

2018 Cancer Center
Annual Report

Ringing Out to Our Community



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Greetings from the staff of Georgetown Cancer Center (GCC)!

Last year was a time of tremendous growth for our cancer program and our local community outreach. As you read through this Annual Cancer Report, you will learn about the exciting things happening in our community and the ways we are helping our patients and their families.

In 2018, we saw further increase in our networking with the UK Markey Cancer Center Affiliate Network and its affiliate programs. Our patients have had the ability to utilize clinical trials, as well as, mutational testing to evaluate for targeted therapies.

In 2019, our goal is to increase cancer screenings, largely by colorectal and low dose CT lung cancer evaluations. We plan to provide educational opportunities for our patients, the Georgetown community and local healthcare providers.

Serving the hematology and oncology patients and families in the Georgetown community continues to be a personal privilege. I look forward to seeing what we can accomplish together this year.

Sincerely,

Kent E. Taylor, MD



Cancer Registry Data and Outcomes

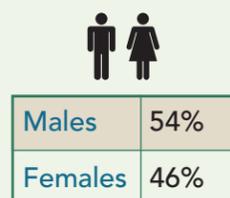
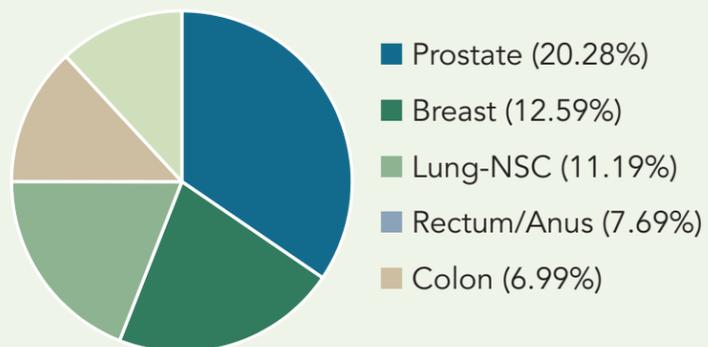
2017 Top 5 Cancer Sites*

*most recent complete year of data

The top 5 cancer sites for Georgetown Community Hospital (GCH) in 2017 were prostate (20.28%), breast (12.59%), non-small cell lung (11.19%), rectum (7.69%) and colon (6.99%). Noticeable changes from 2016 data, prostate cancer did not make the top five and in 2017 it was the top site. Pancreatic cancer was in the top sites in 2016 and did not make the top five in 2017.

The 2017 top five sites stage at diagnosis, the most frequent stage when presenting for each site, prostate (II), breast (II), non-small cell lung (IV), rectum (I) and colon (III).

Age at diagnosis, 45% of patients newly diagnosed in 2017 were between the age of 60-69. There was a higher volume of males (54%) diagnosed in 2017 at GCH than females (46%).



Age at Diagnosis

Age	Number	Percent
20-29	0	
30-39	1	0.01%
40-49	3	0.04%
50-59	14	17%
60-69	38	45%
70-79	21	25%
80-89	10	12%
90-99	1	0.01%

