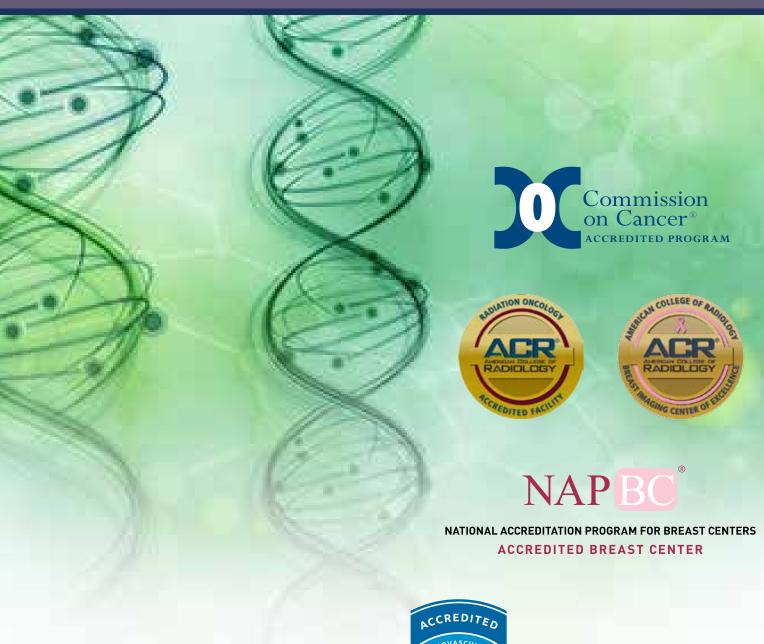


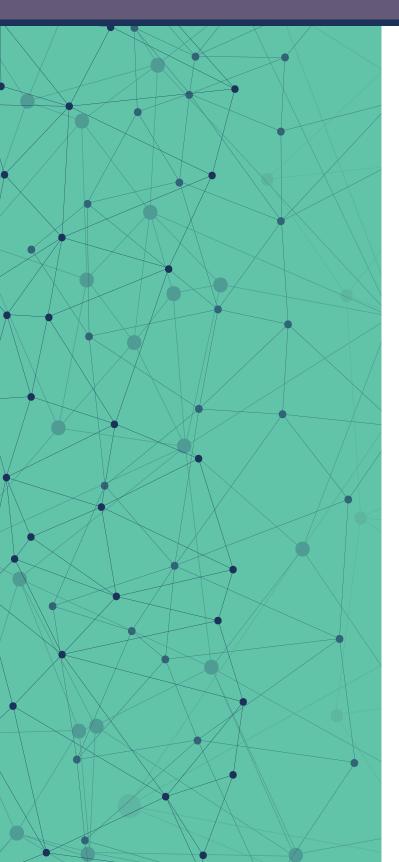
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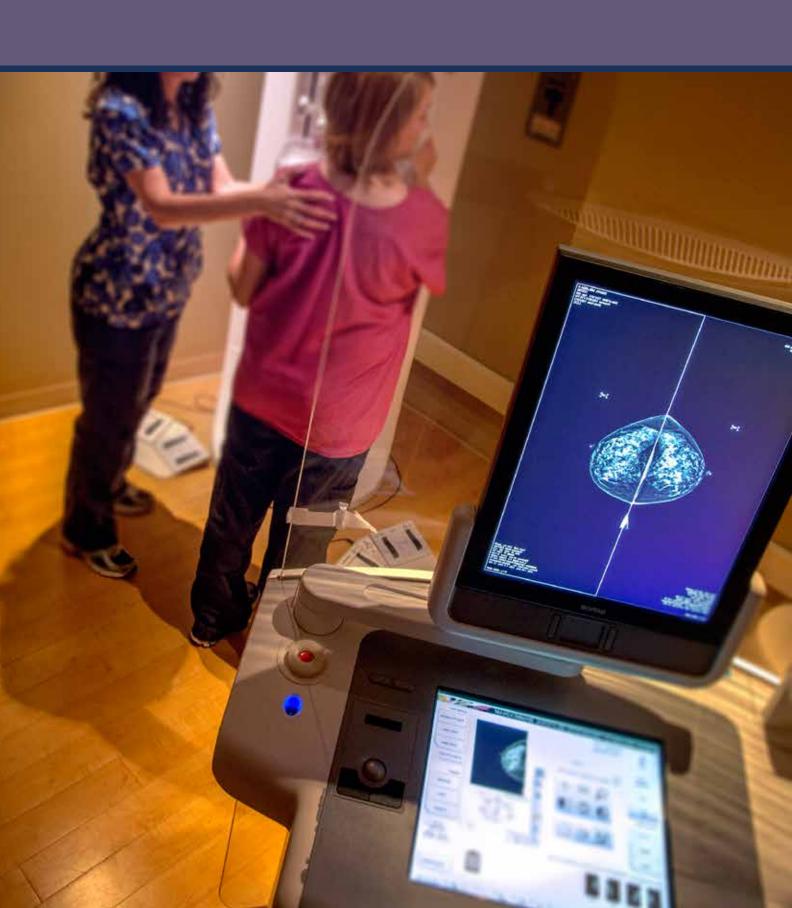
John J. Montville, MBA, FACHE, FACMPE, CAAMA Director, Harrington Cancer Center, A Department of BSA Health Systen

