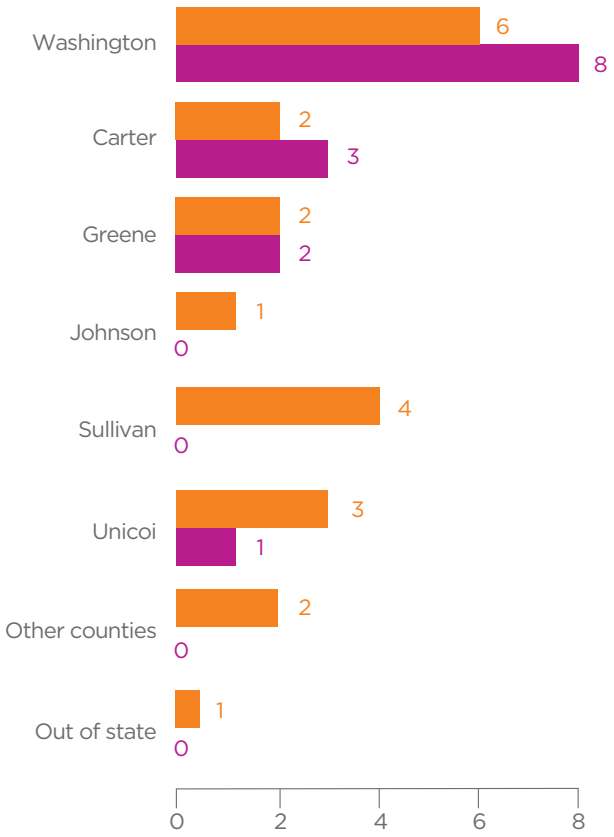
Table 3



Larynx carcinoma

Distribution by county

Table 4



Source: Cancer Data Services

Table 5 points out that all tumors from these anatomic sites under our care have been squamous cell carcinomas. While there are occasional unusual histologies in these anatomic sites, none were noted during the two years of observation.

Distribution by histology

Table 5

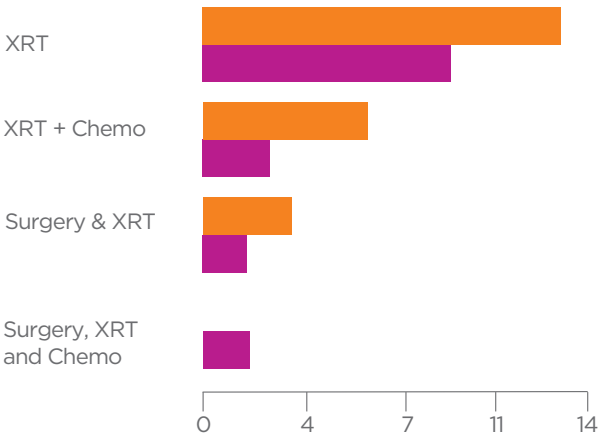
Squamous cell carcinoma

Source: Cancer Data Services

Table 6 reveals the distribution of treatment management combinations for these patients. All patients receive radiation therapy as some component of their care. Radiation therapy alone continues to be the most common treatment for patients with laryngeal cancers.

Distribution by treatment

Table 6

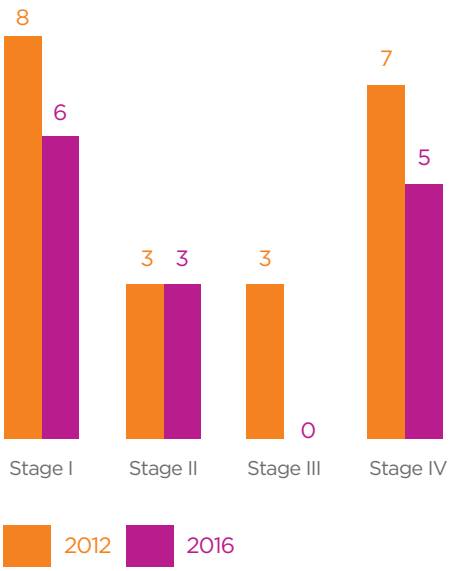


Larynx carcinoma

Table 7 describes patient's cancers by initial staging.