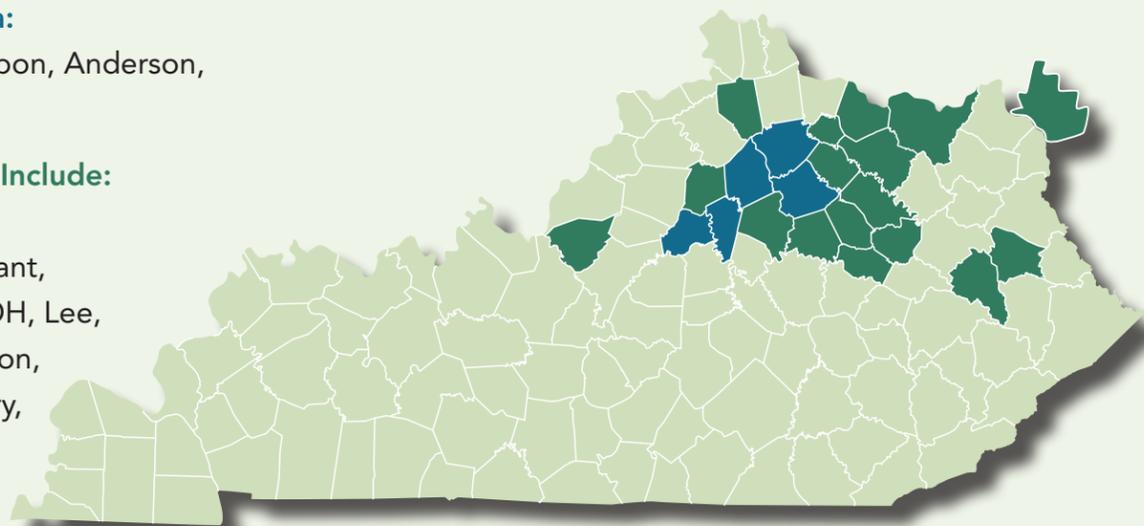
2017 Service Area by County

Primary Service Area:

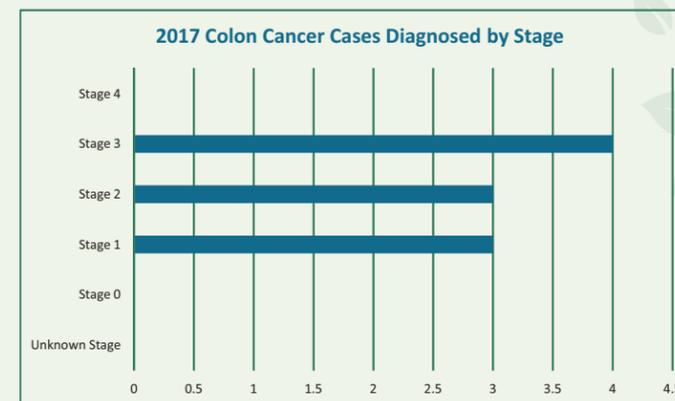
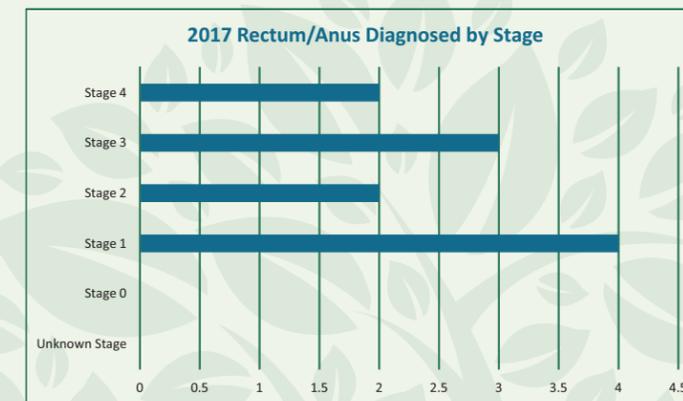
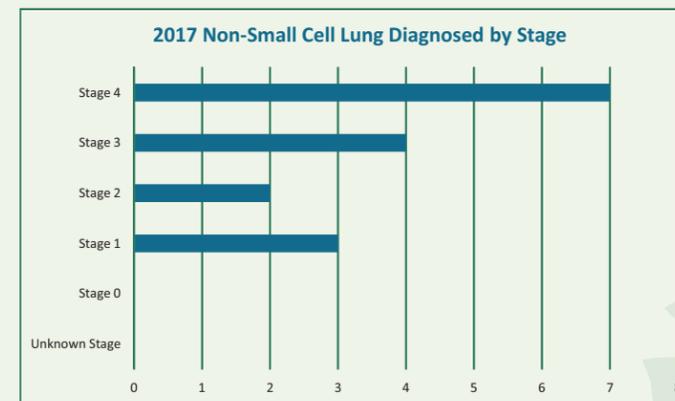
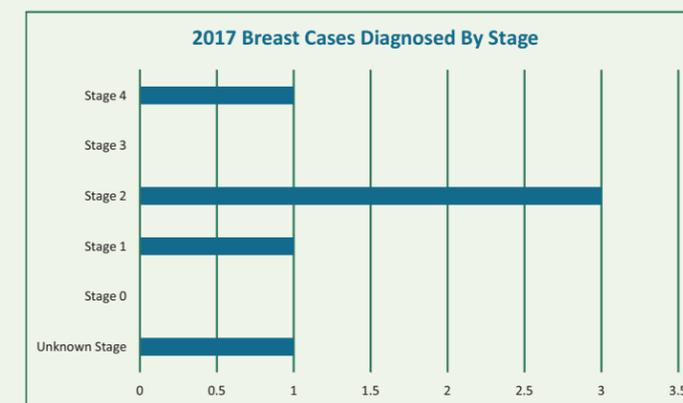
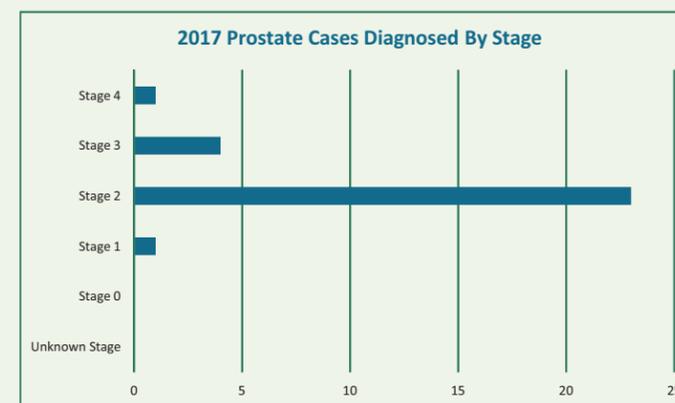
Scott, Harrison, Bourbon, Anderson, Woodford

