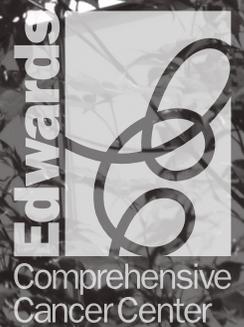


2017 ECCC ANNUAL REPORT

A FOCUS ON

# BREAST CANCER



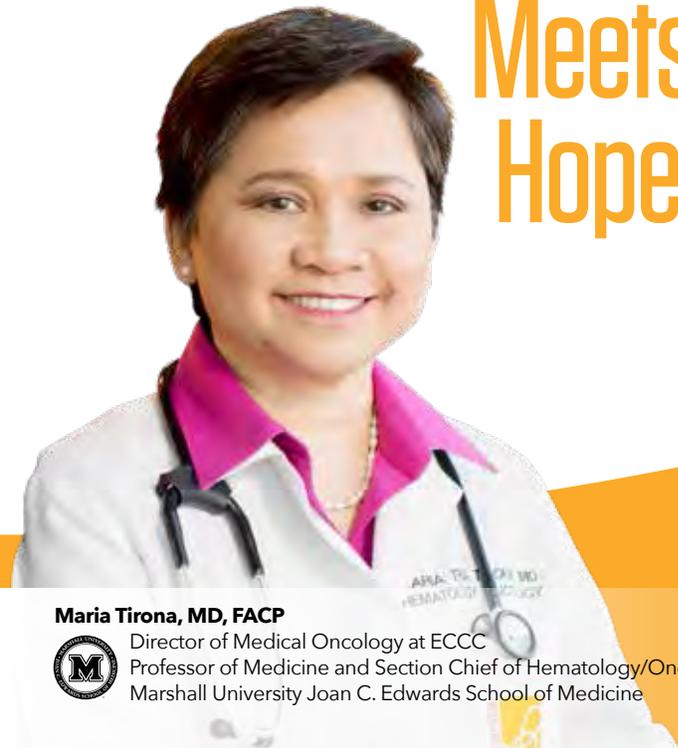


# Where Knowledge Meets Hope.

No other facility in the Tri-State has a more complete range of academically affiliated medical, surgical and radiation oncologists providing comprehensive, highly specialized cancer services for both adults and children.

Edwards Comprehensive Cancer Center at Cabell Huntington Hospital – the place where knowledge meets hope.

**For more information, call 304.399.6500.**



**Maria Tirona, MD, FACP**



Director of Medical Oncology at ECCC  
Professor of Medicine and Section Chief of Hematology/Oncology  
Marshall University Joan C. Edwards School of Medicine



**Edwards  
Comprehensive  
Cancer Center**

**Cabell Huntington Hospital**

## CHAIRMAN'S REPORT 2017



I'm pleased to introduce the Edwards Comprehensive Cancer Center's (ECCC) 2017 Annual Report. The past year has had many milestones that improved the care we provide for patients, especially with advances in breast cancer. From minimally invasive surgery that reduces scarring, to delivering safer radiation and chemotherapy that protect

the body from the effects of treatment following cancer, breast oncology is making patient care more effective with fewer long-term reminders. As such, we chose to feature its many advances in this year's report.

In 2017, nearly 250,000 women will be diagnosed with and treated for this disease. Treating breast cancer frequently involves surgery to remove the tumor from the breast such as with a lumpectomy or removing the entire breast as in a mastectomy. In the past, both of these surgeries usually resulted in significant disfiguring and scarring, particularly if radiation is added to the treatment regimen. Today, we can minimize the extent of surgery without compromising the success of treatment.

ECCC Breast Center surgeons Mary Legenza, M.D., and Jack Traylor, M.D., understand the emotional and psychological effects that removal, either partial or complete, of the breast can have on patients. They know that a large, non-cosmetic scar will be a constant reminder of the unpleasant experience for the cancer survivor, one that will be with them every day. As improvements have been made in the surgical technique, improvements in cosmetic results also have been achieved.

While "more is better" may be true for many things, less is better for surgical incisions. The surgeons at the Edwards Comprehensive Cancer Center are finding that minimizing incisions results in maximizing satisfaction. Robotic surgery is becoming the standard of care for to remove cancers of the lung, colon, kidney, bladder, ovaries, uterus and cervix. Using the robot allows for a degree of dexterity and precision that far exceeds anything available previously either with laparoscopy or

open surgical procedures. These minimized incisions that are smaller than a dime result in less post-operative pain, shorter hospital stay, quicker return to normal activities and far less scarring than traditional surgery.

Multiple studies have demonstrated the safety and efficacy of robotic surgery for many types of cancer, and use of the robotic techniques does not negatively affect the success of the treatment at addressing the cancer. Although robotic techniques may not be applicable to all patients and all cancers, persons in whom it is done do much better through the surgery and post operative period, and do as well long term surviving their cancer. Providing the option of robotic surgery for cancer treatment demonstrates our commitment to treating not just the cancer but the whole patient. We do what is necessary to treat and eradicate the cancer, but we are always mindful of the impact on that treatment on our patients, today and into the future.

In addition, this year's report features the QOPI Certification Program (QCP™) that recognizes ECCC's certification for outpatient hematology-oncology practices; participation in the Oncology Care Model, intended to improve care for patients receiving chemotherapy; and updates on clinical trials and genetic testing.

Our goal is to restore you to health, as quickly, safely and comfortably as possible. Our success rates are allowing more patients to live longer and healthier lives after treatment. We are committed to continually striving to find new ways to improve our service to you and your experience with us. While we hope that you will never need our services, if you do, be assured you will receive the highest quality care and the advantage of the latest technologies that medicine has to offer.

A handwritten signature in black ink, appearing to read "Gerard Oakley". The signature is fluid and cursive, with a large loop at the end.