The Cancer Program of BSA Health System offers a comprehensive, quality cancer program and related services to a wide geographic region and it is my pleasure to introduce you to the 2015 BSA Annual Cancer Report. The Program has a long history of its commitment to oncology patients and providing the highest quality cancer care in the region and this is proven by its accreditation by the American College of Surgeons Commission

on Cancer since 1973. During the most recent ACS CoC Survey, BSA was awarded reaccreditation as a Cancer Program for full compliance of all cancer program standards, and a Silver Level Award for Commendation Status excellence in five out of the seven Commendation Standards. The centerpiece of the program is the Harrington Cancer Center, which has a long and prestigious history as a full service community cancer center serving the Panhandle region of Texas and beyond, into both Oklahoma and New Mexico. Harrington Cancer Center provides world class cancer care within a community setting with service to all, quality cancer care services - treatment and ancillary supportive care, superior oncology providers, state of the art equipment, access to a wide range clinical trials and research, nurse navigation services, and community screening and education initiatives. This is further recognized by its certification by the Quality Oncology Practice Initiative. The Harrington Breast Center provides a full spectrum of breast care services and is accredited as a Comprehensive Breast Program by the National Accreditation Program for Breast Centers by American College of Radiology as a Breast Imaging Center of Excellence. This program, dedicated to screening and prevention, includes in-house digital mammography, mobile mammography bringing this service to the wide geographic region we serve - and the only dedicated Breast MRI unit in the region.

And, building upon all of that history in the fight against cancer, plans have begun for the upcoming expansion of Harrington Cancer Center to a new, modern building to house all of the tools, people, and programs needed to provide such superior and extensive oncology services. This will be paired with many new advancements in cancer education, screening, clinical care, and other services that will continue to make Harrington Cancer Center the comprehensive and superior community cancer center it is.

All of this will continue to be driven by the true passion and commitment in providing care to our oncology patients and fighting cancer from every angle.





Brian Pruitt, M.D., FACP Medical Oncology, Specializing in Breast Cancer

The Cancer Care Committee and the entire Cancer Care Program recognizes that the strength and successes of our program are directly related to a complete focus on the needs of our oncology community. Although we provide service to a challenging market complicated by a wide geographic area, a high indigent patient population, and many language and cultural barriers, we have

been a successful cancer program because we have never lost sight of our mission and focus on providing what is needed by the communities we serve. While we have a superior oncology treatment program that provides care to patients, we have never rested with just that as our goal. We have also strived to reach all in the region we serve with strong screening efforts, with a focus this year on:

- Low Dose CT Scanning for Lung Cancer: This service is now available to patients meeting specific health criteria and covered by many insurance plans, including Medicare. This screening follows national guidelines and may allow us to catch lung cancer earlier when it is more treatable.
- Breast Cancer Screening: Our superior Harrington Breast Center continues its focus on reaching as many women as possible with life-saving mammography screening, including outreach mobile mammography screening, utilizing a mobile coach that reaches out to distant geographic areas where women might not otherwise receive this important service. We have also begun preparations for the provision of Tomosynthesis – a new 3D form of breast screening that can reduce call backs for non-cancer findings and allow for better finding of cancers. Following a recommendation from the Cancer Care Committee, BSA's Harrington Breast Center has expanded its High Risk Breast Program. The program now screens all in-house mammography patients for genetic and lifestyle risk. High-risk patients are then referred to professionals at BSA's Harrington Cancer Center.

BSA's Harrington Cancer Center (HCC) is also NAPBC accredited, a certification specifically related to breast cancer diagnosis and treatment. The Center provides high quality diagnostic evaluations, which include diagnostic mammography, sonography, a dedicated breast MRI, and image guided biopsies

by highly skilled clinical breast radiologists. BSA's Harrington Cancer Center provides a weekly Multidisciplinary Breast Cancer Clinic, where each new patient is evaluated by a medical oncologist, surgeon, and radiation oncologist in the same clinic experience. Patients are also seen by a lymphedema therapist in the Multidisciplinary Clinic, and when appropriate, a clinical research nurse. New patients are also fully discussed in a weekly Multidisciplinary Breast Cancer Conference, where breast radiologists and pathologists contribute to the treatment planning. This year, BSA's Harrington Cancer Center has also collaborated with the City of Hope's Clinical Cancer Genetics Community Research Network (CCGCRN), in order to provide cancer genetics services to our patients.

We continue to meet the cancer educational needs of the areas we serve. This year, we participated in more than thirty-five educational and screening events. We reached out to regional government offices, area employers, and the general public to educate on overall cancer education, screening, and major pushes on our focus on preventative care and use of our Tobacco Dependence Center providing smoking cessation services by a Texas State Smoking Cessation certified RN. Another major focus of education this year was Colorectal Health, with a strong focus on patients underserved by this important screening tool, minorities and women – the focus of this year's Annual Women's Wellness event.

We continue to provide our patients with access to Clinical Trials and Research, achieving center record number of accruals—161 so far this year. Our cancer program understands that access to clinical trials for our patients is of upmost importance given the large geographic distances they would need to travel for such access if we did not offer it. This program is an area of excellence for our cancer program.

We have also taken major steps this year in the provision of patient Survivorship Services. We have partnered with the Harrington Cancer and Health Foundation in the effort to reach all patients as they make the transition between cancer care and survivorship. To meet accreditation standards, we have created a strong system of ensuring that patients receive a Patient Clinical Care Plan at the completion of their treatment. But, in working with HCHF, we are attempting to offer much more than the minimum. We are ensuring that all patients receiving their care plans have the opportunity to ask questions and get answers - both from the RN and, as requested, from their Provider. We are also working in partnership to ensure that we are creating activities and events for survivors that will assist them in bridging the gap between cancer treatment and survivorship by providing health and wellness programs which are free of charge to all cancer patients in the region. These services include exercise programs, healthy living education, and life and work courses – all to improve the lives of patients and their loved ones after cancer treatment.