Additional Counties Include:

Bath, Clark, Fayette, Fleming, Franklin, Grant, Johnson, Lawrence-OH, Lee, Lewis, Magoffin, Mason, Menifee, Montgomery, Powell, Robertson



2017 Top 5 Cancer Sites by Stage at Diagnosis

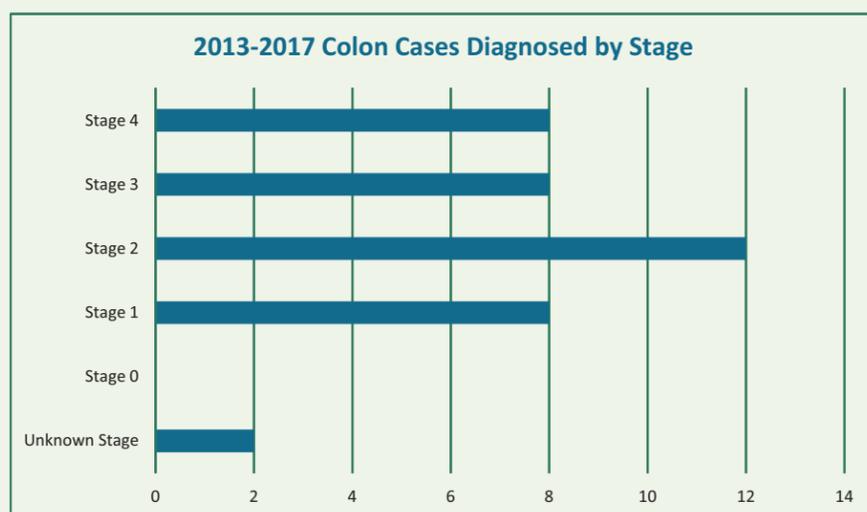


2013–2017 Five Years Colorectal Data

At Georgetown Community Hospital in a five year period colon cancer was most frequently diagnosed at Stage II while rectal/anal cancer at Stage III. A higher percentage of males (61%) were diagnosed with colon cancer than females

(45%), while a higher percentage of females (70%) were diagnosed with rectal/anal cancer. Colon cancers were more frequently diagnosed at an earlier stage than in rectal/anal cancers during this five year timeframe.

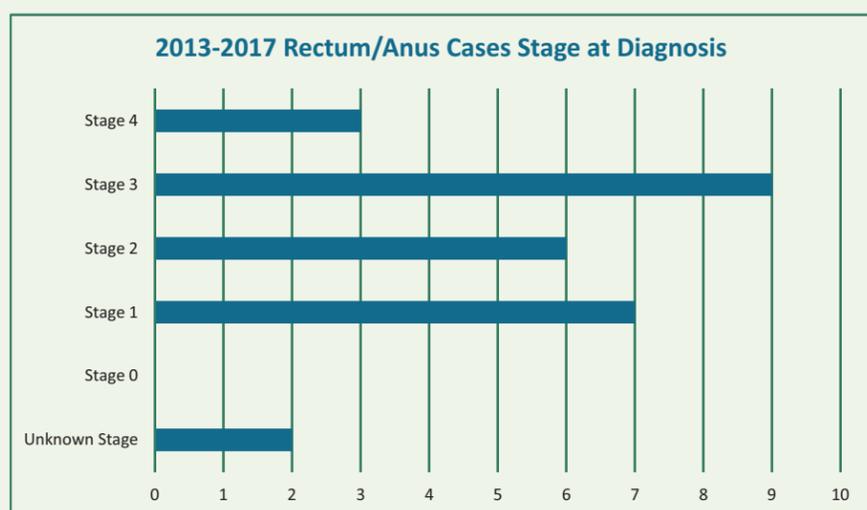
2013-2017 Colon Cases Diagnosed by Stage