Distribution by stage

Table 7



Source: Cancer Data Services

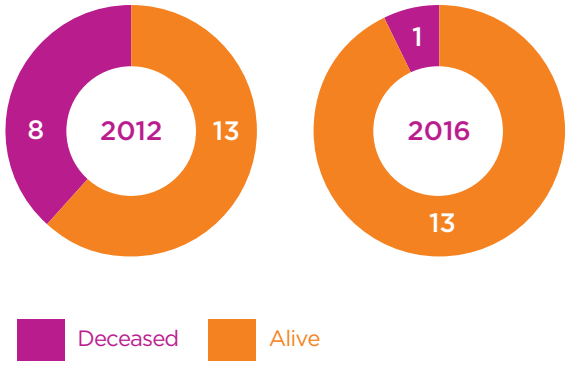
Tables 8 and 9 reveal the current status of treated patients and the survival curves of the 2012 cohort by stage. With recognition of the statistical limitations of small numbers, there are no significant deviations from best evidence numbers from leading institutions.

Head and neck cancers remain a relatively common group in our institution. We can theorize that higher cigarette smoking rates in our region may have a significant etiologic impact. Among the various head neck cancers, laryngeal cancers represent an important subgroup. These patients are often treated in a multidisciplinary manner. While cure rates are good and are improving we recognize that there are meaningful acute and late side effects that can impact the patient's overall health. Our data analysis tools in the structure of the cancer program provide opportunity for performance improvement. In the future we would like to include quality of life measures for our laryngeal cancer patients.

A proposal for investigation of appropriate quality of life measures will be discussed with the Cancer Committee.

Distribution by vital status

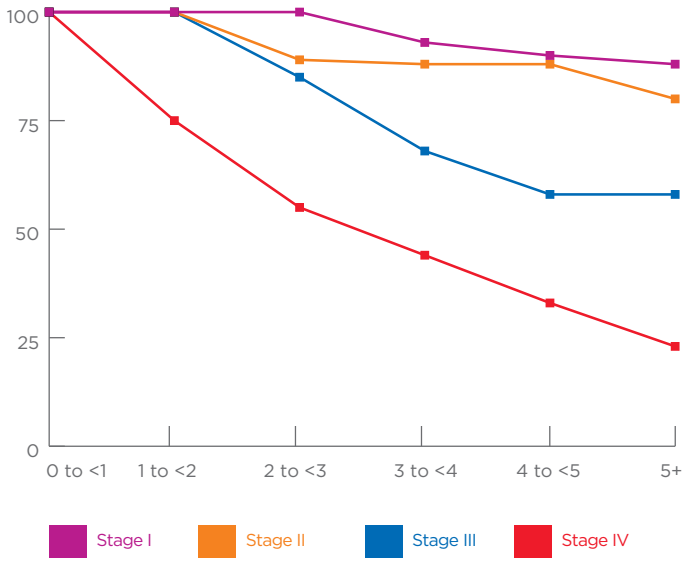
Table 8



Source: Cancer Data Services

5-year survival by stage

Table 9



Performance measures (CP^{3}R)

The American College of Surgeons Commission on Cancer, a national accrediting body for cancer programs, developed evidence-based measures or Cancer Program Practice Profile Reports. As a Commission on Cancer accredited facility, Johnson City Medical Center tracks these measures and our Cancer Liaison Physician reviews the results on a quarterly basis to assess performance. Provided below is the most recent Commission on Cancer data (2015) comparing Johnson City Medical Center to facilities in the state of Tennessee and all other Commission on Cancer Accredited Programs.

