



**Cancer Program**  
*Annual Report*  
**2018**

## Table of contents

- 2** Cancer screening program
- 3** Raising funds and awareness: Great Huntsville Smokeout
- 4** Cancer registry activities  
Cancer conference
- 5** Cancer prevention program
- 6** Source features in 2017
- 10** 2017 Cancer Committee

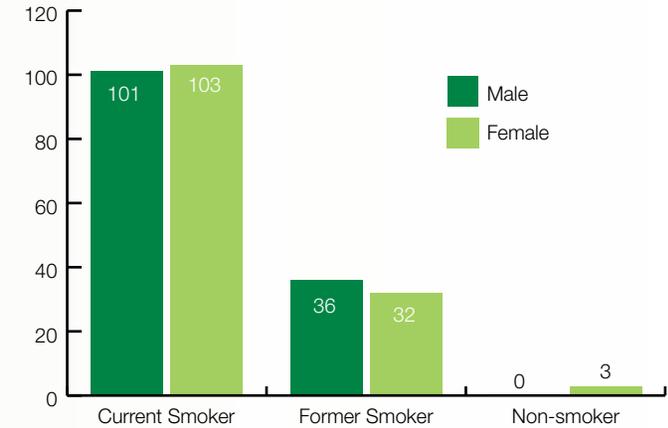
# 2017 Cancer Screening Program

Lung Cancer continues to remain the leading cause of cancer deaths, more than breast, prostate and colon cancers combined. The key to improving the lung cancer death rate is earlier diagnosis. The goal of screening is to diagnose high risk individuals sooner and at an earlier more curable stage. In 2017, Huntsville Hospital, Madison Hospital and the Heart Center performed 275 low-dose screening CTs to screen for lung cancer. Four lung cancers were diagnosed, half of which were at an earlier stage.

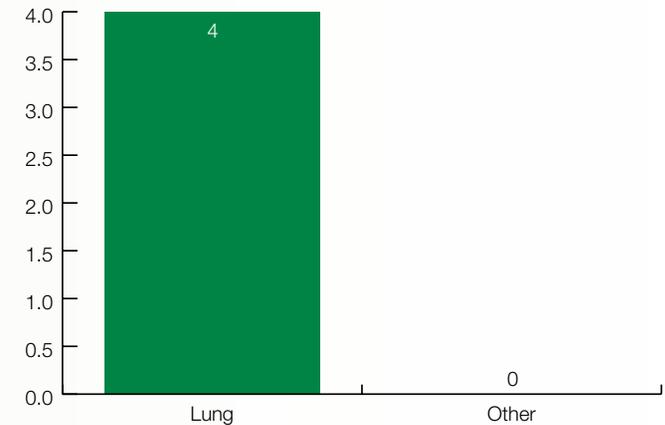
Smoking continues to be the leading cause of lung cancer. In 2017, improved smoking cessation information was added to the admission and discharge patient book. Smoking Cessation is promoted in the areas that provide low dose CT screenings.

Findings from the National Cancer Institute's Lung Screening Trials showed that many lives in high-risk groups can be saved by annual screening with low-dose CT. Screenings are performed in accordance with lung cancer screening guidelines and are tracked in the American College of Radiology Lung Cancer Screening Registry.