**Gerard Oakley, MD**

*Medical Director, Edwards Comprehensive Cancer Center & Perioperative Services  
Professor, Department of Obstetrics & Gynecology  
Marshall University Joan C. Edwards School of Medicine*



# Breast Cancer Surgery Advances for Diagnosis & Surgery

Breast cancer is a malignant cancer tumor that starts in the cells of the breast. According to the American Cancer Society, breast cancer affects one in eight women every year. It is one of the most common cancers in the United States.

The Edwards Comprehensive Cancer Center at Cabell Huntington Hospital now offers two procedures that remove cancerous tissue while minimizing visible scarring.

## 3D-Guided Breast Biopsy

3D-guided breast biopsy offers more accurate, faster and more comfortable means of obtaining a tissue sample for definitive diagnosis.

"3D-guided breast biopsy offers an alternative to more invasive surgical biopsies," said Jack Traylor, MD, breast cancer surgeon at the ECCC. "While we have had 3D mammography since 2012, we have not been able to biopsy lesions seen on 3D. This technology allows us perform needle biopsies in patients we have had to take to the operating room in the past," stated Traylor, noting that past procedures involved making an incision, leaving behind scarring or abnormal shape.

A 3D-guided biopsy is a minimally invasive procedure that uses X-ray imaging to guide the physician directly to the lesion in the breast that cannot be seen with standard 2D digital mammography.

"3D allows us to get a sample of the lesion, that may be deep within the breast tissue, without using surgery," Traylor explained. "Early detection is essential and increases treatment options and the likelihood of successful recovery. The entire procedure lasts less than 20 minutes and patients can return to normal activities within 24 hours."

During a 3D-guided breast biopsy, the patient's breast is compressed (similar to a mammography exam) while a 3D mammographic technique is used to locate the mass. Once located, a local anesthetic numbs the area and a needle is inserted to extract tissue samples. The actual biopsy, once the patient is positioned, takes approximately one to two minutes.

Once the samples are removed, they are evaluated by a pathologist for diagnosis. "This targeted guidance allows us to obtain a specimen accurately, quickly, so a diagnosis can be made and we can begin the appropriate treatment," Traylor added.

### Jack Traylor, MD

Associate Professor, Department of Surgery  
Marshall University Joan C. Edwards School  
of Medicine



# HIDDEN SCAR

## An advanced approach to removing breast cancer

“Hidden Scar™ Breast Cancer Surgery is an innovative surgical procedure that allows removal of cancer in the breast and hides scars without compromising clinical results,” said Mary Legenza, MD, a board certified breast cancer surgeon at the ECCC and the first certified Hidden Scar Breast Surgeon in West Virginia.

During a Hidden Scar mastectomy, the physician uses the natural crease beneath the breast to make an incision and preserve the breast skin and nipple-areolar. Reconstructive surgery is used to fill in the void and the woman’s natural skin is replaced.

According to Legenza, the procedure preserves a natural-looking breast by sparing the nipple, areola and surrounding tissue.

“Using Hidden Scar Breast Surgery eases the emotional impact that takes place after surgery. There is little to no visible reminder of the surgery,” she said. “It helps women maintain confidence in their appearance as they’re not as easily reminded of the disease that once invaded their bodies.”

Hidden Scar breast conserving surgery or lumpectomy uses an incision hidden in one of three places:

- the natural crease beneath the breast
- along the areola border
- the armpit

The surgeon then uses oncoplastic techniques to fill the void created where the tumor was removed, leaving the patient with a more natural shape and contour of the breast.

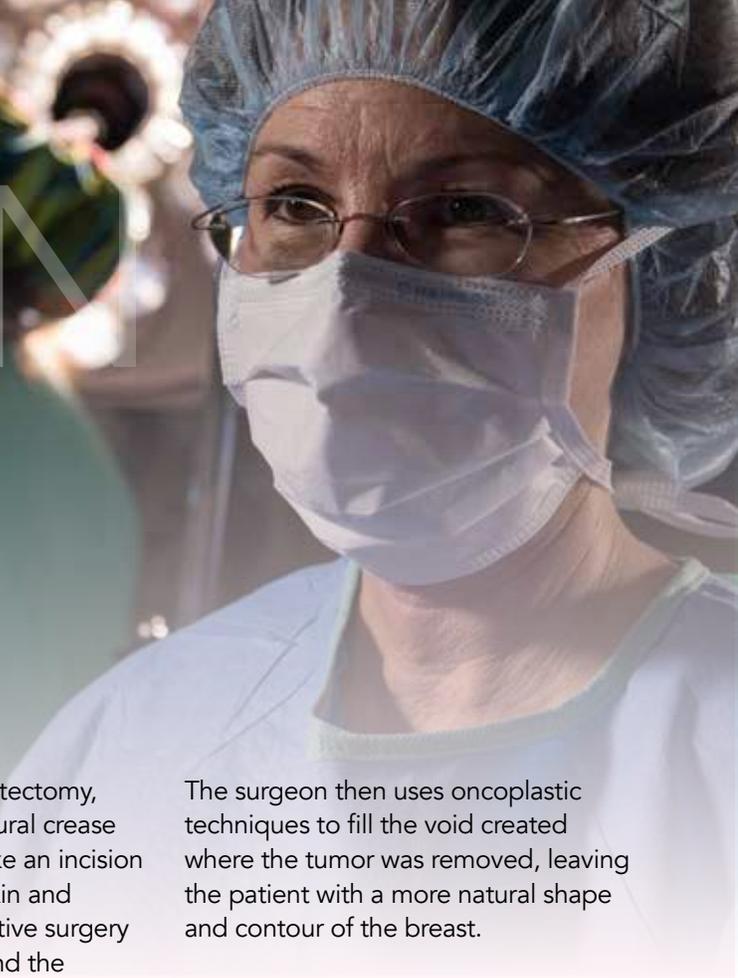
“In both instances, the goal is to remove the cancerous cells and provide a woman with self-confidence when she looks in the mirror,” Legenza said.

Candidates for Hidden Scar Breast Cancer Surgery depend on the tumor size and location and breast shape and size and also may be appropriate for a wide range of breast cancer patients undergoing nipple sparing mastectomy or lumpectomy (breast conserving surgery) procedures. 