♂ ♀

Males	61%
Females	45%

2013-2017 Rectum/Anus Cases Stage at Diagnosis



♂ ♀

Males	44%
Females	70%

By Justin W. Case, MD, Gastroenterologist & Hepatologist
Gastroenterology & Hepatology of the Bluegrass

Colorectal cancer is cancer that arises from the large intestine. It is the third most common cancer in men and women. The average lifetime risk of colorectal cancer in an individual is approximately 1 in 20. A family history of colorectal cancer increases the likelihood that an individual may get colorectal cancer. There are almost 100,000 new cases of colorectal cancer per year in the United States. Over 50,000 deaths occur each year due to colorectal cancer. It is the third most common cause of cancer death in the United States.

Most colorectal cancer arises from small precancerous growths called polyps. Fortunately, these polyps can be detected before they become cancerous. Removing the polyps significantly reduces the likelihood of getting colorectal cancer. Because of this, the rates of death from colorectal cancer have steadily declined in recent decades.

There are several screening tests for colorectal cancer. These include stool tests, imaging tests such as CT scan and barium enema, as well

as, screening colonoscopy. Stool tests and imaging studies are able to detect large, very precancerous growths/polyps. However, they are not able to identify small, early polyps that have not developed into advanced stages. In addition, they have no ability to remove polyps.

A screening colonoscopy allows for identification of polyps regardless of size, as well as, the ability to remove these polyps, eliminating the risk for growth into cancer.

All individuals are strongly recommended to undergo some type of colorectal cancer screening. Screening colonoscopy has been shown to be the most effective at identifying and removing precancerous polyps. This test is suggested for nearly everyone. Specifically, anyone with a family history of colorectal cancer should not have any other type of colorectal screening. Your first screening colonoscopy should be scheduled at age 45.



Mamm's Night Out "Spring Into Screening"

On May 22, 2018 the Georgetown Cancer Center and UK Markey Cancer Center Affiliate Network held the second Mamm's Night Out event for the women of the community. A total of 23 ladies were screened at the event, a summary of the screenings are as follows. No breast cancers were diagnosed at this event.

Bi-RADS 1: 1 Bi-RADS 2: 19 Bi-RADS 3: 0 Bi-RADS 0: 3 (Requiring additional imaging)

The Cancer Center also distributed American Cancer Society educational materials. The following were distributed.

- 15 Living Smart
- 24 Cooking Smart
- 3 Go Natural – Protect Your Skin
- 8 ABC's of Breast Cancer Early Detection
- 10 Tips for getting a Mammogram
- 21 Guidelines for the Early Detection of Cancer
- 37 They Know How to Prevent Colon Cancer & You Can Too
- 8 A Parent's Guide to Skin Protection
- 1 Set Yourself Free – Deciding How to Quit



By Firas Koura, MD, MPH, FCCP, Pulmonologist
Central Kentucky Pulmonary Medicine – Georgetown

Lung cancer is the leading cause of cancer death in the United States. It is important to make the diagnosis at an early stage to increase the chance for a successful treatment. Smoking is the biggest risk factor for lung cancer as 85% of lung cancer cases happen in people who smoke. The other risk factor is advance in age as most cases of lung cancer happen in people that are 55 years of age or older.



To decrease the risk of lung cancer it is imperative to not smoke or stop smoking. As with time the risk for lung cancer will continue to decrease after quitting smoking.

The main method to detect lung cancer early is a low-dose CT scan of the chest (LDCT). This gives a detailed picture of the lung tissue and could identify cancer at an early stage.

The U.S. Preventive Services Task Force found, based on a large study of 50,000 people, that low-dose CT of the chest done annually for high risk people could identify the lung cancer at an early stage.