The Cancer Care Committee is a multidisciplinary team of physicians and healthcare professionals from various medical specialties including Surgery, Oncology, Radiology, Radiation Oncology, and Pathology. Non-Physician representatives include Cancer Registry, Quality Improvement, Nursing, Case Management, Inpatient Therapy Services, Lymphedema & Outpatient Therapy Services, Pharmacy, Clinical Research, Harrington Cancer Center, Harrington Breast Center, Psychosocial Services, Clinical Education, Hospice/Homecare, Survivorship Care Services, Nutrition Services, and the American Cancer Society.

Brian Pruitt, M. D., FACS Medical Oncology, Specializing in Breast Cancer, Cancer Care Committee Chair & Cancer Registry Quality Coordinator

Shane Holloway, M. D., FACS, General Surgery, Surgical Oncology, Physician Liaison, Cancer Conference Coordinator

Jenks Currie, M.D., Clinical Breast Radiology

Gary Aragon, M.D., Clinical Breast Radiology

Anita Ravipati, M. D., Medical Oncology & Hematology, Specializing in Breast, Gastrointestinal Solid Tumors, Benign & Malignant Hematology

Sue Nadesan, M.D., Medical Oncology, Geriatrics, Geriatric Oncology and Hematology

Robert Todd, M. D., Pathology

Jaime Zusman, M. D., Radiation Oncology, Specializing in Breast, Brain, Lung, Head & Neck Cancers, Pediatrics & Stereotactic Radiosurgery

**Daniel Arsenault, M.D.**, Radiation Oncology, Specializing in Prostate, Breast, Lung, Stereotactic Radiosurgery

**Belinda Gibson, MAM, BSN, RN**, Vice President Patient Services, *Cancer Program Administrator* 

John Montville, MBA, FACHE, FACMPE, CAAMA Director, Harrington Cancer Center, A Department of BSA

Meagan Crawford, RHIA, Manager Goldston Cancer Registry

Diane Maiwald, RN, CPHQ, Director of Quality Improvement, Infection Control

Genia James, RN, CPHQ, Manager Quality Improvement

Annabel K. Hromas, BS, Quality Improvement Project Specialist, Quality Improvement Coordinator

**Brant Capps, PT, DPT, MS,** Director Orthopedics, Neuro/Oncology, and Rehab

Teri Skelton, RN, Director of Pediatrics/PICU

Jennifer King, BSN, RN, CCM, Director Case Management

Carolyn Veteto, RN, OCN, Clinical Educator

Catrina Melton, RN, Clinical Educator PEDI/PICU

Darci Coulson, RPH, Pharmacy

Shelly Black, COTA, CLT, Outpatient Therapy Services

Alana Link, NP, Palliative Care Program

Gloria Mares, CTR, Goldston Cancer Registry

Mia Hunter, RN, BSN, HCC Nurse Manager

Tena Awerkamp, Harrington Breast Center Manager

Aneta Younger, BS, RT, CMD, Manager Radiation Services

Gina Cravey, BSN, RN, CHRC, CCRC, Harrington Cancer Center Clinical Research, Clinical Research Coordinator

**Ryan Parnell,** Harrington Cancer and Health Foundation, Director of Operations and Special Programs

Whitney Warminski, RD, Harrington Cancer Center Nutrition, Harrington Cancer and Health Foundation

Stan McKeever, MSW, Harrington Cancer Center Social Services, Psychosocial Services Coordinator

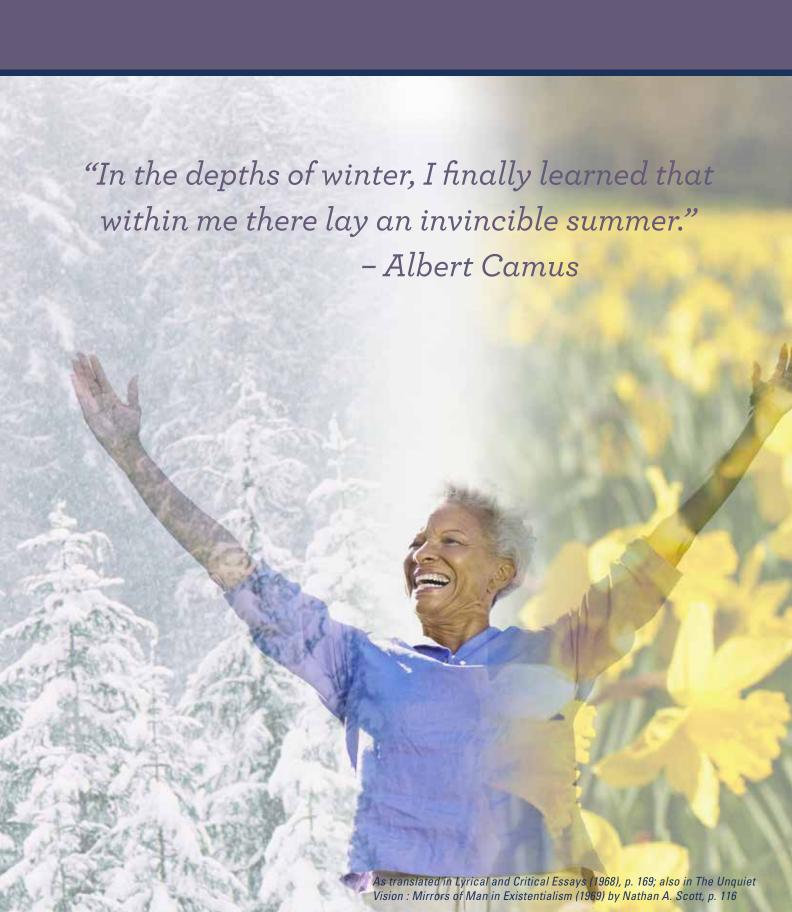
Kim Hazelbaker- Harrington Cancer Center Lab Manager