**For more information on either Hidden Scar or 3D-guided biopsy, please call the Breast Health Center at 304.526.2270 or visit us online at [www.edwardscc.org](http://www.edwardscc.org).**

### Mary Legenza, MD

 Assistant Professor, Department of Surgery  
Marshall University Joan C. Edwards School of Medicine





# Largest Oncology Society in United States Recognizes Edwards Comprehensive Cancer Center

Edwards Comprehensive Cancer Center (ECCC) has been recognized by the QOPI Certification Program (QCP™), an affiliate of the American Society of Clinical Oncology (ASCO), as successfully completing a three-year certification program for outpatient hematology-oncology practices that meet nationally recognized standards for quality cancer care. QCP builds on ASCO's Quality Oncology Practice Initiative (QOPI®).

"The ECCC team is pleased to receive this certification from the QOPI Certification Program, which confirms our commitment to excellence for our patients," said Maria Tirona, MD, FACP, director of Medical Oncology at the ECCC.

In applying for Certification, the ECCC participated in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines and was successful in meeting the standards and objectives of QCP.

"ASCO's QOPI certification recognizes those oncology practices that are committed to delivering the highest quality of cancer care," said ASCO President Daniel F. Hayes, MD, FASCO. "By achieving certification, these practices have demonstrated their commitment to quality and safety excellence in the care they deliver to patients, as well as to the continuous process of quality improvement."

QOPI is a voluntary self-assessment and improvement program launched by ASCO in 2006 to help hematology-oncology and medical oncology



practices assess the quality of the care they provide to patients. Through the QOPI program, practices abstract data from patients' records up to twice per year and enter this information into a secure database. More than 900 oncology practices have registered for the QOPI program.

The QOPI Certification Program was launched in January 2010, and more than 250 practices are currently certified. This certification for outpatient oncology practices is the first program of its kind for oncology in the United States. Oncologists can achieve certification by participating in a voluntary comprehensive site assessment against clearly specified standards that are consistent with national guidelines. The QCP seal designates those practices that successfully met the standards and objectives of the QOPI Certification Program, which includes scoring above the threshold on the key QOPI quality measures and meeting chemotherapy safety standards established by ASCO and the Oncology Nursing Society.

QOPI and the QCP are projects dedicated to innovative quality improvement programs. For more information, please visit [www.instituteforquality.org/qopi-qcp](http://www.instituteforquality.org/qopi-qcp).

**Maria Tirona, MD, FACP**  
Director of Medical Oncology at ECCC  
Professor of Medicine and Section Chief of  
Hematology/Oncology Marshall University  
Joan C. Edwards School of Medicine



## About the American Society of Clinical Oncology, Inc.

Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world's leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at [www.ASCO.org](http://www.ASCO.org).

## About QOPI Certification Program LLC

QOPI Certification Program LLC is an ASCO affiliate dedicated to innovative quality improvement programs for ASCO members and their patients and is committed to providing oncologists with the necessary resources to provide every patient with high-level cancer care.

# Protecting the Heart

## During Cancer Treatment

The good news is thousands of women conquer breast cancer each year, but the cancer treatment they needed could harm their heart.

The Cardio-Oncology Program at the Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital and Marshall Health is the first of its kind in West Virginia and the Tri-State.



Maria Tirona, MD



Ellen Thompson, MD

The program, a joint collaboration of the Marshall Health Departments of Medical Oncology and Cardiology, is led by Maria Tirona, MD, oncologist with ECCC and Ellen Thompson, MD, a cardiologist who specializes in echo and non-invasive cardiology.

“Chemotherapy and radiation therapy have revolutionized cancer treatment, but they can lead to potential adverse cardiovascular effects,” stated Tirona. “The cardio-oncology program provides care for cancer patients with a history of cardiovascular disease or those who develop cardiac complications. Working together in the care of the cancer patient, the goal of the program

is to minimize cardiotoxicity during cancer treatment and cardiovascular risks during cancer survival.”

Cardiotoxicity can occur in various forms and can include damage to the heart muscle itself, the heart arteries or the heart valves. If the heart muscle is damaged, the heart will pump less efficiently, also known as heart failure.

There are three million breast cancer survivors in the United States. These patients are at risk of cardiac disease, which can result from chemotherapy and radiation used to treat breast cancer. This innovative program is one of only a few dedicated to addressing the cardiovascular side effects of cancer therapy and maximizing cardiovascular outcomes for cancer survivors that include:

- Providing care for patients who develop heart disease following chemotherapy
- Providing close monitoring of patients who are or will be receiving potentially cardio toxic agents with state of the art echocardiography
- Caring for patients with a cardiovascular history who are undergoing cancer treatment
- Monitoring patients to recognize cardiotoxicity and early treatment of cardiac dysfunction

“Cardiotoxicity is a particularly important issue given the large number of women with the most aggressive forms breast cancer receiving combination anthracycline-trastuzumab

therapy,” stated Thompson. “On average, 17 percent of patients receiving treatment must stop therapy due to cardiac complications. However, cardiotoxicity is often reversible if found early and treated promptly.”

Tests to determine heart function include:

- Electrocardiogram, commonly referred to as an EKG or ECG, may show irregularity in the beats or damaged parts of the heart.
- Echocardiogram, or Echo, is an ultrasound of the heart.

The program includes both clinical and research components. There are several medications that protect the heart and help alleviate the stress by decreasing blood pressure, thus decreasing the workload of the heart. Following markers of cardiotoxicity for early signs of toxicity and treatment with targeted therapies can lead to better outcomes from both a cancer and cardiac perspective. 

**To learn more about the Marshall Health Cardio-Oncology Program, call the Edwards Comprehensive Cancer Center at 304.399.6500 or visit [www.edwardsccc.org](http://www.edwardsccc.org).**

**Maria Tirona, MD, FACP**

 Director of Medical Oncology at ECCC  
Professor of Medicine and Section Chief of Hematology/Oncology Marshall University  
Joan C. Edwards School of Medicine

**Ellen Thompson, MD**

 Associate Professor, Department of Cardiology  
Marshall University Joan C. Edwards School of Medicine





# PRONE POSITION

## Radiation Therapy Provides a Safer Option for Breast Cancer

The Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital makes patient safety a priority by continually studying and researching options for the best breast cancer treatments possible. Recent studies have shown that lying face down, known as the “prone” position, while receiving radiation therapy in the breast area reduces the amount of radiation that unintentionally reaches the heart and lungs.

