Working Together to Face the Challenges of Cancer

2014 Annual Report
Working Together to Face the Challenges of Cancer

Team Members

- Oncologists
- Radiologists
- Surgeons
- Certified oncology nurses
- Complementary medicine
- Palliative care
- Outreach
- Research
- Survivorship
- Psychosocial support
- Rehabilitation
- Specialty Physicians
- Pathologists
Chairman’s Report

Allan Eisemann, MD
Director, Foley Cancer Center

Confidence. Comfort. Compassion.

That’s what cancer patients who turn to Rutland Regional Medical Center’s Foley Cancer Center feel when they walk through our doors.

For more information on what the Foley Cancer Center has to offer, visit www.RRMC.org

Congratulations to us all!

In 2014, the Foley Cancer Center celebrated 25 years of active cancer care in Rutland, Vermont! The community came together for a celebration and reflection of our origins, early growth, present successes, and with an eye to the future. Dom Serino, from the Rutland Health Foundation introduced Richard Lovett, M.D., Director of Radiation Oncology, who recounted the origins and early days of the Cancer Center under the leadership and vision of H. James Wallace, Jr., M.D., the program’s first Medical Director. Fortunately, Dr. Lovett was able to find some photographs of the “early days” which were quite enjoyable.

Fred Bagley, MD, now retired from general surgical practice in Rutland, was in attendance, and was recognized for his important support of the cancer program. Dr. Bagley served for many years as the liaison to the American College of Surgeons through our cancer program accreditation. Dr. Bagley worked to ensure the cancer program was a success and met the needs of the community.

Sadly, H. James Wallace, Jr., MD, our first Cancer Center Director, died in 2014, just before the 25th anniversary celebration. Dr. Wallace was, and still continues to be, an inspiration to us all. The entire community has the deepest respect for all Dr. Wallace did for Rutland and for the oncology community in the entire state of Vermont. Many of you probably do not know that Dr. Wallace spent several of his younger years as a physician and scientist at Roswell Park Cancer Center in Buffalo, New York. While there, Dr. Wallace and his colleagues wrote and published one of the most influential papers on the treatment of acute myeloid leukemia (AML). The “7 + 3” recipe of chemotherapy described in this paper (Ara-C and Daunorubicin) became the backbone of a new leukemia treatment that was adopted worldwide.

Without our strong community support, we could not perform the wide breadth of services which are so essential to a successful Cancer Center. We want all of our donors to know that we sincerely appreciate every gift and donation. Our donor wall, located in the main hospital corridor outside of the Foley Cancer Center
Chairman’s Report

is filling up with plaques recognizing our amazing community of supporters. We regularly take time for “photo-ops” with school groups, community groups, organizations, and friends and families who have taken the time and expended the effort to raise money for the Foley Cancer Center. We are deeply and sincerely appreciative of all donors and all gifts. We know these gifts “come from the heart” and we in the Foley Cancer Center are dedicated to using these funds right here in our community. One hundred per cent of all donated funds stay in Rutland and are used to improve the lives of our cancer patients and their loved ones. Thank you all!!

Our inpatient Palliative Care program is one of the busiest “per capita” in the country. In 2014 the Palliative Care program saw more than 700 consultations with our nurse-led team. Palliative care has become an expected service across the country and our eight-year-old program receives the highest praise from patients, families, staff, and administration. Simply put, palliative care makes life better.

James Cromie, MD, a general surgeon, has enthusiastically embraced his position as our current liaison to the American College of Surgeons. We can't thank him enough! Dr. Cromie has analyzed and presented data for our cancer program, helping us better understand our own work and how we compare regionally and nationally with other programs.

During the summer of 2014, Dr. Lovett and I presented a “State of the Cancer Center” report to the quality committee of the Board of Trustees of Rutland Regional Medical Center. As I prepared for this presentation, I was reminded what a busy place the Foley Cancer Center is and continues to be. I was surprised by how significant our contribution is to the success of the hospital. And I was, as I always am, humbled and honored to know that I am working with the best group of people outside, and especially inside, the Foley Cancer Center. We are a dedicated group of professionals, who work tirelessly, day in and day out, because it is the right way to take care of our patients and their families. As always, I take my stethoscope off (and hat) to you all!! Many thanks.