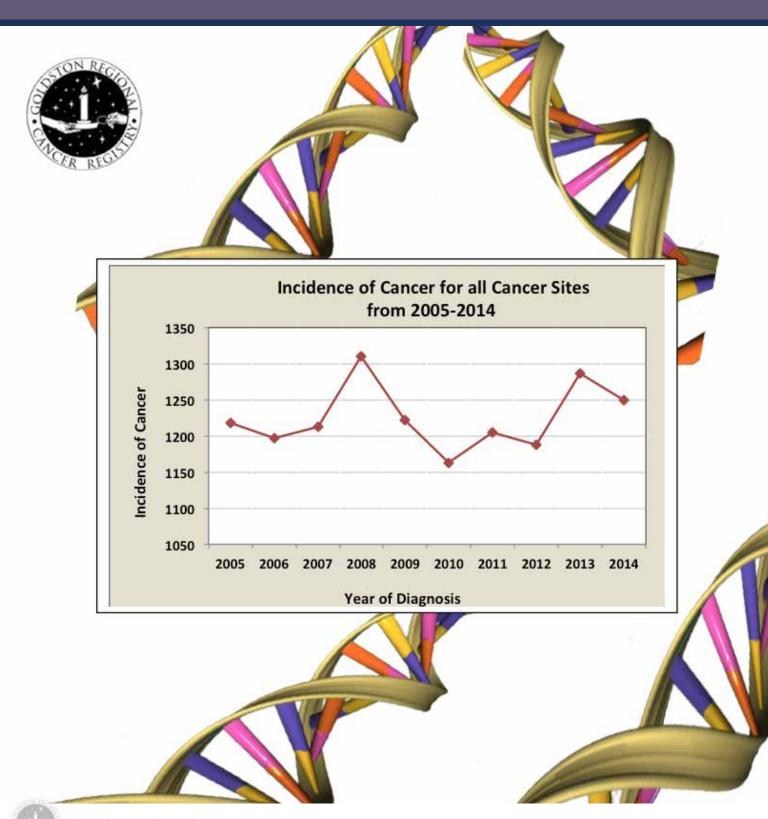
Natalie Henning , LPC-S , Supportive Care Counselor, Community Outreach Coordinator