High risk people are identified as:

- are 55 through 80 years old, and
- have a history of heavy smoking (30 pack years or more), and
- are either current smokers or who have quit within the past 15 years.

A decision to proceed with this screening could be done after discussion of each case with the physician.

Georgetown Community Hospital proudly provides low-dose CT of the chest testing at its facility and referral for this test could be done by the patient's primary care provider or after evaluation at Central Kentucky Pulmonary Medicine – Georgetown. Appointments may be made by calling 502.570.3706.

LDCT Lung Screen Results 2018

LungRADS Category	Description	Recommendation for Management	Exam Count	Percent
LungRADS 1	Negative. Lung nodules with very low likelihood of becoming a clinically active cancer; less than 1% chance of malignancy.	Continue with LDCT annual 12 month screening.	87	42%
LungRADS 2	Benign appearance. Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth. Less than 1% chance of malignancy.	Continue with LDCT annual 12 month screening.	83	40%
LungRADS 3	Probably benign. Nodules with a low likelihood of becoming a clinically active cancer. 1-2% chance of malignancy.	Short term 6 month follow-up suggested.	20	9%
LungRADS 4A	Suspicious. 5-15% chance of malignancy. Additional diagnostic testing and/or tissue sampling is recommended.	3 month follow-up; PET/CT when ≥ 8mm nodule	15	7%
LungRADS 4B	Suspicious. Greater than 15% chance of malignancy. Additional diagnostic testing and/or tissue sampling recommended.	Chest CT; PET/CT or Biopsy. PET/CT may be used when ≥ 8mm	4	2%
LungRADS 4X	Suspicious. Greater than 15% chance of malignancy. Additional features/findings that increase the suspicion of malignancy.	Chest CT; PET/CT or Biopsy. PET/CT may be used when ≥ 8mm	0	0%
Total Screened			209	100%

Specialized Services

Radiology

In 2018 the Georgetown Community Hospital radiology department worked to improve processes and implement best practices in the mammography department. The average turnaround time from screening to diagnostic decreased from 30 days in 2017 to 14 days in 2018. In some instances the mammography team was able to accommodate both the screening and diagnostic in the same day when this worked with the patient's schedule.



2018 was Georgetown Community Hospital's first full year offering 3D mammography. We are offering the latest technology in breast screening close to home without the hassle of drive and parking at larger facilities. Stereotactic services have been extended by offering this service in our radiology department to increase referring physician satisfaction and patient satisfaction.



Our radiology department is now a Designated Lung Cancer Screening Center accredited by the American College of Radiology. Through education on the importance of this screening annually to both patients and physicians, 2018 was a record year for low-dose CT of the chest testing. We have also been able to identify incidental findings through these screenings that may have not been found otherwise.



Pharmacy

Because of the pharmacists' expert knowledge of medications, they play an important role in educating patients, caregivers and other members of the oncology care team. At Georgetown Community Hospital, our skilled pharmacists are important resources for our patients and a vital part of the care team. With education and planning, many side effects of treatment can be managed. That's why prior to each patient's first treatment, a pharmacist will meet with the patient to discuss possible side effects and how to manage or prevent toxicities. This increases treatment tolerance and compliance while decreasing the cost of extra visits to see the Oncologist and improving quality of life for our patients.



Oncology Nursing

At Georgetown Cancer Center we know earning a specialty certification is one of the most important accomplishments a nurse can achieve. It is a testament to expertise, excellence in patient care, as well as, commitment. That's why 100% of our full-time nurses have obtained their Oncology Certified Nurse (OCN) certification. This signifies the high level of knowledge and expertise offered to our patients on a daily basis.

Certified Tobacco Treatment Specialist



In 2018 Dianna Kouns, RN, BSN, OCN, received her certification as a Certified Tobacco Treatment Specialist. Dianna leads our smoking cessation classes offered at Georgetown Cancer Center in suite 204. For more information on smoking cessation or starting a smoking cessation class, call 502.868.5601.

DAISY Award Winner



Jennifer Scott, RN, BSN, OCN was a 2018 recipient of the DAISY Award. The DAISY Award celebrates nurses who provide extraordinary, compassionate and skillful care every day. Jennifer truly meets the criteria for the DAISY award. The criteria is as follows:

- P – Passion/Compassion for nursing and the care they provide
 - E – Established special connection with patient and family
 - T – Trust and teamwork of families, patients and peers
 - A – Admirable attributes possessed
 - L – Love for the patient and nursing profession
 - S – Serves as a role model for others
- She was nominated by a patient who wrote, "Jennifer embraced me as I left telling me I'll get through chemo and to be strong. She told me I am not in this alone. She was extraordinary."