“Lying face up to receive radiation treatment for breast cancer increases the risk of exposing radiation to major internal organs,” said Grace Dixon, MD, radiation oncologist at the ECCC. “The heart is especially vulnerable when treating the left breast as it is directly in line with the heart.”

Dixon said that by placing the patient in the prone position, using a specially-designed table with a breast board for comfort, the breast drops away from the body allowing better isolation of the area for treatment. And with the breast away from the body, surrounding organs such as the heart and lungs are less likely to receive radiation exposure which lowers the risk of complications such as future heart disease and lung damage. Prone positioning also improves dose homogeneity, leading to a more tolerable treatment course and better cosmetic outcomes. This is especially true for women with larger breasts.

“Prone is safer for the patient and more precise in delivering radiation,” said Dixon. “When a woman lies on her back, gravity pulls the breast closer to the body. And because

breasts may lay flat differently with each session, the radiation precision can vary.”

Dixon said the prone position ensures radiation is distributed evenly, consistently and accurately with each treatment. In addition to patient positioning, advances in radiation therapy have also minimized the amount of exposure to the heart, lungs and other healthy tissue. Using advanced equipment physicians are able to deliver higher radiation doses to breast cancer cells while limiting damage to healthy tissue.

Advantages of using the prone position for treatment include:

- reducing the amount of heart tissue exposed to radiation by 86%
- reducing the amount of lung tissue exposed to radiation by 91%

“While these reductions sound large, it’s important to remember that only a very small area of the heart and lungs might be exposed to radiation while lying face up. But because we want to eliminate any over exposure we can, this is the best solution to minimize the risks,” said Dixon.

The Edwards Comprehensive Cancer Center is an ACR Accredited facility of the American College of Radiology. 

**For more information about breast cancer, visit us at [www.edwardsccc.org](http://www.edwardsccc.org).**

**Grace Dixon, MD**



Assistant Professor, Department of Oncology  
Marshall University Joan C. Edwards School  
of Medicine

# Genetic Testing

## Helps Patients Know their Risk

Over the past few decades we have learned about the causes of cancer and how to reduce our risk. We know that we can take an active role in avoiding cancer through lifestyle choices and if it does occur, finding it earlier through regular screenings.

For those with family members who have had cancer, genetic testing may be another tool. Each of us inherits a set of genes, or DNA that is passed down from our parents. For some, genes can determine a person's lifetime risk for certain types of cancer.

Genetic testing can help estimate a person's chance of developing cancer by searching for specific changes (or mutations) in genes, chromosomes or proteins. Genetic testing can also determine whether family members without obvious illness have inherited the same mutation as a family member who is known to carry a cancer-associated mutation. And, while a mutated gene does not cause cancer, it can increase an individual's risk for cancer.

"We conduct a hereditary cancer risk assessment with our patients,"

explained Lisa Muto, DNP, WHNP-BC, APNG, OCN, nurse practitioner at the Edwards Comprehensive Cancer Center at Cabell Huntington Hospital and the only advanced practice nurse in genetics in the state of West Virginia.

"The assessment helps us determine if a patient could benefit from genetic testing. We take a detailed family history, assess the risk for hereditary cancer, review basic genetics and discuss options. If the patient is a candidate for genetic testing we do a blood draw and send the sample to the lab."

Genetic testing is for men and women at risk for any kind of hereditary cancer, whether they have a personal or a family history of cancer. Genetic testing may help:

- Predict the risk of a particular type of cancer
- Identify genes that may pass increased cancer risk from parent to child
- Manage increased cancer risk by having more regular cancer screenings or take steps to lower risk

"We have been providing genetic testing for over a decade," said Muto. "It is now our standard of care. No genetic test can say you will, definitely, develop cancer. However, a test can tell you if you have a higher risk of developing cancer than most people."

Only some people with a gene mutation will develop cancer. When a genetic susceptibility to cancer is suspected, individuals can undergo genetic counseling and testing to learn more about their risk and make treatment decisions to reduce it.

"The most important thing an individual can do is provide accurate information about their family history," said Muto. "The more specific information we have, the better we can develop a plan forward." 

**For more information about genetic testing, please call 304.399.6516 or visit [www.edwardsccc.org](http://www.edwardsccc.org).**



Lisa Muto, DNP, WHNP-BC, APNG, OCN  
*Nurse practitioner*

# A Comforting Guide on the Cancer Journey

Since graduating from nursing school in 1995 at age 39, Gigi Gerlach has been caring for patients at Cabell Huntington Hospital. Since the Edwards Comprehensive Cancer Center (ECCC) was completed in 2006, she has been a guide and supporter for the many women who have experienced a breast cancer diagnosis. In fact, Gigi, certified oncology care nurse, is the first messenger for patients with an abnormal mammogram. For many, the thought of delivering this difficult news seems impossible, but for Gigi it's an honor to care for these patients as they begin their cancer journey.

Her assuring smile and compassionate heart tell each patient she's going to be okay before Gigi even speaks. At just 5 feet tall, Gigi's strength and calming presence can be felt wherever she is. When patients arrive at her office, they're welcomed by a huge pink wreath on the door from a former patient, photos from years of chairing the tri-state area's Relay for Life, inspiring books and a collection of items she plans to

donate to the homeless where she ministers on weekends.

Her phone rings often with questions from concerned patients and family members. Yet Gigi is calm and focused. When she receives news that a patient's diagnosis is advanced, she pauses, perhaps prays, for the stranger who is about to be a friend.

Much of Gigi's job is encouraging patients, helping them draw upon their strength and showing them how to protect their health during and after cancer treatment.