Bobbie Perrin, RN, OCN, Patient Navigation

**Sharri Miller, RN** – Patient Education, Tobacco Cessation, Patient Navigation

Melissa Carlton, American Cancer Society

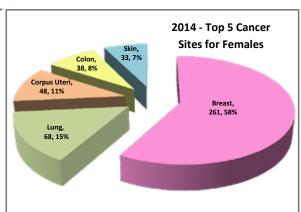


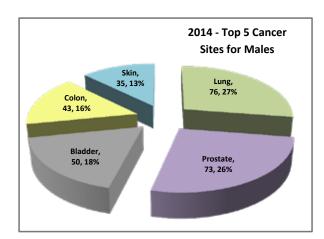


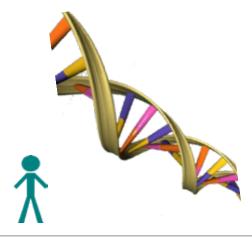
| PRIMARY SITE   NUMBER   A   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
|---|---------------------|--------|-----------|-----|-----|------------|-----|-----|-----|-----|-----|-----|--|
| ALL SITES 1272 1257 5572 710 111 388 1956 201 1653 63 135 CARL CORTY  | PRIMARY SITE        |        | CLASS SEX |     |     | AJCC STAGE |     |     |     |     |     |     |  |
| DAMAC CANTY   |                     | NUMBER | Α         | M   | F   | 0          | 1   | II  | III | IV  | UNK | N/A |  |
| DP  | ALL SITES           | 1257   | 1257      | 547 | 710 | 111        | 388 | 196 | 201 | 163 | 63  | 135 |  |
| TONGUE  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| DROPHAPNIX   2   2   1   1   0   0   0   1   1   0   0   0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
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| DIGESTIVE SYSTEM  209  209  118  91  7  41  46  59  40  11  5  ESOPHAGUS  9  9  5  4  0  11  2  2  2  2  0  COLOM  81  81  81  81  83  824  14  33  31  14  21  28  11  0  0  0  0  0  0  0  0  0  0  0  0  |                     |        |           |     |     | _          |     |     |     |     |     | -   |  |
| SEOPHAGUS   | OTHER               | 16     | 16        | 11  | 5   | U          | 3   | 3   | 4   | 4   | 2   | U   |  |
| STOMACCH  | DIGESTIVE SYSTEM    | 209    | 209       | 118 | 91  | 7          | 41  | 46  | 59  | 40  | 11  | 5   |  |
| COLON   | ESOPHAGUS           | 9      | 9         | 5   | 4   | 0          | 1   | 2   | 2   | 2   | 2   | 0   |  |
| RECTUM  38  | STOMACH             | 15     | 15        | 10  | 5   | _          | 3   |     |     | 2   |     | -   |  |
| ANUSAMAL CANAL  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| LUVER   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| PANCREAS   30   30   14   16   0   6   6   6   2   15   1   0   0   0   0   0   2   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| OTHER   |                     |        |           |     | _   | _          |     |     |     |     |     |     |  |
| RESPIRATORY SYSTEM  162  162  90  72  4  39  19  30  63  7  0  NASAL/SINUS  1  14  14  11  13  2  3  2  1  6  0  0  0  0  0  0  1  6  0  1  1  1  1  0  1  1  1  1  0  1  1   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
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| LARYNX 14 14 14 11 3 2 2 3 2 1 6 0 0 0 0 THER 144 144 76 68   0THER 3 3 3 2 1 0 0 2 0 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 0 0 1 1 1 1 1 0 0 1 1 1 1 1 1 0 0 1 1 1 1 1 0 0 1 1 1 1 1 0 0 1 1 0 0 1 1 1 1 1 0 1   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| LUNG/BRONCHUS  144  144  76  68  2  1  0  2  0  0  0  0  1  1  0  1  1  1  1  1  1  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| OTHER   3   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| BLOOD & BONE MARROW   42   42   19   23   0   1   0   1   0   1   39  | ,                   |        |           |     |     |            |     |     |     |     |     | -   |  |
| LEUKMIA  MULTIPLE MYELOMA  16  16  16  10  6  0  0  0  0  0  0  0  0  16  THER  7  7  3  4  0  0  0  0  0  0  0  0  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  1  0  0  |                     | _      |           | _   | _   |            | _   | •   | -   | _   | _   |     |  |
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| MELANOMA OTHER  2   | CONNECT/SOFT TISSUE | 8      | 8         | 1   | 7   | 0          | 3   | 0   | 3   | 2   | 0   | 0   |  |
| MELANOMA OTHER  2   | SKIN                | 68     | 68        | 35  | 33  | 19         | 32  | 10  | 3   | 0   | 4   | 0   |  |
| OTHER  2 2 1 1 1 0 1 1 0 0 0 0 0 0  BREAST  265 265 4 261 46 128 52 25 4 9 1  FEMALE GENITAL  85 85 0 85 0 43 2 22 12 4 2  CERVIX UTERI 15 15 0 15 0 5 2 5 2 0 1  CORPUS UTERI 48 48 48 0 48 0 31 0 9 5 3 0  OVARY  20 20 0 0 20 0 7 0 8 5 0 0  OTHER  1 1 0 1 0 0 0 0 0 0 0 1  OTHER  1 1 1 0 1 0 0 0 0 0 0 0 0 0  TOTHER  1 1 1 0 1 0 0 0 0 0 0 0 0 0 0  TESTIS  10 10 10 10 10 0 0 7 1 1 1 8 8 4 0 0  ULINARY SYSTEM  113 113 86 27 35 40 13 11 10 3 1  BRAIN (BENIGN)  BRAIN (BENIGN)  8 8 8 4 4 4 0 0 0 0 0 0 0 0 0 0 0  BRAIN & CNS  45 45 18 27 0 0 0 0 0 0 0 0 0 0 0  BRAIN & CNS  46 48 0 31 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   |                     |        |           |     |     | _          |     |     |     |     |     | -   |  |
| FEMALE GENITAL  85  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| FEMALE GENITAL  | DDEACT              | 265    | 265       | 4   | 261 | 16         | 120 | E2  | 25  | 1   | 0   | 1   |  |
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| CORPUS UTERI  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
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| VULVA         1         1         1         0         1         0         0         0         0         0         1         0           OTHER         1         1         0         1         0         0         0         0         0         1         0           MALE GENITAL         86         86         86         86         86         86         86         0         0         15         41         18         8         4         0           PROSTATE         73         73         73         73         0         0         7         39         17         8         2         0           TESTIS         10         10         10         0         0         7         1         1         0         1         0           OTHER         3         3         3         0         0         1         1         0         0         1         0           BLADDER         59         59         50         9         34         14         7         1         1         2         0           KIDNEY/RENAL         52         52         34         18         1 <td></td> |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| OTHER 1 1 1 0 1 0 0 0 0 0 0 0 0 0 1  MALE GENITAL 86 86 86 86 0 0 0 15 41 18 8 4 0 0 15 17 8 2 0 0 15 17 8 2 0 0 15 17 8 17 18 18 19 17 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19   |                     |        |           |     | -   | _          |     |     |     |     |     |     |  |