The abbreviations in the graph represent the following:

[nBx] Image or palpation-guided needle biopsy (core or VNA) performed to establish diagnosis before surgical treatment of breast cancer.
Required percentage: 80 percent

[MASRT] Radiation therapy is considered or administered following any mastectomy within one year (365 days) of diagnosis of breast cancer for women with > than 4 positive regional lymph nodes. Required percentage: 90 percent

[BCS/RT] Radiation therapy is administered within one year (365 days) of diagnosis for women underage 70 receiving breast conserving surgery for breast cancer. Required percentage: 90 percent

[HT] Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c N0 M0, or Stage II or III ER and/or PR positive breast cancer.
Required percentage: 90 percent

[12RLN] At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. Required percentage: 85 percent

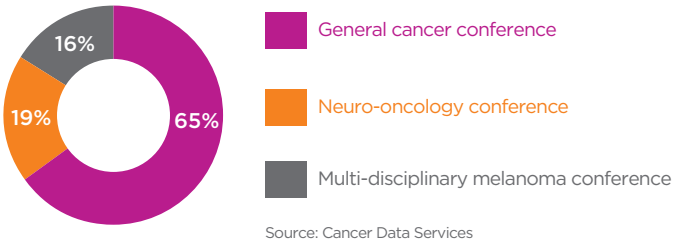
[RECRTCT] Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4 N0 or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3 N0, T4 N0 or Stage III; or treatment is considered for patients under the age of 80 receiving resection for rectal cancer. Required percentage: 85 percent

[G15RLN] At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.
Required percentage: 80 percent

[LCT] Systemic chemotherapy is administered within four months to day preoperatively or day of surgery to six months postoperatively, or it is considered for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC. Required percentage: 85 percent

[LNoSurg] Surgery is not the first course of treatment for cN2 M0 lung cases. Required percentage: 85 percent

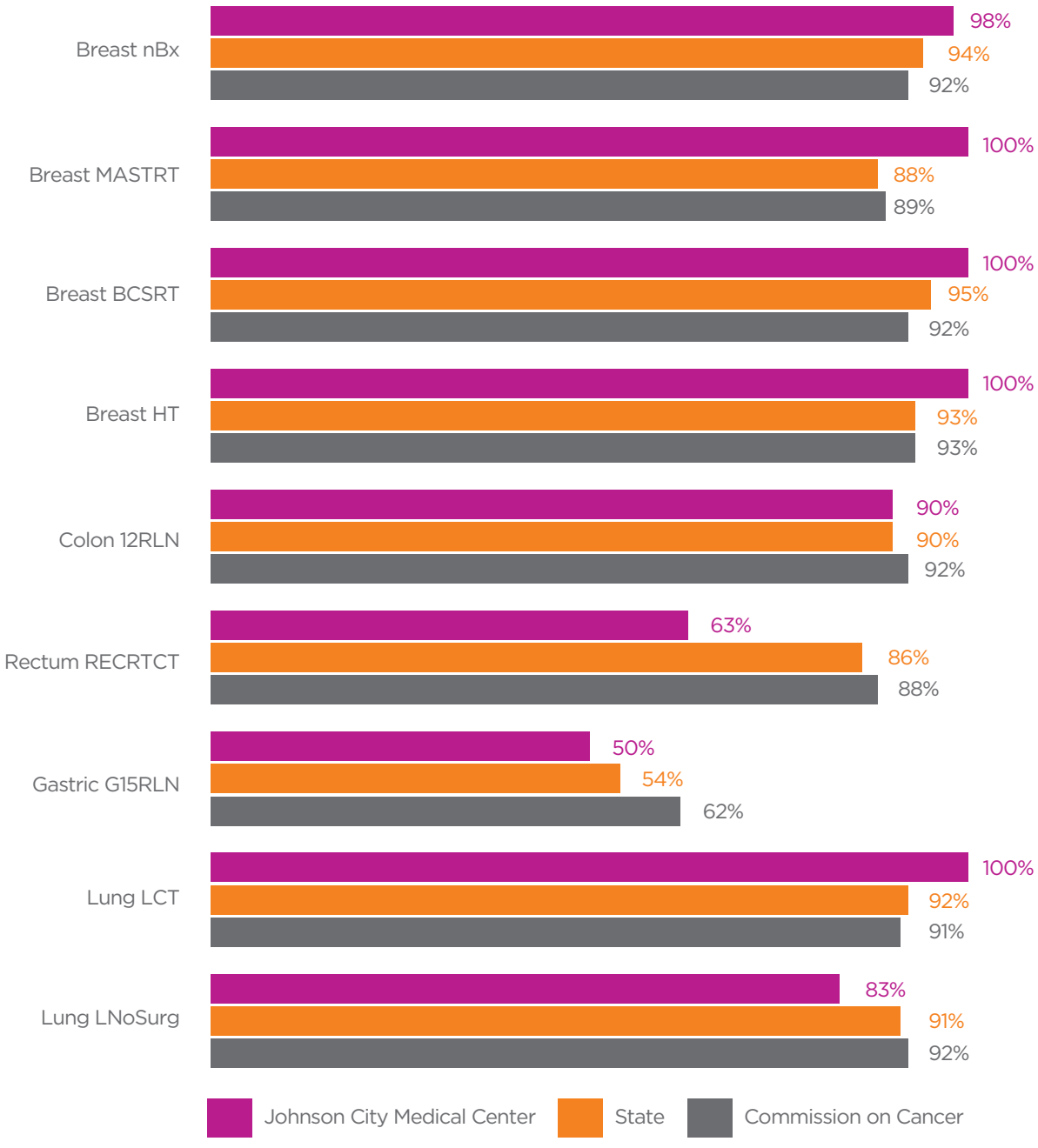
Cases discussed at multidisciplinary conferences 2017