"When I meet with patients, I ask them about what's happening in their lives," said Gigi. "Most of my patients are women, so they are busy with jobs, family and caring for others. I try to help them take time for themselves, develop coping skills and recognize they need care too."

"I recall meeting with a patient and her husband. During our conversation, he cried. He was afraid his wife's breast cancer meant she would die. It's a privilege to help patients and their families through their cancer journey."

Gigi has facilitated ECCC's Breast Cancer Support group for the past 14 years. She is inspired by the support and stories



the women share with each other. She is convinced that laughter is the best medicine. "While stress creates cortisone that can harm that body, laughter creates good endorphins that help protect and heal."

Gigi is thrilled to deliver more options and hope thanks to the advances being made in breast cancer diagnosis and treatment. "One in eight women will have a breast cancer diagnosis in her life. Over the past 14 years I have seen so many changes: from earlier detection and better imaging, to custom diagnosis that can determine the best course of treatment," she said.

When asked, what is the one message you want others to know? Gigi responded, "If you don't believe, you will!"





“One in eight women will have a breast cancer diagnosis in her life. Over the past 14 years I have seen so many changes: from earlier detection and better imaging, to custom diagnosis that can determine the best course of treatment.”



### How to Spot an Angel

Many of the angels in the Bible carry out a variety of tasks. These include messenger, guide, provider, protector, deliverer, strengthener, encourager and minister. While Gigi would not describe herself as an angel, she truly embodies these qualities that bless everyone around her.



Gigi Gerlach, RN  
Breast navigator



# Meeting the Screening Needs of our Community

Standard 4.2 of the Commission on Cancer Patient Centered Standards states, "Each calendar year, the cancer committee organizes and offers at least one cancer screening program that is designed to decrease the number of patients with late-stage disease and is targeted to meet the screening needs of the community. Each screening program is consistent with evidence-based national guidelines and interventions and must have a formal process developed to follow up on all positive findings."

Cabell Huntington Hospital and the Edwards Comprehensive Cancer Center(ECCC) serve women with some of the highest rates of breast cancer morbidity and mortality, state-wide and nationally. In 2016, there were 206 patients diagnosed with Stage 0, I, or II breast cancer at ECCC for a rate of 88 percent of all patients diagnosed being considered early stage breast cancer. However, 12 percent of cases diagnosed were

at a later stage where cure is not an option. Increased screening allows for early detection which will allow for better prognosis and outcomes.

Two barriers to healthcare seen in our area are poverty and lack of insurance. According to the U.S. Census Bureau, as of 2014, 14.8 percent of West Virginia residents live below the poverty line and 12 percent of persons under the age of 65 are without health insurance. In Cabell County, these statistics are worse with 21.9 percent of residents living below the poverty line and 17.9 percent of persons under the age of 65 without health insurance. These factors contribute to the state being ranked 34<sup>th</sup> for mammography utilization with 71.8 percent of women over 40 reporting they have had a mammogram in the last two years.

Cabell Huntington Hospital and the Edwards Comprehensive Cancer Center offered two free screenings

**Friday, August 18**  
1 - 4 p.m.  
Cabell Huntington Hospital Breast Health Center

## MAMM & Glam

SUSAN G. KOMEN cure **FREE MAMMOGRAMS!\***

- FREE lunch!
- Assortment of giveaways
- Amenities include manicures, pedicures, make-up, yoga or hair style

Please register no later than August 3 by contacting Missy Clagg Morrison at [Clagg11@marshall.edu](mailto:Clagg11@marshall.edu) or 304.526.2440.

Brought to you by

**Breast Health Center** **Edwards Comprehensive Cancer Center** **Cabell Huntington Hospital**

to women this year, working closely with West Virginia Breast and Cervical Cancer Screening Program, Marshall Medical Outreach, and Ebenezer Medical Outreach, to provide free screening and diagnostic mammograms to all women who are either uninsured or underinsured. The first event, the "Mamm and Glam Spa Day" was held on August 18, 2017. Of the 14 women that attended,

OCTOBER IS  
BREAST CANCER AWARENESS MONTH

# FREE CLINICAL BREAST EXAMS



  
Cabell Huntington  
Hospital

**FRIDAY, OCTOBER 13 • 9 A.M. TO 2 P.M.**  
**EDWARDS COMPREHENSIVE CANCER CENTER**

- All women are welcome.
- FREE mammograms will be scheduled for uninsured WV residents.
- FREE valet parking.

 **Edwards  
Comprehensive  
Cancer Center**  
at Cabell Huntington Hospital

*Walk-ins are welcome, but appointments are preferred.*

**BREAST EXAMS WILL BE PERFORMED BY THE FOLLOWING WOMEN'S HEALTH SPECIALISTS:**



**Jack Traylor, MD**  
Breast Surgeon  
Edwards Comprehensive  
Cancer Center

Associate Professor, Department of Surgery  
Marshall University Joan C. Edwards School of Medicine



**Joseph Assaley, MD**  
OB/GYN  
Huntington  
Women's Health



**Paul Lee, MD**  
OB/GYN  
Huntington  
Women's Health



**Hanna Kesler,  
APRN, FNP-BC**  
Nurse Practitioner  
Edwards Comprehensive  
Cancer Center

**THINK PINK. GO  GREEN.**  
**GET YOUR MAMMOGRAM CALL 304.526.2270**  
**#THINKPINKGOGREEN**

13 had normal mammograms recommending routine follow up and one patient's mammogram recommended six months follow up. There were no malignancies found. We work closely with the community to provide free mammograms to the homeless and to the vulnerable population of Huntington. Since follow up with this population is difficult, the results are expedited at the time of their appointment should additional imaging be required.

The second event was our free "Clinical Breast Exam Screening" that held on October 13, 2017. Women from the tri-state were provided free clinical breast exams by our breast surgeons or other specialists. All women are referred for a mammogram if indicated. Grant funding is provided to women that are either uninsured or underinsured.