Respectfully submitted,

Allan Eisemann, MD
Medical Director, Oncologist
Choosing Wisely / Radiation Oncology

At the end of 2014, we are in the midst of many transitions within healthcare and the impact they will have on Radiation Oncology. Our Linear Accelerator, the Trilogy system, still a state-of-the-art unit, is working well, allowing us to treat with two energies of photons and a range of electrons. From skin cancers to deep pelvic tumors, we can treat general radiation patients. We have continued strong relationships with both University of Vermont Medical Center (UVMMC) and Dartmouth Hitchcock for tertiary referrals.

In Vermont, as the State considers healthcare, and experiments with single payer and accountable care systems, we in radiation oncology have considered ways to maintain quality radiation services yet cut costs. The American Society of Radiation Oncology has adopted ten Choosing Wisely guidelines for cost savings in radiation treatments. Two of these have direct impact on treatments at this facility. One is the treatment of bone metastases. The guideline suggests treating with fewer radiation fractions than the former standard 300 cgy with 10 fractions. In this report are results of a retrospective study on the use of this guideline. The research has been reported in the newsletter of the Choosing Wisely Initiative by the American Board of Internal Medicine (ABIM) Foundation. An abstract has been submitted to the Annual Meeting of the American Society of Radiation Oncology.

In Radiation Oncology, we continue to participate in activities of the cancer program at Rutland Regional Medical Center, with all of our collaborators. Our collaborators include: Surgery, Pathology, Radiology, Medical Oncology, and a variety of community partners who are all an integral part of the Foley Cancer Center. To that end, we continue Peer Review with our colleagues at UVMMC, participate in the Annual UVM Breast Cancer Conference and other academic activities. We continue to share with Medical Oncology patients receiving chemo-sensitized radiation.

We have also continued to maintain our facilities by removing the old fluoroscopic simulator. Currently, all patients are simulated on the CT Simulator, thus the old simulator room was changed into a second dressing room and a new exam room. Listening to the concerns of our patients regarding their privacy, the second dressing room will allow for more privacy in the delivery of radiation treatments.

Choose Wisely, is an initiative of the American Board of Internal Medicine Foundation and aims to promote conversations between physicians and patients about the care they need.

Dr. Lovett’s research can be found on his physician profile at www.RRMC.org

Richard Lovett, MD
Radiation Oncology

2014 FOLEY CANCER CENTER REPORT TO THE COMMUNITY
The Foley Cancer Center has partnered with the American Cancer Center to provide a new *Road to Recovery* program to assist patients with transportation to medical appointments.

We continue to pilot different ways to effectively assess distress on all patients twice. One the first day of treatment, we have patients complete an initial screening. It is then given to the social worker to assess and respond appropriately.

The Foley Cancer Center uses the tailored distress screening taken from the National Comprehensive Cancer Network (NCCN) and modified with their permission to fit our patient population. NCCN clinical practice guidelines are being followed in the management of the outcomes of these screenings. We are using data to analyze and document that all patients are given two screenings, as well as track patient referrals and how distress is being addressed. These screenings assist us in identifying a patient’s emotional concerns, communication barriers, as well as identify what social supports are in place, along with practical concerns such as symptom management, financial needs, insurance coverage, transportation, and other stressors.

Also, we began using the *Journey Forward* program in developing our survivorship care plan. It is customizable and has a resource library through the American Society of Clinical Oncology and National Cancer Institute. The plan, has proven to be empowering for patients and can be worked on collaboratively by the patient and their treatment team throughout their journey.

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**Support Groups**

**Woman 2 Woman Support Group**

A support group for women with any cancer at any point in their journey. Meetings are held the 1st Tuesday of every month from 5-6:30pm in the CVPS/Leahy Community Health Education Center, Conference Room A. Potluck Meals.

**Rutland Prostate Cancer Support Group**

Meetings are held the 4th Wednesday of every month at 5:30 in the CVPS/Leahy Community Health Education Center, Conference A. Spouses are welcome.

**Young Adult Cancer Support Group**

A support group specifically for young adults (18-40) who have or have had cancer. Meets the 2nd Thursday of every month at Café Provence in Brandon from 4-5:30pm. There was a 2014 article in *Rutland Magazine* discussing *Darn Tough Socks* donation to this group, as well as a PEG-TV segment. Pizza and pastries are provided.