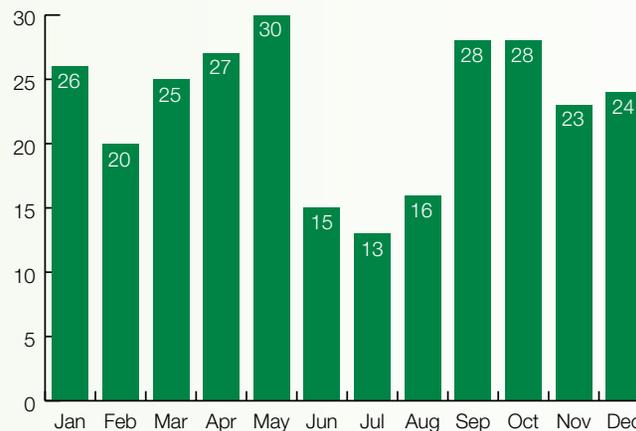
*Smoking Status 2017*



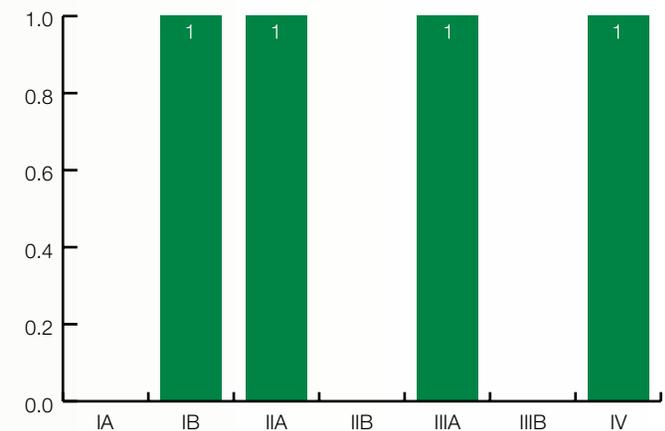
*Diagnosed Cancers 2017*



*LDCT Screening Volume 2017*



*Lung Cancer by Stage 2017*



# Raising funds and awareness *Great Huntsville Smokeout*

On Saturday October 28, 2017, the SouthEast Lung Alliance held the Great Huntsville Smokeout at Campus 805 to raise awareness of lung cancer and help patients get screened. The event brought in over \$25,000.

The SouthEast Lung Alliance is dedicated to making a difference in the mortality and morbidity of lung cancer in our region by expanding the utilization of lung cancer screening and successful programs in smoking cessations. We hope to bring awareness to the importance of lung cancer screening and also help provide screenings for

those less fortunate. Lung cancer kills more people than breast, cervix, colon, and prostate cancers combined. More than 85% of lung cancer patients are diagnosed in the late stages, because lung cancer does not have early warning signs or symptoms.

*The winning team, Pathology Associates, with their first place trophy.*

*Other photos from the Great Huntsville Smokeout event*



# Cancer Registry Activities

The Huntsville Hospital Cancer Registry is an information data base system for the collection, management and analysis of cancer patient data. The cancer registry participates in a nationwide effort to compile data on the diagnosis and treatment of all types of cancers.

The American College of Surgeons Commission on Cancer requires a minimum 80% follow-up rate to be maintained for all analytic cases from the cancer registry reference date of 1987, and a minimum 90% follow-up rate for all analytic cases diagnosed within the last five years. At present, the cancer registry operates with a 93% and 94% follow-up rate, respectively. The cancer registry has collected more than 40,000 cases since its reference date. 2,252 new analytic cases were abstracted and entered in the registry in 2017.

## *Case presentation summary* REPRESENTATIVE OF HH CASE MIX

Site	Year 2017 Total
Urinary System (bladder)	6
Bone	2
Breast	631
Brain/CNS	8
Colon (appendix)	10
Connective Tissue	1
Gastic (stomach)	6
GYN	19
Head and Neck	31
Hematopoietic	31
Liver	3
Lung	252
Lymphoma	6
Pancreas	5
Prostate	5
Rectal	8
Skin/melanoma	7
Testis	0
Thymus	0
Thyroid	1
Other (AML, Liposarcoma)	8
<b>Total</b>	<b>1040</b>

# Cancer Conference

Huntsville Hospital offers a weekly multidisciplinary cancer conference to provide consultative services for patients treatment planning and to provide education to physicians and other allied health professionals. Physician representatives from surgery, medical oncology, radiation oncology, diagnostic radiology, pathology and a variety of other medical specialties may attend and participate in cancer conferences.

Monitoring of the following criteria is required for compliance with the American College of Surgeons Commission on Cancer standards:

- Cancer conference frequency
- Multidisciplinary attendance
- Total number of case presentations
- Percentage of prospective cases
- Discussion of stage, prognostic indicators and treatment planning using evidence-based treatment guidelines
- Options and eligibility for clinical trial enrollment
- Adherence to cancer conference policies

Additional Huntsville Hospital conferences include weekly multidisciplinary breast cancer conferences and monthly chest, lung and hemoncology conferences.