As a result of this event, 32 women participated; 18 screening mammograms and 4 diagnostic mammograms were performed, and four breast ultrasounds were scheduled. To date, no malignancies have been found. Any patient with positive findings will have additional imaging and then if positive, will be referred to a breast surgeon. National Comprehensive Cancer Network (NCCN) Guidelines are followed to ensure patients are followed appropriately. Meeting the healthcare needs of the community is the hospital's Mission and these screenings play an important part of meeting that mission. 

Source: <https://statecancerprofiles.cancer.gov/risk/index.php?topic=women&risk=v06&race=00&datatype=0&type=risk&sortVariableName=default&sortOrder=default>

# ONCOLOGY CARE MODEL

A Medicare initiative intended to improve cancer care for patients receiving chemotherapy



In the spring of 2016, the Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital (CHH) applied and was chosen as one of 196 oncology practices nationwide to participate in a five year pilot program called the Oncology Care Model (OCM). The Oncology Care Model is a Medicare initiative intended to improve cancer care for patients receiving chemotherapy. The program focuses on a comprehensive, patient-centered approach to cancer care, including patient navigation and care coordination, improved access to care, advanced care

planning and better psychosocial support. Participating organizations are required to meet six mandatory practice redesign activities, as well as submit data to Medicare on 14 quality measures. In turn, Medicare provides ECCC with extra resources to provide enhanced services to OCM patients, and feedback on the care provided at the ECCC, compared to other practices nationally.

Administrators and physicians at ECCC and CHH view this program as an opportunity to evaluate the quality of the care provided to patients

and use that knowledge to identify improvements that add value and improve the patient's experience. The first full year of OCM was completed in July 2017, and was the impetus for several significant program enhancements including: improved nurse navigation, implementation of an oncology urgent care clinic for ECCC chemotherapy patients and development of an integrated mental health program within the cancer center through Marshall University Psychiatry. These and other OCM inspired program changes benefit not only Medicare patients but all ECCC patients.

The diagnosis of cancer is often overwhelming and the cancer journey can be difficult. Our goal is to give each patient the best experience possible by providing coordinated care that is tailored to their unique needs. ECCC is committed to continued growth and refinement of our cancer program and we are confident that lessons learned from the Oncology Care Model will strengthen and enhance the high quality care that is provided to patients. 

## EDWARDS COMPREHENSIVE CANCER CENTER ACCREDITATIONS

- Certified by the American College of Surgeons' Commission on Cancer
- Radiation Oncology; Nuclear Medicine; PET/CT; and Breast MRI, Mammography, Breast Ultrasound, Stereotactic Breast Biopsy, Ultrasound-Guided Breast Biopsy services are accredited by the American College of Radiology, the gold seal of accreditation representing the highest level of image quality and patient safety
- The Medical Oncology Fellowship Program has received continual accreditation through January 1, 2020
- Accredited by the National Accreditation Program for Breast Centers
- Certified as a Quality Breast Center by the National Quality Measures for Breast Centers
- Awarded a Breast Imaging Center of Excellence by the American College of Radiology





# Clinical Trials

## Improve Treatments & Advance Science

Ongoing research through clinical trials is essential in the fight against cancer and has always been a priority of the Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital. Through clinical trials, doctors find new ways to improve treatments for the quality of life for people battling cancer.

Before a drug or device can be sold in a consumer market, it must undergo several steps and stages of approval. This includes extensive laboratory research that can involve years of experiments that can include animals and human cells. If the laboratory research is successful, the data is sent to the Food and Drug Administration (FDA) for approval to continue testing in humans through clinical trials.

"Through clinical trials we are actively participating in providing information that can advance scientific knowledge

and help patients," said Barb Payne, RN, OCN, CCRP, clinical research supervisor at the ECCC. "Once a drug or device is approved for human testing, clinical trials are conducted in phases. Each phase provides data that must be submitted to the FDA for approval before continuing to the next phase."

The results of these studies provide information about the benefits and risks of the products or interventions being tested, which can advance scientific knowledge.

"Our clinical trials program is open to both adult and pediatric cancer patients," explained Payne. "You do not have to be diagnosed with an end-of-life prognosis to be considered for the program. From the first day of diagnosis, a patient can request to be a part of a clinical trial. Our physicians and researchers evaluate every

requested case for approval and match cancer clinical trials most appropriate to each patient's unique medical and personal situation."

Clinical trials at the ECCC have guidelines. Before joining a clinical trial, a patient must qualify for the study. The criteria can include age, gender, the type and stage of a disease, previous treatment history and other medical conditions.

"We encourage all of our patients to do their research and ask questions," said Payne. "It is important to make an informed decision and we are all here to answer questions and support our patients." 📞

**For more information about the clinical trials program at the Edwards Comprehensive Cancer Center visit us at [www.edwardsccc.org](http://www.edwardsccc.org) or call 304.399.6617.**

# Phases of clinical trial research



## PHASE I

Assesses the safety of a drug or device and include a small number of healthy volunteers. Scientists learn the effects of the drug or device on humans including how it is absorbed, metabolized, and excreted along with any side effects that occur as dosages are increased.

## PHASE II

Tests the efficacy of the drug or device by using several hundred randomized patients whereby one group receives the experimental drug and the second receives a standard treatment of care or placebo. This provides information about the relative safety and effectiveness of the new drug.

## PHASE III

Can involve thousands of patients and several years of testing to provide a thorough understanding of the effectiveness of the drug or device and the benefits and the range of adverse reactions. Once this phase is completed the drug or device can be submitted to the FDA for approval to offer to the public.

## PHASE IV

Involves post market surveillance and studies the comparison of the drug to similar drugs on the market; the long-term effectiveness and impact on a patient's quality of life and cost-effectiveness. These studies can result in a drug or device being removed from the market or placing additional restrictions on the product based on the findings.



# Arts IN MEDICINE

An illustration of an artist's palette with a wooden handle and a silver ferrule. The palette is filled with various colors of paint: purple, blue, green, yellow, red, and white. A pencil is resting on the palette. In the center of the palette is a green caduceus symbol, a staff with two snakes entwined around it and wings at the top.