**Grief Group**

For six weeks, during the holidays, the oncological social worker provided a grief group every Friday night. This class was offered to any individual grieving someone they lost to cancer.

**Look Good-Feel Better**

A class offered by Rhonda Rockwell and Denise Arduca, hair-stylists for Foley Cancer Center Patients. You will learn about skincare, beauty techniques, make-up application and wig care. These classes are held the first Monday of every month.
Community Outreach / The Breast Care Program

The focus of the Breast Care Program is to provide support to patients, providers and the community. Underwritten in part by funds from Susan G. Komen for the Cure Vermont-New Hampshire, the Breast Care program focuses on the importance of breast health education and early detection at many local events and community outreach endeavors. During National Breast Care Month in October, there are a variety of awareness activities at Rutland Regional and out in the community at the Farmers Market, local Veteran’s club, schools, awareness walks and small groups. Our staff strives to keep the momentum going in the awareness of breast cancer all year round.

Several different campaigns were continued in 2014. Men Get It Too, a breast cancer awareness media campaign came forth in June to balance a Mother’s Day craft event in May. Both of these events parlay the importance of breast cancer awareness for both females and males. Bringing the information to the community in another way was the ‘Tell Your Momma’ campaign in which breast health awareness flyers were sent out to hundreds of local school children in hopes that women would be encouraged to schedule mammograms or see their providers. In conjunction with this campaign, one of the local schools hosted an awareness event for their staff.

Monthly we work with the Rutland Free Clinic to provide breast health education and set up an appointment for a mammogram. In the past, women were given a paper order to call and schedule their mammogram, but seldom followed through with this. The Breast Care Program recognized that providing one step further in offering an appointment at the time of the Free Clinic exam might yield better compliance. 2014 showed 100% attendance from all the women who were scheduled.

The staff of the Breast Care Program provide individual consultations for those who may benefit from discussion of breast imaging findings, breast cancer and general breast problems. Nearly 700 women (and men) met with the Breast Patient nurse in 2014. These consultations are provided in a relaxed, non-clinical atmosphere where one can ask questions, review results and be assured that there will be support wherever the journey leads. With over 10,000 mammograms per year, and most results being normal, the small number of recipients of the Breast Care program’s one-on-one individualized interactions are appreciated.

The Breast Care Program continues to be an important resource for local medical providers in keeping with the continuum of care of their patients.

Nearly 700 women and men met with the Breast Patient nurse in 2014 providing individual consultations on breast imaging findings, breast cancer and general breast problems.

For more information on the Breast Care Program visit www.RRMC.org
Pancreas Cancer: Rutland, Vermont Comparisons with the National Cancer Data Bank

Pancreas cancer is the fourth most common cause of cancer death in the United States. Worldwide pancreatic cancer ranks seventh in causes of cancer death. Pancreatic cancer is more common in the “developed” world compared to the “developing” world which raises questions about the epidemiology of pancreas cancer that are, for now, unknown.

Most pancreas cancers are adenocarcinomas (duct origin) and arise from the exocrine portion of the pancreas. The prognosis for pancreatic cancer is still quite poor: 25% of newly diagnosed patients are alive at one year and only 5% of patients survive five years. Even for early stage cancers, often receiving surgery as the primary treatment, five year survival is only about 20%. Neuroendocrine tumors of the pancreas, while still quite risky, have an average survival of 65%. Ninety-nine (99%) percent of all new pancreas cancers arise from the exocrine portion of the pancreas.

Age Group Comparison 2000-2012

Figure 1 details the age group breakdown and comparison between our facility (Rutland) and the rest of the United States (NCDB). Overall, there is a strong concordance between Rutland Regional and the rest of the country. As can be seen graphically and in the table, pancreas cancer rarely occurs before age 40 (less than 1% nationally; 1% in Rutland). A very small increase in new diagnoses occurs in the 5th decade (3% in Rutland, 6% U.S.). Note how pancreas cancers continue to occur after age 50 right through age 89. Twenty percent (20%) of pancreas cancers in Rutland and 17% nationally occur during the years 80-89. Patients 90 and over see a steep decline in the new diagnosis of pancreas cancer (Rutland 2%, 3% nationally).