| MALE GENITAL  86  86  86  86  0  0  15  41  18  8  4  0  PROSTATE  73  73  73  73  0  0  74  75  75  75  75  75  75  75  75  75   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
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| TESTIS OTHER  10 10 10 10 00 00 00 11 11 00 00 11 10 00 0   | MALE GENITAL        | 86     | 86        | 86  | 0   | 0          | 15  | 41  | 18  | 8   | 4   | 0   |  |
| OTHER 3 3 3 3 0 0 0 1 1 0 0 0 1 0 0 1 0 0 1 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0   | PROSTATE            | 73     | 73        | 73  | 0   | 0          | 7   | 39  | 17  | 8   | 2   | 0   |  |
| URINARY SYSTEM  113  113  86  27  35  40  13  11  10  3  1  BLADDER  59  59  59  50  9  34  14  7  1  1  1  2  0  KIDNEY/RENAL  52  52  34  18  1  25  6  9  9  1  1  1  0THER  2  2  2  2  0  0  1  0  1  0  0  0  0  0  0  0  0   | TESTIS              | 10     | 10        | 10  | 0   | 0          | 7   | 1   | 1   | 0   | 1   | 0   |  |
| BLADDER 59 59 50 9 34 14 7 1 1 2 0 KIDNEY/RENAL 52 52 34 18 1 25 6 9 9 9 1 1 1 OTHER 2 2 2 2 0 0 0 1 0 1 0 1 0 0 0 0 0 0 0 0  | OTHER               | 3      | 3         | 3   | 0   | 0          | 1   | 1   | 0   | 0   | 1   | 0   |  |
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| KIDNEY/RENAL OTHER  52 52 52 34 18 1 25 6 9 9 9 1 1 1 OTHER  2 2 2 0 0 0 1 0 1 0 1 0 0 0 0 0 0 0 0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| OTHER 2 2 2 2 0 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| BRAIN & CNS         45         45         18         27         0         0         0         0         0         45           BRAIN (BENIGN)         8         8         4         4         0         14         14         14         6         8         0         0         0         0         0         <  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| BRAIN (BENIGN)         8         8         4         4         0         12         0   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| BRAIN (MALIGNANT) 12 12 7 5 0 0 0 0 0 0 0 12 OTHER 25 25 7 18 0 0 0 0 0 0 0 25  ENDOCRINE 61 61 21 40 0 30 2 11 3 1 14 THYROID 47 47 15 32 0 30 2 11 3 1 0 OTHER 14 14 6 8 0 0 0 0 0 0 0 14  LYMPHATIC SYSTEM 48 48 29 19 0 11 5 8 11 13 0 HODGKIN'S DISEASE 5 5 3 2 0 1 2 2 0 0 0 0 NON-HODGKIN'S 43 43 43 26 17 0 10 3 6 11 13 0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
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| ENDOCRINE 61 61 21 40 0 30 2 11 3 1 14 THYROID 47 47 15 32 0 30 2 11 3 1 0 OTHER 14 14 6 8 0 0 0 0 0 0 0 14  LYMPHATIC SYSTEM 48 48 29 19 0 11 5 8 11 13 0 HODGKIN'S DISEASE 5 5 5 3 2 0 1 2 2 0 0 0 NON-HODGKIN'S 43 43 26 17 0 10 3 6 11 13 0   |                     |        |           |     |     | _          |     |     |     |     |     |     |  |
| THYROID 47 47 15 32 0 30 2 11 3 1 0 OTHER 14 14 6 8 0 0 0 0 0 0 0 14  LYMPHATIC SYSTEM 48 48 29 19 0 11 5 8 11 13 0 HODGKIN'S DISEASE 5 5 3 2 0 1 2 2 0 0 0 NON-HODGKIN'S 43 43 26 17 0 10 3 6 11 13 0  | OTHER               | 25     | 25        | 7   | 18  | 0          | 0   | 0   | 0   | 0   | 0   | 25  |  |
| THYROID 47 47 15 32 0 30 2 11 3 1 0 OTHER 14 14 6 8 0 0 0 0 0 0 0 14  LYMPHATIC SYSTEM 48 48 29 19 0 11 5 8 11 13 0 HODGKIN'S DISEASE 5 5 3 2 0 1 2 2 0 0 0 NON-HODGKIN'S 43 43 26 17 0 10 3 6 11 13 0  | ENDOCRINE           | 61     | 61        | 21  | 40  | 0          | 30  | 2   | 11  | 3   | 1   | 14  |  |
| OTHER 14 14 6 8 0 0 0 0 0 0 0 14  LYMPHATIC SYSTEM 48 48 29 19 0 11 5 8 11 13 0  HODGKIN'S DISEASE 5 5 3 2 0 1 2 2 0 0 0  NON-HODGKIN'S 43 43 26 17 0 10 3 6 11 13 0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| LYMPHATIC SYSTEM         48         48         29         19         0         11         5         8         11         13         0           HODGKIN'S DISEASE NON-HODGKIN'S         5         5         3         2         0         1         2         2         0         0         0           NON-HODGKIN'S         43         43         26         17         0         10         3         6         11         13         0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| HODGKIN'S DISEASE         5         5         3         2         0         1         2         2         0         0         0           NON-HODGKIN'S         43         43         26         17         0         10         3         6         11         13         0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
| NON-HODGKIN'S 43 43 26 17 0 10 3 6 11 13 0  |                     |        |           |     |     |            |     |     |     |     |     |     |  |
|   |                     |        |           |     |     |            |     |     |     |     |     |     |  |
|   | NON-HODGKIN'S       | 43     | 43        | 26  | 17  | 0          | 10  | 3   | 6   | 11  | 13  | 0   |  |
| UNKNOWN PRIMARY 24 24 12 12 0 0 0 0 0 0 24  | UNKNOWN PRIMARY     | 24     | 24        | 12  | 12  | 0          | 0   | 0   | 0   | 0   | 0   | 24  |  |
| OTHER/ILL-DEFINED 12 12 5 7 0 1 1 4 2 0 4   | OTHER/ILL-DEFINED   | 12     | 12        | 5   | 7   | 0          | 1   | 1   | 4   | 2   | 0   | 4   |  |