 HUNTINGTON  
MUSEUM OF ART

 Edwards  
Comprehensive  
Cancer Center



*The Joint Commission named our Arts in Medicine program a best practice.*



# Creative Programs Offer a Healing Focus



Leann Ross, RN, BSN, OCN, CCRP, Oncology Care Model Quality manager, ECCC. “The idea of art therapy arose as a way to offer an activity for

patients receiving chemotherapy over longer periods of time. The program has been so well received by patients that they request to come for treatment on days when the art instructors are here.”

For patients, *Arts in Medicine* has been an opportunity to express their creativity while also positively distracting them from their fight against their cancer. This program has been an inspiring addition to our treatment services. It has grown into a therapy all its own that helps us treat the whole patient in mind and body.

Based on the success of *Arts in Medicine*, *Discovery Workshop* is another program that has evolved through our collaboration with the HMOA. The six-week course in pottery and paper making is provided free of charge to cancer survivors. During a recent exhibit, a patient’s daughter relayed that her mom had recently completed chemo and was having a hard time getting back into life. The workshop had been such a great thing for her mom. The mom agreed and stated that she joined the program

because her daughter had insisted, but once she got there she found herself again.

Katherine Cox, director of education at the HMOA, shared, “Last night with the cancer survivors was another great one. They had such a wonderful time. We worked on making a book from the paper we had made the previous session. Each person constructed her book and then filled it with personal pictures, quotes, etc. One woman said it was such a great bonding experience. I asked her what she meant since people weren’t really talking with each other about their cancer experiences. She explained that everyone there ‘got it’ – meaning the common experience of having cancer - that there was a vibe in the room. They are really loving it, and so am I! The time flew by.”

Since therapy for cancer comes in different methods for assorted amounts of time, *Arts in Medicine* and *Discovery Workshop* have proven to be a perfect fit for patients, ECCC staff and art teachers. It provides not only an outlet for creative expression but also a course of empowerment. When patients work through an art activity, they experience success and they feel pride in what they accomplish. 🎨

**For more information about either program at the Edwards Comprehensive Cancer Center, please call 304.399.6500.**

French artist Henri Matisse famously said, “Creativity takes courage,” and patients receiving chemotherapy at the Edwards Comprehensive Cancer Center (ECCC) at Cabell Huntington Hospital have an abundance of both.

Through a partnership with the Huntington Museum of Art, the ECCC developed an innovative program called *Museum Making Connections: Arts in Medicine*. Established in 2013, the one-of-a-kind art therapy program has been recognized as a *best practice* by the Commission on Cancer for creating much more than simple works of art. *Arts in Medicine* has crafted lasting relationships among patients, staff and the art teachers who visit weekly from the Huntington Museum of Art.

“The relationship between the ECCC and the museum has grown into much more than what those involved would have imagined,” stated

# Events from 2017



## No One Walks Alone: Huntington Comes Together to Raise Awareness



On Sun., Oct. 22, the 2nd Annual Colors for a Cure 5K race was held in downtown Huntington, in partnership with St. Mary's Medical Center. Over 1,400 people participated in the 5K, memorial balloon release, tailgating and fellowship with current cancer patients, survivors and their families and supporters.

"You would be hard pressed to find someone in today's world who hasn't been touched by cancer," said Chris Hoffman, executive director of the ECCC. "It is truly an honor to be a part of such a memorable event where patients, their families, loved ones and cancer survivors join together to raise awareness and funds to help those who are currently fighting."



All proceeds from the event benefit the Good Samaritan Funds at CHH and SMMC and the PATH for a Cure.

## Hoops Family Children's Hospital Window Washers



Wearing capes, tights and masks, a fleet of superheroes descended on the Hoops Family Children's Hospital last week to surprise young patients while cleaning the windows at the facility. "Even when a child is sick, they still feel playful so it's really important for us to incorporate something like this into their environment," said Melanie Akers, director of the Hoops Family Children's Hospital.



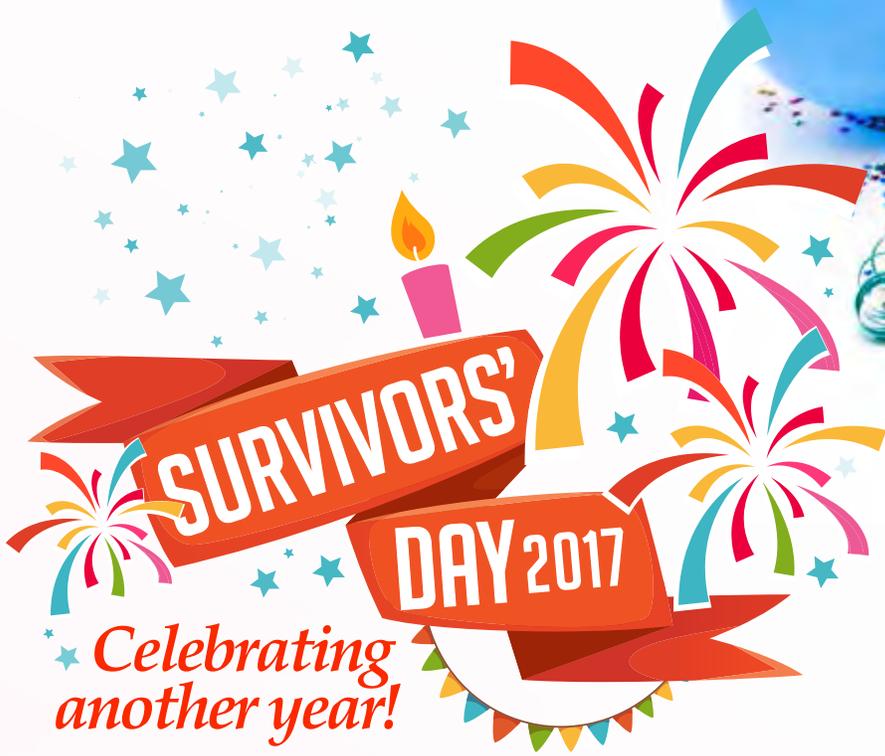
## Pediatric Oncology Pizza Party

The Hoops Family Children's Hospital held a Pediatric Oncology Party at Billy Bob's Wonderland in Barboursville on June 19. Children who recently received or who are continuing to receive cancer treatment were invited to enjoy pizza and games with their families and siblings.