The number of annual cases presented is to be proportional to the annual analytic caseload and should represent the case mix. All major cancer sites are discussed each year. The ACS Commission on Cancer requires that 15% of the annual analytic caseload be presented at cancer conference. In 2017, 1040 cases were presented.

# 2017 Cancer Prevention Program

Our goal for the 2017 Skin Cancer Awareness, Prevention and Early Detection campaign was to raise awareness of the dangers of skin cancer based on the rising numbers of melanoma in our community.

Our community outreach included Intuitive Research, Fox Army Hospital, Senior Horizons, KBR, NTS, Huntsville Hospital's Party on the Patio, TOC, Walk at Work/Healthy Huntsville, Huntsville Hospital Classic and the Fun Run.

During May, which is National Skin Cancer Awareness month, we promoted a skin cancer awareness ad on Huntsville Hospital's Facebook page. This ad reached more people than any paid ad previously featured on the account. It linked to a blog written by Dr. Brian Mathews, Cancer Committee Chairman, titled *Protect the skin you're in*. The following is data from the Facebook ad:

- 56,976 – Reach (number of unique people who have seen the ad)
- 148,664 – Impressions (total number of times the ad was shown)

Dr. Mathews' blog read as follows:

*"Protect the skin you're in"*

*May is Melanoma/Skin cancer Detection and Prevention Month. Let's use this month to raise awareness about skin cancer and help people take action to prevent it or detect it early – at home, at work and in the community.*

*An estimated 5.4 million cases of skin cancer will be diagnosed in 2017, making it the most common cancer in the U.S. Current estimates are that one in five Americans will develop skin cancer in their lifetime.*

*Skin cancers are either non-melanoma or melanoma. Non-melanoma skin cancers occur in either the basal cells or squamous cells and usually develop on sun-exposed areas of the body. These types of skin cancers are the most common and rarely spread to other parts of the body.*

*Melanoma, the most serious type of skin cancer, develops in the cells (melanocytes) that produce melanin, the pigment that gives your skin its color. Melanoma is usually curable when detected early, with a survival rate of 98 percent. However, those survival rates fall dramatically to 18 percent if the cancer has spread to distant parts of the body. In Alabama alone, more than 160 people die each year because of melanoma.*

## *Skin Cancer Risk Factors*

- *Ultraviolet radiation and sunburns (tanning beds and blistering sunburns as a child)*
- *Gender (men are more likely than women after age 50, but less likely before)*
- *Age (the older a person is, the more skin exposure, so the risk can elevate, but melanoma can occur at any age)*
- *Race (people with fair skin, freckling and light hair are the most prone to sunburns)*
- *Chemical and radiation exposure*
- *Family history (risk is greater if one or more of a person's 1st degree relatives have been diagnosed with melanoma and personal history)*
- *Moles (individuals with many moles have a higher risk for melanoma)*

*So what can you do to prevent and beat skin cancer?*

## *Prevention*

- *Limit unprotected exposure to the sun, especially between 10 AM and 4 PM*
- *Wear protective clothing and a wide-brimmed hat*
- *Wear wraparound sunglasses that block UVA and UVB light*
- *Apply a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or more. Apply 20 minutes before going out into the sun and reapply every 2 hours*
- *Avoid tanning beds and sun lamps*

## *Early Detection*

- *Incorporate a skin examination into your routine check up*
- *Perform a monthly skin self-exam*
- *Report any changes to skin markings, moles, blemishes or freckles to your physician*

- *Know the key warning signs of skin cancer:*
  1. *A new growth*
  2. *A spot, bump or mole that has slowly gotten larger (over a few months or 1 to 2 years)*
  3. *A spot or mole that is changing in shape, feel or color*
  4. *A sore that does not heal within 3 months*

*Use the A, B, C, D, E rule to find a melanoma early*

- *Asymmetry – half of the mole does not match the other half*
- *Border irregularity – edges of the mole are irregular, ragged, blurred or notched*
- *Color – the color is not the same all over*
- *Diameter – larger than 6 millimeters or about ¼ inch*
- *Evolution – has an existing mole gone through recent changes?*

*The bottom line is that nearly all skin cancers could be prevented by limiting unprotected exposure to the sun. In addition to staying in the shade as much as possible, the American Cancer Society recommends the SLIP! SLAP! And WRAP! method of prevention: SLIP on a shirt, SLOP on 30 SPF broad spectrum sunscreen, SLAP on a hat and WRAP on sunglasses before any exposure to the sun!*

All education followed evidence-based guidelines and resources from the CDC, epa.gov, cancer.org, cancercenter.com, and the Skin Cancer Foundation.