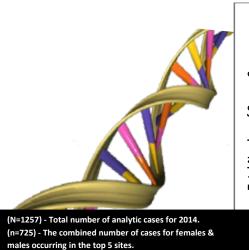


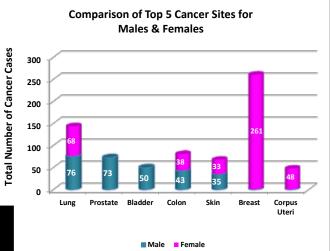












This means 58% of the total number of analytic cases in 2014 occurred in the top 5 sites for females and males.

HARRINGTON BREAST CENTER is an outpatient facility dedicated to catching cancer early, when it is most treatable. The Center focuses on Breast Health Screening, Diagnostic, and Education Services, along with offering Bone Health services. It serves the patients that it cares for in a spa like atmosphere; in an effort to alleviate anxiety and increase compliance with important breast screening. The Center reaches out to the wide geographic region it serves to educate and express the importance of early detection.

Harrington Breast Center has a group of expert breast radiologists providing care. They are onsite to provide patient care, education, and diagnostic evaluation services to patients with breast health issues.

Harrington Breast Center provides:

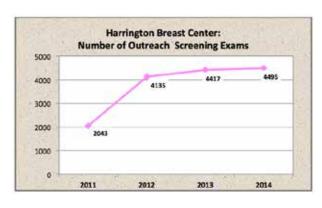
- Digital Mammography
- Breast Ultrasound Services
- Ultrasound Guided Breast Biopsy
- Stereotactic Breast Biopsy
- Aurora Dedicated Breast MRI the only one in the Panhandle region
- MRI Guided Breast Biopsy
- High Risk Clinic focusing on patients and family members at high genetic risk for breast cancer
- Bone Density
- Convenient Saturday screening schedules

As part of its commitment to reaching the region with potentially life-saving breast cancer detection, the Harrington Breast Center has the only mobile digital screening mammography unit in the Texas Panhandle region. This coach serves surrounding communities along with the patients in the Oklahoma Panhandle and Eastern New Mexico areas.

Harrington Breast Center has received a full three year accreditation for its Comprehensive Breast Program by the National Accreditation Program for Breast Centers. This accreditation is granted only to those centers that have committed to provide the best in breast cancer diagnosis and treatment and can undergo and pass rigorous evaluation and review of its performance and compliance with standards. The Center has also been awarded the American College of Radiology's Breast Imaging Center of Excellence for Mammography, Stereotactic Breast Biopsy, Breast Ultrasound, and Ultrasound Breast Biopsy; this designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the American College of Radiology's voluntary breast-imaging accreditation programs and modules.



#### **HBC CLINICAL BREAST RADIOLOGISTS**





T. Jenks Currie, M.D.



Branch Archer, M.D.



Gary Aragon, M.D.



Crandon Clark, M.D.



Raj Hashmi, M.D.



Mike Nguyen, M.D.

#### RECOMMENDATIONS FOR SCREENING

Low dose CT screening is recommended for patients who meet the following criteria

- 1. 55-74 years old?
- 2. Current smoker or former smoker who quit within the past 15 years?
- 3. Have 30 or more pack years of smoking?

Your pack years is the average number of cigarette packs you have smoked per day multiplied by the number of years you have smoked. Example: 1.5 packs per day for 20 years would equal a 30 pack year (1.5 packs x 20 years)

#### **EARLY DETECTION**

Detecting lung cancer early and having it surgically removed has shown to improve five year survival to greater than 70%. Using Cat Scan (CT) lung screening in high risk patients has shown to decrease cancer death by 20% according to the recently published National Lung Screening Trial.

#### LOW DOSE, NO CONTRAST

- Lung cancer screening is performed utilizing a low-dose technique which is approximately 1/6 of the radiation of conventional CT of the chest.
- Screening CT is performed without intravenous contrast (no IV is required).

#### LOW DOSE CT CANCER SCREENING

Endorsed Nationally by:

- National Comprehensive Cancer Network
- American Cancer Society
- American Lung Association
- American College of Chest Physicians
- American Society of Clinical Oncology
- American Thoracic Society
- United States Preventative Task Force

#### AFTER THE LUNG CANCER SCREENING...

- The patient's doctor will receive the results after it is read by a radiologist
- The patient will receive a call from a nurse at Harrington Cancer Center who will discuss the results
- Based on the results of screening, one of the following may be needed:
  - Follow-up CT in 3-6 months or in 12 months
  - Further follow-up possibly including tests or specialist visits



Should the screening results show something that requires further follow-up, one of our Nurse Navigators will assist in getting a diagnostic work-up and if necessary, help navigate through treatment options.



## **LUNG CANCER**

Low Dose Cat Scan Cancer Screening

## HARRINGTON Cancer Center A Department of BSA



#### TOBACCO DEPENDENCE CENTER

The Tobacco Dependence Center at the Harrington Cancer Center offers cessation counseling and provides education on secondhand smoke and nicotine addiction. Every year, approximately 450,000 people in the United States die of tobacco related diseases and cancers. The Cancer Center is dedicated to providing health education on the devastating effects of tobacco use and helping tobacco users quit. The Tobacco Dependence Center provides a comprehensive tobacco cessation program ranging from counseling and education to support groups.

Harrington Cancer Center is proud to offer the following programs:

**QUITTING CLASS** – an upbeat, motivational, group setting to help those who are ready to be rid of nicotine addiction. Upon completion of this course, an individual will be motivated and ready to use the tools to remain nicotine-free for a lifetime. This class addresses the use of cigarettes, dip and chewing tobacco.

**QUIT CLUB** — an ex-tobacco user's support group. Individuals who have had experience with nicotine addiction are encouraged to share their success stories and tips to help others.

**INDIVIDUAL COUNSELING** – available by appointment.

**PROFESSIONAL TRAINING** – training on patient tobacco cessation counseling for:

- Hospital employees
- Physicians and staff
- · Dentists and staff
- Pharmacists and staff

#### **WORKSITE PROGRAMS** – assist your place of business by:

- Providing tobacco/cancer information at company health fairs
- Providing an onsite cessation class for employees
- Assisting in making the transition to a smoke-free environment

#### **PROFESSIONAL SPEAKING** – on topics such as:

- Tobacco Cessation
- Tobacco Facts Uncensored
- Effects of Tobacco by Gender
- Effects of Tobacco Advertising on Youth
- · Secondhand Smoke and Exposure

Quitting tobacco is the most important thing you can do to improve your health. Give yourself a wonderful gift by becoming tobacco free today!



This year Harrington Cancer Center joined the City of Hope's Clinical Cancer Genetics Community Research Network (CCGCRN) to collaborate on the hereditary cancer registry Protocol titled "Molecular Genetic Studies of Cancer Patients and Their Relatives." The CCGCRN is a large research group of over 40 collaborating sites in the United States, Mexico, and South America. The registry serves as a bio specimen repository with personal, family medical history, psycho-social and clinical follow up data, 4-generation pedigrees, and allows for longitudinal clinical data and specimens to be collected from a broad population base.