Stage at Diagnosis 2000-2012

Figure 2 compares stage for newly diagnosed pancreas cancer from 2000-2012. Data are displayed comparing RRMC to U.S. data from the NCDB. The majority of cases both in Rutland and nationally are stage IV at diagnosis (44% Rutland vs 46% NCDB). Stage I cases and stage II cases (often operable) comprise 20% of Rutland’s cases and 28% NCDB. These differences are likely due to the small total number of cases recorded in Rutland. Stage III cases (7% Rutland vs. 11% NCDB) are often treated initially with a combination of radiation and chemotherapy in hopes that some of these patients will become eligible for definitive and possibly curative surgery.

A high percentage of “stage unknown” cases are recorded both in Rutland (30%) and in the NCDB (15%). Once again the small total number of cases in Rutland likely contributes.
to this discrepancy. Nonetheless, the high percentage of stage unknown diagnoses is likely due to the advanced stage at presentation by many patients associated with significant comorbidities, which does not allow definitive pathologic staging. Many of these patients likely have stage IV disease, otherwise they would have had extensive staging evaluations and surgical consultation.

**Distribution by Gender 2000-2012**

Figure 3 shows that the distribution of pancreas cancers is equal between men and women locally and nationally.

**Behavior of Pancreas Cancer 2000-2012 (Figure 4)**

The natural history of pancreas cancer is not well established. There is no good screening test for pancreas cancer (blood or imaging) and most pancreas cancers do not display any familial inheritance patterns. A small group, perhaps 5% or less, of new pancreas cancers do show some genetic linkage patterns. Almost all pancreas cancer are detected/diagnosed after they have become invasive adenocarcinomas. It can be assumed, but has not been proven, that a pre-invasive or non-invasive phase exists. Data for both Rutland and NCDB show 100% or nearly 100% diagnosis of invasive cancers at presentation.

**First Treatment for Pancreas Cancer 2000-2012**

Perhaps Figure 5 is the most concerning figure to examine. More than 40% of patients (43% Rutland vs 41% NCDB) have no treatment at all. This is due to a combination of factors including the awareness that chemotherapy or chemotheraphy plus radiation only provide a few months, at most, of life prolongation without clear evidence for enhanced quality of life for many patients. Clearly there is an unmet need in early detection and finding effective treatment for pancreas cancer. We can only hope that breakthroughs in basic science will lead to a greater understanding of pancreas cancer biology and with that, better control and eventually eradication of this very high risk cancer.

**Research and Clinical Trials**

The Foley Cancer Center continues to offer clinical trials to our eligible patients. Four patients went on study in 2014 as well as the 25 patients we continue to follow. Two new studies through Millenium Pharmaceuticals were opened in 2012: one for lymphoma and one for metastatic breast cancer.

We currently have twelve clinical trials available. These can be viewed on the Rutland Regional Medical Center website at www.RRMC.org.

Respectfully submitted,
Rebecca Denofer, RN, OCN
Clinical Research Coordinator
The Medical Oncology Unit on the 5th Floor, cares for patients with Medical, Surgical and Oncology needs. We work closely with the Foley Cancer Center to provide the very best care to our patients. Being sick and in need of hospital care can be a difficult and stressful time. Here at the Medical Oncology Unit we do all we can to provide comfort, privacy and a healing environment.

This past year we have continued our work with our Service Excellence Initiative to ensure and improve our patient centered care processes. Nurse Leader Rounding with patients gives us the opportunity to ensure that every patient receives the quality care and comfort they deserve. The nurse leader, who may be a manager or a charge nurse, visits with each patient and asks them several key questions to make sure their needs are being met.

We also have continued to grow our Patient Callback program. Each patient who is discharged home is called back in 24 to 72 hours to ensure they had a positive hospital experience as well as understanding of their discharge instructions. This allows us the opportunity to make sure our patients continue to heal even after their discharge from our hospital.

In addition to Patient Callbacks, we also have Hourly Rounding. During day hours, we round on our patients to make sure they are safe and comfortable. We make sure that our patient's pain is managed, that they have everything they need within reach, and any personal needs that may need attention to remain comfortable. Our goal is to anticipate patient needs before our patients become uncomfortable or do not have what they need. This is proven to improve patient safety and satisfaction.