Source: Cancer Data Services

Performance measures (CP^{3}R)

Cancer Program Practice Profile Measures



Source: Based on Commission on Cancer 2015 Data

Cancer data statistics

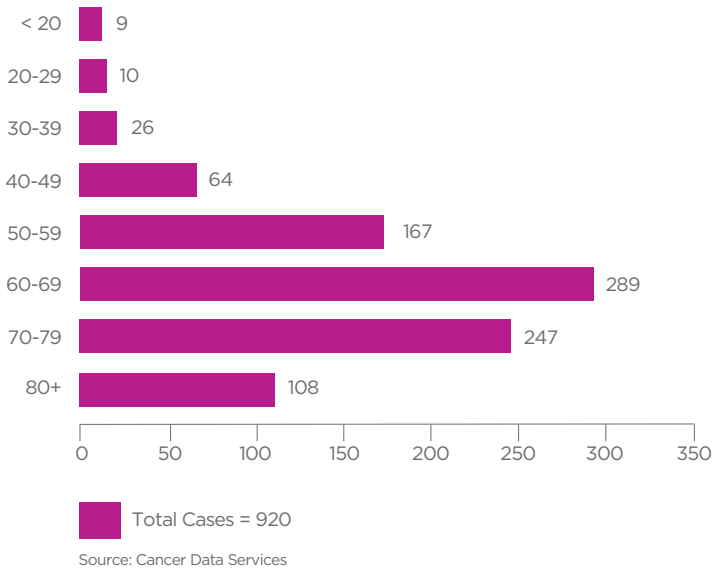
Retrospective look at 2016 cancer cases at Johnson City Medical Center

In 2016, approximately 1,016 new cancer cases were diagnosed and/or treated at Johnson City Medical Center. Of these cases, 96 percent were analytic, meaning they received all or part of their first course of therapy at the Regional Cancer Center. Nonanalytic cases, those initially treated elsewhere and referred here for recurrences or subsequent therapy, represented 4 percent of the total.