We are unable to measure effectiveness in regards to reducing skin cancer rates at this time, but each activity was well received by the community and feedback was positive. The Facebook ad reached more people than any other Huntsville Hospital Facebook paid article, which is a positive finding.

## Source feature: *Finding Cancer Sooner*

Usually symptoms of lung cancer don't appear until the disease is already at an advanced, non-curable stage, according to the American Cancer Society. The challenges in early diagnosis of lung cancer may contribute to the statistic that more people die of lung cancer than of colon, breast and prostate cancers combined.

But with a low-dose CT scan of the chest, a screening available at Huntsville Hospital Medical Mall and Madison Hospital, lung cancer can be detected in the early stages. To be eligible for the screening, patients must meet certain criteria related to their age and smoking history. They must also have a physician referral for the screening.

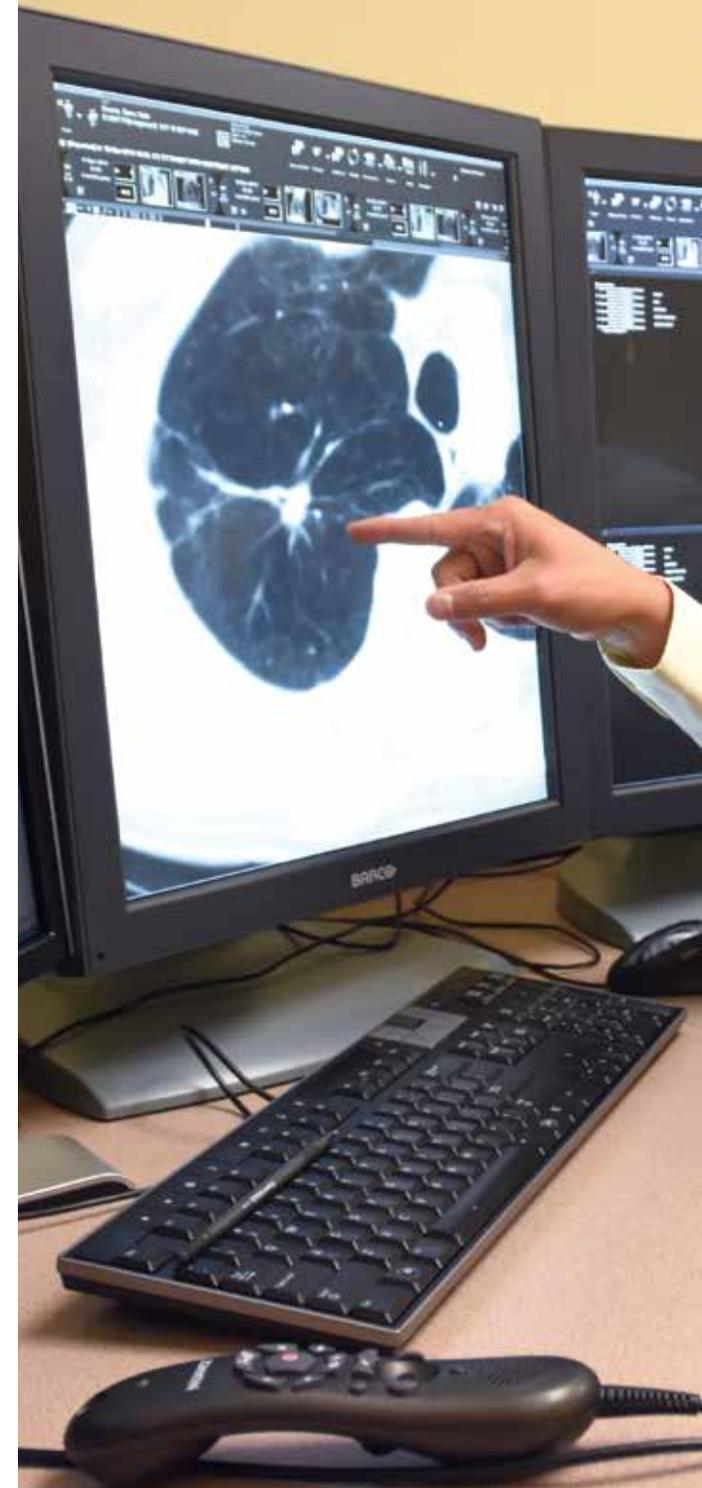
"Finding lung cancer early is absolutely key for patients to have the best chance for survival," said Ricky Zalamea, MD, a radiologist with Radiology of Huntsville. "With a low-dose CT scan, we can see the cancer sooner than with a traditional chest X-ray."