***Chayston's battle was with brain cancer. He was diagnosed with an extremely large ATRT tumor. Today Chayston is doing well and is in the 9<sup>th</sup> Grade.***



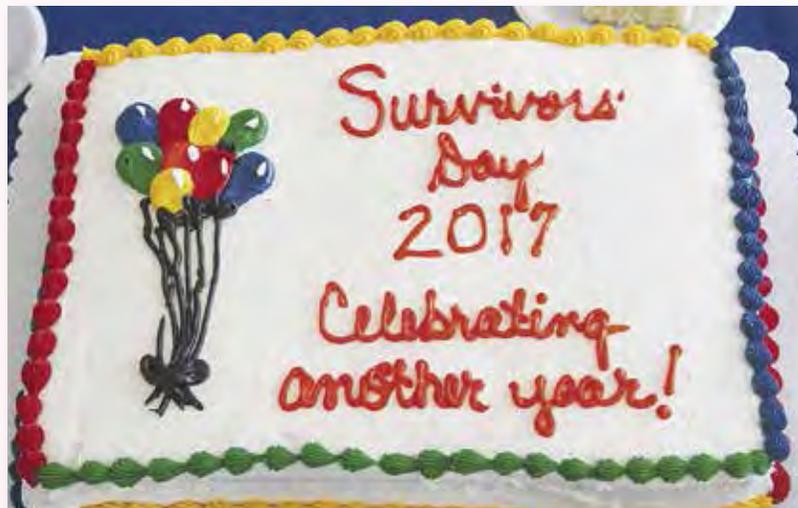


**SURVIVORS'**  
**DAY 2017**

*Celebrating another year!*



More than 300 people attended the annual ECCC Cancer Survivors' Day celebration on June 4 at the Erma Ora Byrd Center. Current ECCC patients, survivors and their loved ones were invited to attend the day's celebration complete with games, food and fellowship.



The Annual Breast Cancer Survivors' dinner was held on Tuesday, Oct. 3 at the New Baptist Church in Huntington, where breast cancer survivors attended to celebrate their successful fight against breast cancer. This year's theme was "Cancer, Cancer Go Away, Never Come Another Day!"



# Confident

**In expert hands, Hidden Scar™ Breast Surgery is breaking new ground in the fight against breast cancer.**

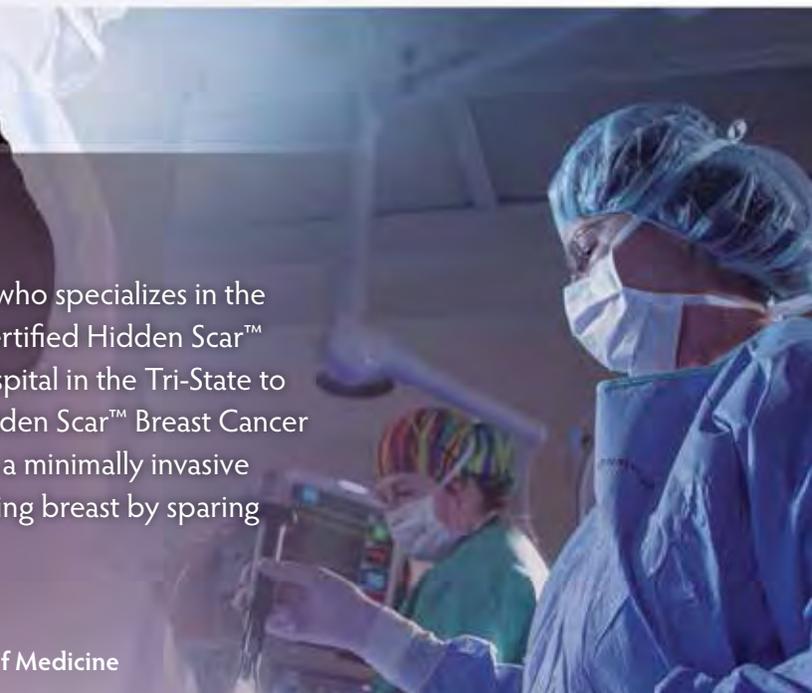
Small things can make a big difference – especially when it comes to fighting breast cancer. An advanced minimally invasive procedure, Hidden Scar™ Breast Cancer Surgery, can offer a woman lifesaving treatment without the visible reminder of the disease that once invaded her body. It leaves her with the ability to confidently move forward with life feeling like a whole woman. For many, it is why small incisions are the best decision.

**Mary Legenza, MD  
Breast Surgeon**

Dr. Legenza, a board-certified general surgeon who specializes in the surgical treatment of breast cancer, is the first certified Hidden Scar™ Breast Surgeon in West Virginia and the first hospital in the Tri-State to be recognized as a Center of Excellence for Hidden Scar™ Breast Cancer Surgery. Hidden Scar™ Breast Cancer Surgery is a minimally invasive surgical technique that preserves a natural-looking breast by sparing the nipple, areola and surrounding tissue.



Assistant Professor, Department of Surgery  
Marshall University Joan C. Edwards School of Medicine



THE INSTITUTE FOR  
**Minimally Invasive**  
 **Surgery** *at Cabell  
Huntington Hospital*

*In association with the Edwards Comprehensive Cancer Center and Marshall Surgery*



*Cancer, Cancer, Go Away  
Cancer free I want to stay.  
For my Sisters far and near  
You are never welcome here.  
For those of us you took away  
We will eliminate you some day.  
One in 8 women experience your wrath  
We will write your epitaph!  
Cancer, Cancer go away,  
Never come another day!*

*- Gigi Gerlach, RN*



**Edwards**  
Comprehensive  
Cancer Center  
at Cabell Huntington Hospital