The Dayroom Program is open every day from 9am-5pm. It is located on the 5th floor and is open to all inpatients deemed medically stable enough to enjoy a family-style room with activities, meals, movies, music or socialization to make their recuperation more enjoyable and therapeutic.

For our patients with any type of anxiety or altered thought process, the Dayroom Program tailors activities suited to their needs while helping them use energy during the day for a more restful sleep at night. With assistance from the Volunteer Program we are able to offer pet and music therapy, Reiki, as well as special help and activities. When the Trillium Singers come to the Dayroom and perform for our patients, this is greatly enjoyed by all.

We continue to enjoy a very robust relationship with the Foley Cancer Center team as well as the Palliative Care team. Several nurses were able to join the Foley Cancer Center and Palliative Care teams at the End of Life Nursing Education Consortium training course. Our teams enjoy activities such as the Romp to Stomp snowshoe series to benefit breast cancer screening, treatment, education and research. We are looking forward to providing great care together to our patients in 2015.
“An extra layer of support.”

This way of defining palliative care has allowed Rutland Regional’s Palliative Care program to complete its ninth full year of growth in 2014.

Supported by leaders, Dr. Eisemann and Linda McKenna, RPAC, the team of palliative care nurses has grown to a staff of 2.5 positions to serve the needs of patients of any diagnosis, any prognosis, and in any unit of the hospital.

The program submits data to the National Palliative Care Registry to track and standardize the growth of palliative care across the country. Submission of this information allows Rutland Regional’s Palliative Care program to be benchmarked against all programs as well as programs from hospitals of similar size.

According to the most recent reports for data from 2013, Rutland Regional’s program has been performing quite well, with 675 referrals from 11.6% of hospital admissions. To put this in perspective, the average penetration among all Registry palliative care programs in 2013 was 3.9% and the top 25 percent of palliative care programs in terms of penetration in 2013 reached an average of 7% of annual hospital admissions. In 2014 the team received 742 referrals, a nearly 9% increase over the previous year. The team is very pleased with this proof that the Rutland community has encouraged and embraced the palliative philosophy.

In addition to continuing to work closely with the Medical Oncology Unit and the Foley Cancer Center, the Palliative Care team has been collaborating with several other units and programs within the hospital to improve continuity of care and patient/family access to services.

Palliative Care has been an increasing presence in the Emergency Department, both for early introduction of palliative support and to assist with more seamless delivery of care to area hospice patients who are accessing hospital services.

The Intensive Care Unit (ICU) has also been a site of increased palliative presence in 2014, and efforts are underway to create a protocol for screening of all ICU patients and earlier identification of appropriate palliative patients. On a softer, more holistic note, the Palliative Care team has provided ongoing support for the Palliative Care Volunteer Program and Reiki Volunteer teams who visit with patients throughout the hospital to comfort, cheer, and soothe.

Outside the realm of serving patients directly, the Palliative Care team maintains efforts at education and support for the lay and professional community.

An End of Life Nursing Education Consortium (ELNEC) training course was held for nursing staff of the hospital, hospice staff of RAVNAH, and area nursing facilities. Newly graduated or newly hired nurses from the Medical Oncology Unit, Progressive Care Unit, and ICU are offered the opportunity to learn about palliative care by shadowing the team for a day. Through participation in the Rutland County Caregiver Coalition the team has provided education and support for family caregivers in the Rutland Community, including assisting with the yearly Caregiver Conference which focused on Advanced Care Planning.

Finally, to round out the year, the Palliative Care team collaborated with the RAVNAH Hospice program to plan and present a series of educational events throughout the month of November in celebration of National Hospice and Palliative Care Month, including a film presentation, panel discussion, art show and other educational activities.
Community Partners/ American Cancer Society

The Foley Cancer Center and the American Cancer Society partnered in 2014 to offer services to cancer patients and their families in Rutland County.