Data from 2016 certainly supports the effectiveness of low-dose CT scans of the chest. Of the patients who received the screening at Huntsville Hospital in 2016 and were diagnosed with lung cancer as a result, 78 percent were diagnosed at an earlier stage of the disease.

"When you compare this statistic to national averages that indicate more than 65 percent of patients diagnosed with lung cancer are at an advanced stage, we feel really good about our program and encourage those at risk for lung cancer to talk to their physician to see if this screening is right for them," said Karen Adams, RN director of Huntsville Hospital's Cancer Program and the Center for Lung Health.

Getting the word out about the importance of lung cancer screening, and specifically the effectiveness of low-dose CT scans of the chest, is a goal of the Southeast Lung Alliance. A collaboration of physicians working to expand the utilization of lung cancer screening and successful programs in smoking cessation, the Southeast Lung Alliance recently held the inaugural Great Huntsville Smokeout: Doctor Showdown event to raise funds in support of its initiatives.

Recently Madison Hospital was designated as a Lung Cancer Screening Center by the American College of Radiology. Huntsville Hospital Imaging Center, located in the Medical Mall on the corner of Memorial Parkway and Governors Drive in Huntsville, received its designation in 2015.



*Image of a lung from a patient's low dose CT scan. ▶*



## Source feature: *A second chapter in medicine*

As a neurosurgeon, Robert Hash, MD, spent more than a quarter century helping North Alabamians overcome spine, brain and lower back problems.

As he embarks on the second chapter of his medical career, Dr. Hash will ease a different type of pain.

Dr. Hash recently came out of retirement to serve as medical director for Hospice Family Care's new inpatient facility, which is nearing completion in south Huntsville.

Located on the campus of Redstone Village, an independent living retirement community, the facility is designed for people with terminal illnesses who need round-the-clock medical care but would rather spend their final days in a homelike setting surrounded by family than in a hospital room.

Each of the 15 private suites has sleeping accommodations for the patient and two family members. The 30,000-square-foot facility also offers family living and work areas, patios with views of the surrounding hills, and a non-denominational chapel.

Huntsville Hospital, Hospice Family Care, Redstone Village and Huntsville Hospital Foundation teamed up to bring the project to reality. It is the first inpatient hospice facility in Madison County and one of just a handful in Alabama.

"Toward the end of life, many people have pain, shortness of breath and other symptoms that can't be easily controlled at home," said Dr. Hash. "At the inpatient facility, we'll be better able to manage those symptoms and make things more comfortable for our patients and their families."

A cancer survivor, Dr. Hash had a busy neurosurgery practice in Huntsville from 1988 until retiring in 2014. But he didn't remain on the sidelines for long.

"I was 60 years old at the time – really too young to quit medicine," he said. "I felt like the Lord was calling me to do something else."

With the support of his wife, Laura, and their daughters, Annalee and Mary Grace, Dr. Hash enrolled in a one-year hospice and palliative care fellowship program at the University of Arkansas for Medical Sciences.