Community Awareness and Events

Dress in Blue Day

Annually in March during Colorectal Awareness Month, Georgetown Cancer Center has a hospital and community wide “Dress in Blue Day”. Employees are encouraged to wear blue and on Friday during the month of March they wear jeans for a \$5 donation to the Relay for Life team.



Georgetown Community Hospital Health Fair

Georgetown Community Hospital held the annual health fair on October 13, 2018, there were a total of 350-375 in attendance. This year we offered mammogram screenings, 14 screened, 12 negative and two recommended additional imaging. For the second year, Dr. Chase Wilson offered free skin screenings to the community. There were a total of 41 skin cancer screenings, 11 pre-cancerous lesions and two skin cancers identified. No melanomas were reported. Patients were scheduled follow-up appointments in Dr. Wilson’s office the day of the health fair.

New this year were genetic screenings. Patients were screened with a questionnaire and if the patient met the National Comprehensive Cancer Network (NCCN) guidelines for medical necessity, patients could then be scheduled for genetic testing. Alpha 1 testing was also new this year. A total of 32 were tested and four returned with abnormal results. Patients with abnormal results returned with a follow-up appointment with the pulmonologist.



Relay for Life



Relay for Life is a national event for The American Cancer Society. Scott County Relay for Life was held on August 10, 2018 at Evan’s Orchard. GCH was a gold sponsor of the event and the GCH team raised a total of \$3,189.



Difficult Conversations

Bluegrass Care Navigators, a community partner, presented How to Have That Difficult Conversation during National Healthcare Decision Week on April 19, 2018. The entire week is a national movement to help people hold difficult health conversations with their families and care providers, as well as, for the medical community to hold these conversations. The Associate Medical Director of Palliative Care Center of the Bluegrass, Dr. Kimberly Bell, was the featured speaker. The Medical Orders of Scope of Treatment (MOST) form was discussed with the community that attended this event. This is a relatively new medical directive that Kentucky adopted in the recent years. The MOST form is a voluntary end-of-life planning tool designed to give those who are seriously ill or medically frail the opportunity to make their health care wishes known in the event they are unable to speak for themselves. It can be completed by a patient or their health care surrogate and must be signed by a doctor. The form supplements a living will, advance directive or durable health care power of attorney. In the event of an emergency, the original form, printed on pink paper, should be recognized by all health care professionals to ensure the patient’s medical wishes are honored.



Community Awareness and Events

Colors of Cancer 5K Run/Walk 2018

On August 18, 2018 the Georgetown Cancer Center held its second annual Colors of Cancer 5K Run/Walk. The three goals driving the event during year one remained in year two.

- 1) Raise awareness among all age groups
- 2) Fundraise for our Cancer Care Fund
- 3) HAVE FUN!!!

For our second year we had 168 participants and raised \$5,701.10 for the Cancer Care Fund. This event is a true community event, UK Markey Cancer Center Affiliate Network was our premier sponsor for the event. Georgetown Police Department, Georgetown Fire Department, Scott County Fire Department and Georgetown-Scott County EMS all volunteered their time at color stations. We hope to see you there in 2019.



Community Awareness and Events

Scott County School Events

- Truth & Consequences
- Get Fit, Be Smart, Don't Start



Employer Events

- Phoenix Transportation Breast Cancer Awareness Education
- Vascor Health Fair
- Georgetown City Health Fair
- Toyota Logistics Health Fair
- Zion Baptist Church Health Fair
- Georgetown College Health Fair & Student Move in Day

Awareness through Social Media

The Georgetown Cancer Center utilizes social media as an outlet to provide cancer awareness and general cancer information to the community. This platform is also used to promote our quality cancer program and care team. In 2018 social media has been used to promote or increase awareness for the following:

- Monthly self-breast exams
- Colonoscopy screening: What is the procedure?
- The importance of early detection in cancer
- Low-dose CT lung screening and guidelines
- Georgetown Cancer Center Support Group information
- Breast cancer awareness during the month of October
- Breast cancer statistics
- Cancer prevention
- Georgetown Cancer Center rehabilitation team
- 3D mammography
- Access to clinical trials at Georgetown Cancer Center
- Financial counseling available at Georgetown Cancer Center
- Prostate cancer awareness
- Nutritional awareness
- Non-Hodgkin lymphoma awareness
- Living a healthy lifestyle
- Skin cancer awareness
- Cancer related fatigue
- UK Markey Cancer Center Affiliate Network affiliation
- Lung cancer awareness
- Thyroid cancer awareness
- Colorectal cancer awareness
- Smoking cessation

Georgetown Cancer Center/UK Markey Cancer Center Affiliate Network Celebration



On January 26, 2018 Georgetown Cancer Center and UK Markey Cancer Center Affiliate Network spent the morning at the hospital celebrating our Commission on Cancer accreditation with employees. That evening was spent at Scott County High School celebrating with the community. The Cancer Center provided educational information on cancer prevention and awareness to the public.



2018 Cancer Committee Members

Medical Staff

Danielle Dietz, MD, FACS General Surgery

Richard Lozano, MD, Pathology

Richard Scalf, MD, Radiology

Eric Smith, DO, General Surgery

Kent Taylor, MD, Hematology/Oncology/Cancer Committee Chair & Cancer Liaison Physician

Nursing, Ancillary and Administrative Staff

Erin Collins-Buchanan, CTR, MSW, Cancer Program Administrator & Cancer Registry Coordinator

Donna Davis, RN, CPPS, Chief Nursing Officer

Leeanne Downes, Market Director Physician Services

Bridget Foster, Community Outreach Coordinator

Jessica Gibson, PT, DPT, Director of Rehabilitation Services

Doug Gindling, PharmD, Director of Pharmacy

Brandi Golebiewski, CSW, CFSW, Psychosocial Services Coordinator

William Haugh, FACHE, CPPS, Chief Executive Officer

Dianna Kouns, RN, BSN, OCN, Oncology Nurse Lead, Survivorship Coordinator

Kathy Leigh, RN, BSN, Quality Improvement Coordinator

Mary Morgan, RD, LD, Dietician

Larry Pierce, RT(R), Director of Radiology

Kelly Reese, RN, BSN, CNOR, Director of Surgical Services

Jennifer Scott, RN, OCN, Cancer Conference Coordinator

Kari Secord, RN, OCN, Clinical Research Coordinator

Beverly Shackelford, CTR, Cancer Registry

Lisa Stump, RN, OCN, Nurse Navigator

Susan True, Physician Services Manager

2018 Cancer Center Summary



Being a member of the UK Markey Cancer Center Affiliate Network offers tremendous benefits to our patients. It allows them to stay close to home and their family. It lowers stress and saves commute time. It conserves a patient's energy that is better spent resting and recovering. This affiliation also allows us to offer our patients emerging technologies, the latest clinical trials, front-line research and the newest treatment options at the UK Markey Cancer Center in Lexington, Kentucky's only National Cancer Institute designated cancer center.

- Implemented Eon Direct, low-dose CT patient navigation system
- Held our second Community Mamm's Night Out with our co-sponsor UK Markey Cancer Center Affiliate Network
- Participated in Relay for Life of Scott County, raising \$3,189 in 2018
- Held our second annual Colors of Cancer 5K Color Run/Walk raising \$5,701.10 for the Cancer Care Fund
- Radiology department became an American College of Radiology (ACR) accredited low-dose CT facility
- Hospital wide breast cancer awareness month
- Held our first "Get Fit, Be Smart, Don't Start" in the Scott County Public School system at Elkhorn Crossing School
- For the first time an oncology nurse won the DAISY award
- Oncology nurse received certification as a National Tobacco Treatment Specialist
- Increased participation at employer events in Georgetown
- Increased skin screenings offered in the community at both community and employer events
- Held first Melanoma Monday for Georgetown Community Hospital employees
- Dramatically improved turnaround time for breast mammography screenings and diagnostic follow-up
- Added a new infusion suite for the treatment of patients who could potentially further compromise the immune system of cancer patients. This addition allows us to meet the needs of the community while maintaining a safe environment for cancer patients.
- Community wide "Dress in Blue" day promoting colon cancer awareness.





CANCER CENTER



GeorgetownKYCancerCenter.com

his facility and its affiliates comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-502-868-1100.

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