The top five sites of cancer diagnosed at Johnson City Medical Center in 2016 were lung, breast, colorectal, lymphoma and pancreas. The most common cancer for females was breast cancer and for males lung cancer.

The majority of patients were between 60 and 69 years of age at time of diagnosis.

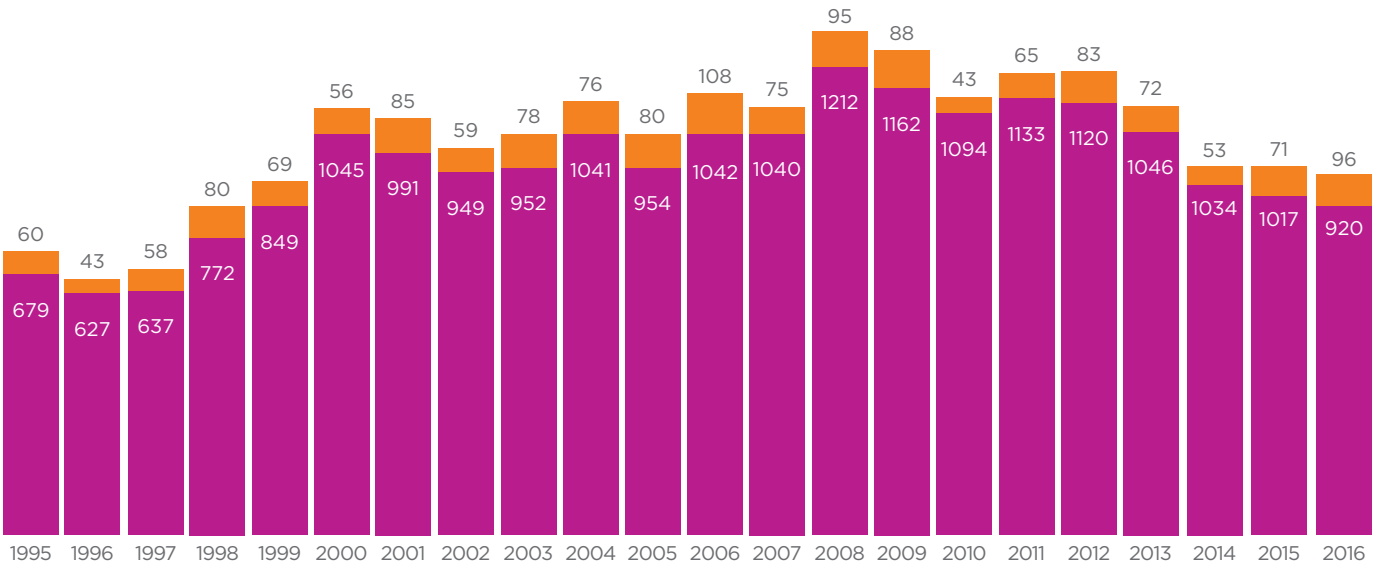
Analytic cases distribution by age



Source: Cancer Data Services

Annual Johnson City Medical Center cancer cases

Analytic & non-analytic



Source: Cancer Data Services

Incidence of cancer by site

Primary site	Total cases	Analytic	Non-analytic
Oral cavity & pharynx	35	34	1
Digestive system			
Esophagus	19	19	-
Stomach	15	14	1
Colon	39	37	2
Rectum/rectosigmoid	32	31	1
Liver/biliary	16	14	2
Pancreas	38	36	2
Other digestive	20	20	-
Respiratory system			
Larynx	15	14	1
Lung	255	239	16
Other respiratory	2	2	-
Melanoma	19	18	1
Soft tissue	7	7	-
Breast	190	185	5
Female genital system			
Cervix uteri	7	4	3
Corpus uteri	13	13	-
Ovary	4	4	-
Other female	7	6	1
Male genital system			
Prostate	48	28	20
Other male	4	2	2
Urinary system			
Kidney	22	15	7
Urinary bladder	19	14	5
Other urinary	1	-	1
Brain	36	32	4
Endocrine system			
Thyroid gland	8	7	1
Other endocrine	5	5	-
Lymphoma	54	48	6
Leukemia	34	28	6
Multiple myeloma	17	12	5
Other & unspecified sites	35	32	3
Totals	1,016	920	96

2017 community education and awareness

Thanks to all volunteers and participants who helped make these 2017 events successful.