During the week, he cared for terminally ill patients at John L. McClellan Memorial Veterans Hospital in Little Rock. On Friday nights, he hopped in the car and drove to Huntsville – a 14-hour round trip – to spend the weekend with family. Dr. Hash completed the fellowship program this summer.

"It's been a hard road," he said, "but I'm really excited about working with Hospice Family Care. They're a great organization full of amazing people."

As medical director, he will lead a team of hospice nurses, home health aides and social workers overseeing the care of patients at the new inpatient facility. Perhaps just as importantly, he will be a source of information and support for families facing the loss of a loved one.

"You're really caring for the whole family," said Dr. Hash.

Hospice Family Care staff offer four programs for families and their loved ones. Each program gives high quality compassionate care for people to enable living as fully as possible.

◀ *Dr. Hash with staff at Hospice Family Care.*

The staff consists of health care professionals and trained volunteers who can help control symptoms, manage pain, and provide emotional and spiritual support expressly tailored to the patient's needs and wishes.

### **ROUTINE HOME CARE**

Routine care can be provided in private homes, independent and assisted-living facilities, group homes, and skilled nursing facilities. This level of care includes scheduled and as-needed visits from the interdisciplinary team. Hospice provides the medications, equipment, and treatments related to a patient's diagnosis. You will also have access to an on-call hospice nurse 24 hours a day.

### **RESPIRE CARE**

Respite Care is up to five consecutive days of inpatient care provided in our inpatient unit or a contracted nursing facility. Respite Care is available to provide relief for your caregivers.

### **CONTINUOUS HOME CARE**

Continuous Home Care is intensive hospice care that takes place in a patient's home to achieve palliation and management of acute medical symptoms. This level of care is intended to be short-term and should be provided only during periods of crisis as necessary.

### **GENERAL INPATIENT CARE**

General inpatient care is provided in our inpatient unit, in a contracted hospital or nursing facility which opened in November 2017. This level of care is intended for short term symptoms that cannot be managed at home and requires a higher level of treatment and monitoring. The necessity and length of stay for inpatient care is evaluated daily. Once symptoms have been managed, patients will return to a living situation that meets your needs. If returning to your previous location is no longer an option, our inpatient unit staff will work with you and your family to coordinate a plan that meets your needs.

The inpatient hospice facility was made possible thanks to the generosity of Huntsville Hospital Foundation donors. If you would like to support the capital campaign, please contact the Foundation at (256) 265-8077.

Take a video tour of the Hospice inpatient facility at [hospicefamilycare.org](http://hospicefamilycare.org).

## THE INPATIENT UNIT FEATURES

**32,000 SQUARE FEET**

**15** PRIVATE PATIENT ROOMS



NINE handmade, stained glass windows



**EIGHT**

custom pieces of art by local artist **HELEN VAUGHN.**



located on a lush **10-ACRE CAMPUS** in south Huntsville

**16**

NEW JOBS CREATED





## Source feature: *A range of robots*

Huntsville Hospital has one of the region's most comprehensive robotic surgery programs with six computer-guided surgery systems and 59 physicians on the medical staff credentialed to use them.

The hospital is the only facility in Alabama to offer Mazor X, the world's most advanced spine surgery robot, and recently added a fourth da Vinci computer-assisted surgery system that will primarily be used for colorectal and cardiothoracic procedures.

"Huntsville Hospital is really at the forefront of technology," said gynecologic oncologist Tyler Kirby, MD. Surgical robots were a medical novelty when Dr. Kirby began his fellowship training in 2003. Few hospitals had them, few surgeons were trained to use them, and there was little data suggesting that robotic surgery was better for patients than minimally-invasive laparoscopic surgery.

In just over a decade since Dr. Kirby performed the first computer-assisted gynecologic surgery in Alabama in January 2006, robots have become a common sight in operating rooms nationwide.

Huntsville Hospital offers more than 50 minimally invasive computer-assisted surgical procedures, from hysterectomies, hernia repair and knee replacement to prostate removal, colon resection and spine surgery. These are performed with one of six different robotic-assisted devices at Huntsville Hospital, Huntsville Hospital for Women & Children and Governors Medical Tower Outpatient Surgery.