This partnership ensures all patients, families and caregivers have access to the educational materials that may help them. The American Cancer Society (ACS) provides brochures and in-depth printed materials on specific diagnosis, treatment and survivorship topics. It also provides materials on common treatment side effects, palliative care, nutrition and clinical trials, screening and prevention materials, healthy eating, exercise, smoking cessation and sun safety. These materials are available at the American Cancer Society, by calling 1.800.227.2345 or by using www.cancer.org. Materials are provided at no cost.

The ACS offers monthly sessions of Look Good...Feel Better at Rutland Regional. This program is geared toward helping women deal with appearance related side effects from treatment. In 2014, 21 patients attended Look Good...Feel Better. Free wigs were provided by the ACS to patients without insurance coverage for hair prosthesis. Three patients received a wig from our wig bank. The ACS also facilitates a program to match newly diagnosed breast cancer patients with breast cancer survivors for support. In 2014, four patients participated in the Reach to Recovery program.

We are proud to have created a new resource in 2014. Foley Cancer Center patients without transportation to their appointments can utilize the American Cancer Society’s Road to Recovery Program. Two trained volunteer drivers are available for Foley Cancer Center patients. We request four days notice to coordinate transportation needs and transportation is subject to volunteer availability. For more information about this program or to volunteer to be a driver call 1.800.227.2345.

The American Cancer Society provides 24-hour, 365 day a year access for support and information via 1.800.227.2345. This number took 1,056 calls from Vermonter’s in 2014. The website www.cancer.org had 73,408 visits from Vermonter’s and our on-line Cancer Survivors Network was visited 8,257 times by people living in Vermont. •

Community Support Makes a Difference

The Foley Cancer Center is honored to receive generous support from many thoughtful and caring individuals, businesses and organizations throughout our region. Community support makes a tremendous difference to our patients who need advanced, compassionate health care.

Special thanks to the organizers and participants of the Mary Wells Heath 5K Memorial Run/Walk, Castleton College and the Castleton Women’s Ice Hockey Team, the Proctor Lady Phantoms, and the participants and organizers of the Alan Woodard Memorial Ride for special events hosted in support of the Foley Cancer Center at Rutland Rutland Regional Medical Center.

On behalf of our patients and their families, as well as our physicians, nurses, and clinical staff, thank you for your generous support.
At our November meeting, **Golden Swab Awards** were presented by **Jennifer St. Peter**, Recruitment Supervisor, **Be The Match** at Rhode Island Blood Center and **Kerry Ellis**, Program Coordinator for the **Marrow Donor Program** at Rutland Regional Medical Center. These awards are presented yearly and are in appreciation of contributions to, and support of, the **Be The Match** Program.

**2014 recipients were:**

- **Kristen & Madeline Veysey** – Madeline had a marrow transplant as a child. Both she and her mom, Kristen, have been passionate advocates for our program – volunteering at donor drives and speaking about their transplant experience to a number of groups.

- **The Mirenda Family** – Marrow transplant family and volunteers. Jim and Holly’s daughter, Sophie, was born with Fanconi Anemia and while she is healthy at the moment, she will need a marrow transplant soon.

- **Gail Deuso** – Leukemia & Lymphoma Society, Upstate New York & Vermont Chapter. Gail volunteers at many of our drives as well as including us in their functions. Through Gail we have made many new connections and scheduled drives in areas where we had not previously been.

- **Maryanne Breer** – Marrow transplant recipient and volunteer. Maryanne is now 7 years post-transplant and not only volunteers at drives, her daughter does too!

In November, **Kerry Ellis**, Program Coordinator, once again attended the National Marrow Donor Program’s Annual Council Meeting in Minneapolis, Minnesota. The yearly conference brings together professionals involved in transplantation from around the world and provides updates on the state of transplant science, the registry, new initiatives, and educational workshops. A highlight of this year’s meeting was a first time meeting between a transplant patient and the donor who saved her life and a keynote presentation from Sally Anne Roberts, marrow donor to her sister, *Good Morning America* co-host Robin Roberts.

In FY14 (October 2013-September 2014) we added 489 new potential donors to the **Be The Match** registry over 34 donor registration drives. 21 donors registered through our program were called for additional testing as possible matches for a patient in need. Of those, four were found to be the best match for the patient and went on to donate. They donated to a 69- year old woman with MDS, a 10-year-old girl with Sickle Cell Disease, a 63-year-old man with MDS, and a 50-year-old female with AML.