March

March is colon cancer awareness month. On March 19, 2017, Pleasant Valley Church of the Brethren in Jonesborough, Tennessee, hosted a colon cancer awareness walk. The staff of the Johnson City Medical Center Regional Cancer Center was present and handed out educational material to those who were present and participated in the walk.

June

June 15, 2017, the Johnson City Medical Center Regional Cancer Center partnered with the Johnson City Senior Citizens Center to celebrate cancer survivors. This year's event had a cancer survivor and storyteller for our tea party. Stacie Davis RN, oncology educator shared stories of "survivorship pearls of wisdom." The event concluded with door prizes after dinner.

June 9, 2017, Relay for Life was held at Founder's Park in Johnson City. Several team members from Johnson City Medical Center Regional Cancer Center helped the survivors register for the event and participated in the event activities.

September

The Regional Cancer Center team members participated in the Mountain States Health Alliance Dragon Boat benefiting Circle of Hope Cancer Patient fund. The Tumourators raced over $1,000. Our team had an amazing time at the Warrior's Path State Park on Sept. 8, 2017.

October

Oct. 10, 2017, one of our survivors shared her story of hope. Dr. Brantner talked with group on breast reconstruction. Stacie Davis, oncology educator discussed the 5 Love Languages by Gary Chatman, M.D. and how important communication is to help couples through cancer treatment.

Oct. 22, 2017, several team members helped setup and participate in the Making Strides Against Breast Cancer fundraiser which helps raise awareness about breast cancer and celebrates those who have faced breast cancer.

November

Nov. 8, 2017, the staff of Johnson City Medical Center Regional Cancer Center setup a table at the Mountain States sponsored Chamber of Commerce breakfast to help raise awareness about the dangers of tobacco abuse.

Nov. 9-10, 2017, the nurse educator and lung cancer navigator participated in the Pulmonary Symposium and setup a table to help educate and destigmatize lung cancer.

Throughout the month of November, the Johnson City Medical Center Cancer Center team members collected food and money to give 17 families Thanksgiving dinner.

December

Throughout the month of December, team members adopted 18 "Christmas Tree Kids" which are children and grandchildren of patients, to brighten their Christmas Season.

2017 Cancer Committee

Required physician members

Kanishka Chakraborty, M.D.	Medical Oncology/Chairman
Devapiran Jaishankar, M.D.	Medical Oncology
Patrick Costello, M.D.	Pathology
Kyle Colvett, M.D.	Radiation Oncology
Nathan Floyd, M.D.	Radiation Oncology
James Koonce, M.D.	Radiology
Tamra McKenzie, M.D.	Surgical Oncology/CLP

Required non-physician members

Chris Miller	Administration
Sherry Hyder	Cancer Data Services
Nonna Stepanov	Clinical Research
Kathryn Wilhoit	Health Resource Center
Stacie Davis	Oncology Nursing
Anna Butler	Palliative Care/Hospice
Kate Shuppert	Social Services

Additional members

Amy Fields	American Cancer Society
Bonnie Dunham	Nutritional Services
Zilipah Cruz	Patient Navigation Services
Shannon Bradley	Rehab Services
Heather Holland	Spiritual Health

For more information, call 423.431.6111
or visit balladhealth.org/

400 N. State of Franklin Road
Johnson City, TN 37604
tel 423.431.6111

BalladHealth™

It's your story. We're listening.