Robots will be used in more than a thousand procedures at the hospital this year, and that number is expected to grow in the future.

"We want to provide exceptional care, and to do that we have to stay abreast of current trends in medicine," said Thomas Fender, the hospital's vice president of surgical services. "We've definitely developed an expertise in computer-assisted surgery, and it's a big part of our commitment to the community."

For patients, robotic surgery offers several advantages over traditional open surgery including a shorter hospital stay, lower risk of complications, less pain and blood loss, and a faster recovery.

Take hysterectomies, Dr. Kirby's specialty, as an example. With the open approach, the surgeon makes a six- to eight-inch incision. With robotic surgery, the surgeon makes three or four small holes in the abdomen about the length of an office staple. The robot's multiple arms are equipped with tiny surgical instruments and a high-definition video camera small enough to pass through those openings. The surgeon controls the robotic arms from a console that translates his hand movements to the surgical tools.

Like robotic surgery, laparoscopic surgery is done through small incisions and offers many of the same advantages including dramatically lower risks of surgical site infections, pneumonia and other major complications. In laparoscopic procedures, the surgeon stands beside the patient while maneuvering hand-held surgical instruments affixed to long shafts.

Dr. Kirby said robotic instruments give physicians unmatched precision and range of motion. For example, the miniaturized tools on Huntsville Hospital's FDA-approved da Vinci surgery systems can rotate far more than the human wrist – 540 degrees, to be precise – without any vibration.

That's especially important when cutting around large veins and arteries, Dr. Kirby said.

## Cancer committee leadership



**Brian Mathews, MD**  
Hematology/Oncology

*Cancer Committee Chair*



**Harry James McCarty, MD**  
Radiation Oncology

*Cancer Liaison Physician*



**Rachel Kruspe, MD**  
Hematology/Oncology

*Cancer Liaison Physician*



**Karen Adams, RN, BSN**  
Quality Management  
Coordinator

*Cancer Program Director*

## Cancer committee members

**Elizabeth Falkenberg, MD**  
**John Gleason, MD**  
Radiation Oncology

**Marshall Schreeder, MD**  
**Mohamad Younes, MD**  
Hematology/Oncology

**Frank Honkanen, MD**  
**Aimee League, MD**  
Pathology

**Christian Scales, MD**  
**Libby Shadinger, MD**  
Diagnostic Radiology

**Richard Richardson, MD**  
General Surgery

**Tyler Kirby, MD**  
Gynecology Oncology

**Gregory Thomas, MD**  
Cardiothoracic Surgery

**Michael Brown, MD**  
**Joseph Pettus, MD**  
Urology

**Amanda Ouzts, PharmD**  
Oncology Pharmacy

**Kristina Johnson Lee Shaw**  
Hospice Family Care

**Jennifer Vann, DNP, CRNO**

**Akashai Janak, MD**  
Palliative Care

**Sandra Cross, RN**  
Breast Center

**Emily Pauli, BMSm PharmD, Rph**  
Clinical Research  
Coordinator

**James Kelly**  
**Todd Ziegler**  
**Karen Hislop**  
Therapy and Rehab  
Services

**Ruth Smith, MSN, RN, AOCNS**  
**Cheryl Smith**  
Inpatient Oncology

**Michele Engelhardt, RN**  
Outpatient Chemotherapy  
Infusion Unit

**Vimali Demerin, RD, CSO, LD**  
Clinical Nutrition

**Patty Stutts, LCSW**  
**Suzanne Marks, RN**  
Social Services/  
Psychosocial Services  
Coordinator

**Anna Lisa Weigel**  
American Cancer Society

**Stacey Hill, CRNP**  
TVGO

**Rod Crutcher**  
Chaplain

**Heather Whorton, RN**  
**John Simms**  
Community Outreach

**Cindy Johnson, CTR**  
Cancer Registry Quality  
Coordinator

**Judy Crawford,**  
Cancer Conference  
Coordinator

**Katherine Wolfson, CTR**  
**Carol Spahn**  
**Susan Elam RN,BSN**  
**Karen Hixson**  
**Emily Fausz**  
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