We are looking forward to providing great care together to our patients in 2015.
Cancer treatment delivery is undergoing a shift from intravenous to oral treatment. It is projected that the use of oral chemotherapy will more than double in the next several years.

One estimate puts 25% of anti-cancer agents in the research pipeline as “designated for oral administration.” This increased use of oral chemotherapy agents is moving the administration of cancer treatment from a medical facility to a patient’s home. While more convenient for the patient, this loss of direct medical supervision can lead to adherence and safety issues for patients.

The Foley Cancer Center pharmacist is working with nurses to assure patients are properly educated on how to best take their oral chemotherapy and how to minimize side effects. The pharmacist will contact the patient either in person or by phone to review the patient’s understanding of their medication. The pharmacist reviews the patient’s medication list with the patient, screening for potential drug/drug interactions or drug/food interactions. The pharmacist speaks with the patient about the importance of adhering to their medication regimen and working with the patient to devise methods to determine the best time of the day to take the medication, advising the use of calendars or notebooks to track their medication use. The pharmacist follows up with the patient via telephone to assess side-effects, reinforce education, and answer questions.

Another challenge with oral chemotherapy is getting insurance coverage for medications. The actual time from prescription writing to delivery of the medication to the patient can vary from two days to three weeks.

Prior authorization is often required for most oral chemotherapy. As co-payments are unaffordable for many, additional time is often necessary to help patients obtain grants from co-payment assistance organizations or financial assistance from drug manufacturers. The pharmacist helps with this process and works to find programs that best suit the needs of the patient. The number of patients receiving oral chemotherapy is continually growing, with well over 30 patients currently on oral chemotherapy.

Foley Cancer Center pharmacists and technicians continue to work with providers and nurses to ensure safe and effective IV chemotherapy treatments to all patients treated at the Foley Cancer Center.

### Cancer Incidence: Newly Diagnosed Cases Per Year

The rates for the five most commonly diagnosed cancers in Rutland County are similar to the Vermont rates

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>Rutland</th>
<th>Vermont</th>
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<tr>
<td>Males*</td>
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<td></td>
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<tr>
<td>All sites</td>
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<td>533.2</td>
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<tr>
<td>Prostate</td>
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<tr>
<td>Lung &amp; Bronchus</td>
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<td>Bladder</td>
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<td>40.1</td>
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<tr>
<td>Melanoma of the skin</td>
<td>31.8</td>
<td>35.6</td>
</tr>
</tbody>
</table>

| Females*                         |         |         |
| All sites                        | 440.8   | 442.7   |
| Breast                           | 115.8   | 129.2   |
| Lung & Bronchus                  | 75.8    | 64.3    |
| Colon & Rectum                   | 46.6    | 36.1    |
| Uterus                           | 29.6    | 30.9    |
| Melanoma of the skin             | 20.5    | 23.9    |

*Rutland County Cancer Fact Sheet-published February 2015 by the Vermont Department of Health

### Cancer in Vermont by the Numbers

Cancer survivors in Vermont 38,000

New diagnosed cases yearly 3,600

Cancer deaths yearly 1,300
Accredited since 1984

Accredited Cancer Program Performance Report
for Rutland Regional Medical Center
Rutland, VT
Facility Identification Number 6130210

Accreditation Award
3-Year Accreditation
Survey Performed 9/20/2013

Surveyed by Edward Wilton Forbes, MD FACS
Next Survey Date: October 2016
Total number of standards rated – Compliant 27
Total number of standards rated – Non-Compliant 0
Total number of standards rated – Not applicable 1
Total number of standards rated – Commendation 6
2014 Cancer Program Committee Members

J.C. Biebuyck, MD
MaryLou Bolt
Maureen Chamberlain, MS, RHIA
Heather Ciccarelli, ACS
Mary L. Conrad, RN
Clare Coppock, RPH
David Cranmer – VTAAC
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Teresa Rosetti, PSY-D
Bridget Tarbell, CTR
JoAnna Wawrzycki, MD
Howard Weaver, MD
Eva Zivitz, CHPN

Our mission is to improve the outcomes of our patients with cancer, ease their pain and suffering, help patients and families live a better quality of life despite these challenges, and provide a compassionate, understanding and safe environment.