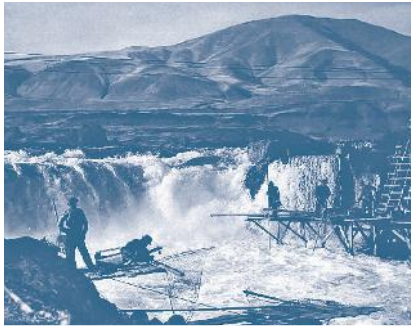


2017

ANNUAL REPORT



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# 2017 MID-COLUMBIA MEDICAL CENTER CANCER COMMITTEE ANNUAL REPORT

**CELILO  
CANCER  
CENTER AT  
MID-COLUMBIA  
MEDICAL  
CENTER**

*Celilo Cancer Center* is committed to the health of our community. Annual prevention and screening programs are ways we connect to ensure that our friends and neighbors have the most current information and the assistance to access any needed resources.

Each calendar year the Mid-Columbia Medical Center's Cancer Committee organizes and offers at least one cancer prevention program focused on decreasing the number of diagnoses of a specific cancer type in our community.

This report highlights some steps we took in 2017 to better serve our patients.

## 2017 MCMC CANCER COMMITTEE

**Felicia Adams**  
VP & CNO

**Lynne Allen**  
NP, AOCNP, ACHPN

**Rebecca Atwood**  
CTR

**Michael Capek**  
MD

**Amanda Cummings**  
PharmD

**Tracy Dugick**  
RD

**Alice Forsythe**  
MD

**Steve Fu**  
MD, PhD  
Cancer Liaison Physician

**Gary Gingrich**  
MD

**Melodi Johnson**  
RN, BSN, OCN

**Paula Lee-Valkov**  
MD

**Symantha McClennan**  
CRA

**Kerry Proctor**  
MD

**Julie Robertson**  
American Cancer Society

**Keith Stelzer**  
MD, PhD, Chairman

**Jessica Vincenzo**  
LCSW, OSW-C

**Lyn Vincenzo**  
RN, BSN



**CELILO CANCER CENTER**

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We chose skin cancer as our prevention program based on a need identified in the National Cancer Database (NCDB) – an increase in skin cancer diagnosis from 5.45% in 2013 to 9.09% in 2014. This is due in part to our local risk factors associated with an average of 144-189 sunny days per year, a large population of outdoor workers and a prevalence of easy access to outdoor recreation and tourism settings. Using evidence-based national guidelines (i.e. ACS, NCI), the Cancer Committee in partnership with American Cancer Society (ACS), MCMC Dermatology Department, Providence Hood River Dermatology and the Columbia Gorge Survivorship Council, hosted a prevention event May 6, 2017. A dermatologist and a physician assistant that works in dermatology were on hand to provide information, answer questions and even do a quick skin check as appropriate, sunscreen samples and hats were given away. Twenty-two attendees completed the skin cancer questionnaire with seventeen stating they learned something new.

The Cancer Committee emphasized colon cancer as our screening program in 2017 based on NCDB data showing that from 2004-2014 23.37% of patients were diagnosed at stage III and 24.6% diagnosed at stage IV. The cancer screening program is designed to decrease the number of patients with late-stage disease by detecting cancers at an early stage. Using evidence-based national guidelines (i.e. ACS, AHRQ, ASCO), the Cancer Committee in partnership with ACS and the Columbia Gorge Survivorship Council hosted a prevention event May 6, 2017. Thirty-three attendees walked through the giant inflatable colon and completed the colorectal screening questionnaire: 24 were 50 or older, 2 requested referral to their PCP, 17 stated they were current on their colon screening, 2 noted blood in their stool and 7 noted bowel movement changes. All patients noting a change were called and encouraged to contact their primary care provider (PCP) for a referral for colon screening. The PCP's of those requesting a referral were called and informed of the patient's desire to make an appointment to discuss colon screening.

One of the Quality Improvement studies conducted by the Cancer Committee identified obstacles to documentation of cancer stage in the medical record for subgroups of managing physicians.

### **AFTER CONDUCTING A SURVEY TO DETERMINE THE SPECIFIC OBSTACLES, AN EDUCATIONAL SESSION WAS CONDUCTED WHICH WAS ATTENDED BY 17 PROVIDERS. THIS EDUCATION SESSION ADDRESSED THE FOLLOWING OBSTACLES.**

1. Understanding the importance of documenting American Joint Committee on Cancer (AJCC) staging for optimal patient management and accuracy of outcome data.
2. Access to written information on AJCC staging conventions plus access to the Cancer Registrar to answer questions.
3. Understanding that responsibility for staging lies with the managing physician.
4. Access to AJCC reference information and documentation methods in a single tool as demonstrated by Epic support staff in the electronic medical record.

Each year, the Cancer Committee also monitors our clinical practice for compliance with national guidelines in managing a particular cancer. This year, we selected patients with stage I-III non-small cell lung cancer treated at our center over the prior 2 years. There were 28 such patients, and all were treated in compliance with National Comprehensive Cancer Network (NCCN) guidelines.

Finally, a growing area of importance in cancer care relates to evaluation and management of familial cancers due to high risk genetic mutations. With growing awareness of such genetic mutations and limited personnel with expertise in evaluation, testing, and counseling of patients and family members, expeditious access to Genetic Counselors can be difficult. One of the Quality Improvements made by the Cancer Committee this year was to enhance access to Genetic Counseling and analysis. Lynne Allen, ARNP, has completed training to provide pre-testing genetic counseling for our patients. When testing is indicated, it is being conducted by a private company that provides post-treatment counseling by certified genetic counselors for the patient whether or not a high-risk genetic mutation is discovered.