Some aims/objectives of the City of Hope Registry are:

- Identify rare cancer patients and families in whom the pattern of disease suggests a genetic susceptibility to cancer or other etiology suggestive of a carcinogenic exposure and to characterize the underlying predisposition.
- Determine the contribution of heredity (genotype) to clinical outcome (phenotype and prognosis and quality of life) in subgroups of cancer patients with and without clinical high-risk features.
- Research protocols with more specific objectives and experimental designs will be written and submitted for future studies, which in all likelihood will be based on both material stored under this protocol and on additional material gathered prospectively.

Harrington Cancer Center is also enrolling patients in the SWOG 1204 study which is a "A Sero-Epidemiologic Survey and Cost-Effectiveness Study of Screening for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) Among Newly Diagnosed Cancer Patients."

Some of the 1204 studies' objectives are to:

- Estimate the prevalence of these viruses in newly diagnosed cancer patients.
- Evaluate known sociodemographic, clinical, and behavioral factors that are significantly associated with previously undiagnosed HIV, HBV, and/or HCV infection in a population of people with newly diagnosed cancer.
- Evaluate cancer treatment-related adverse events in patients with HIV, HBC, and HCV infection.

Accruals for these new studies have been robust.

### HARRINGTON Cancer Center

A Department of BSA

presents

LET'S GET TOGETHER let's talk: let's understand

WOMEN'S WELLNESS EVENT 2015
COLORECTAL CANCER AWARENESS

Funded by:



HARRINGTON
CANCER and HEALTH
FOUNDATION

SATURDAY, NOVEMBER 14, 2015

10:30 A.M. TO 12:30 P.M.

AMARILLO BOTANICAL GARDENS - 1400 STREIT DR., AMARILLO, TX 79106

There is no cost for this program. Brunch will be served.

Presentations on Women's Colorectal Health by



**Kim Hall Jackson**, Proprietor of KHJ Enterprise, LLC and Cancer Survivor



Subhasis Misra, MD, MS, FACCWS, FACS Associate Professor, Division of Surgical Oncology, Texas Tech Health Sciences Center



The Palliative Care Program is a developing program for BSA, that offers support in goals of care, quality of life and symptom management. Our goal is to help patients and families feel educated about their options and have some comfort in a time of distress. We offer the ability to get advanced directives in place. Our team includes MD, NP, chaplain, and bereavement, along with any other service needed.



## Cancer Survivorship Center

july Events 4514 B Cornell | Amarillo, Texas 75159 Phone 806.331,2400 | Fax 806.331,2401 info/24s All services are FREE to Cancer Survivor Cancer Survivorship HE U When: \$30 - 8:50 pm Where: 24 Hours in the Canyon Cancer Survivorship Center Whet: Walfs Norman' Dealing with your enrollors after treatment. How to sign up Call 908 331 2400 or email infesti24sureterchip.org Center Natalie Henning, LPC-S Now to eign up: List sue 3-31 2403 or email <u>BIRDER-243INTEGER-19.0FG</u>

Whete: 24 Hours in the Camyon Cancer Survivership Center
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How to sign up. Call 806 331-2400 or small info@24surviversity.org Presents -What's "Normal"? Music Therapy Group When: 9 0,010 00 am
When: 9 0,010 00 am
Where 24 Hours in the Carryon Caneer Survivorship Center
Where 22 Hours in the Carryon Caneer Survivorship Center
Where A Hours in the Carryon Caneer Survivorship Center
What A first the Carryon Caneer Survivorship Center
What A first the Carryon Caneer Survivorship Center
Survivorship welcome! How to sign up Call 806 331 2400 or email info@24suv/vorship.org Gentle Yoga When: 5:30 – 6:30 pm
When: 5:40 – 6:30 pm
When: 5:40 – 6:30 pm
When: 5:40 hours in the Canyon Cameer Survivorship Center
When: 5:40 hours in the Canyon Cameer Survivorship Center
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how to sign up: Cat 806-331-2400 or emiss in long Zetsurvivorship.org , 28 ACCESS Presents "Regaining Your Financial Security- Practical Ways to Overcome Post Cancer Financial Burdens" When: 6:00 - 9:00 PM When: 6:100 - 9:00 PM When: 6:111 Business Pauls Dr. Amarillo Texas When: 6:111 Business Pauls Dr. Amarillo Texas When the White Come error and with one pauls. Good and fundament of the Come of the Com **Burn Studio Night** When: 900 AM - 1.00 PM
What: 24 Hours in the Canyon Cancer Survivorship Center
What Our Licensed Cencology Massage Therapist will be available for a
massage. where or anget up: Call or text 805-47-2707 to reserve your spoil

When: 1200-150 pm
Where 2.50 pm; the Caryon Canner Survivorship Center
Wheter 3.00 pm; the Caryon Canner Survivorship Center
Whita: Too, do not have to be an arisist to use art as an expressive outlet. This
group will utilize different typics of art media to explore that which words cannot
express. Oncology Massage ways we unuse different types of set media to explore that which worder expenses.

Whether S.30 - 6:30 PM

Whether S.24 House Survivorshot Center

Whith Cut delition will present till son how to make foods neathful searching states. "Being your tavorite recipe to find ways to modify it to make house the man and the searching states." Being your tavorite recipe to find ways to modify it to make house the man and the searching states. Art Group Pull Moon Hike

Full Moon Hike

### HELPING PATIENTS MAKE THE TRANSITION FROM CANCER TREATMENTS TO WELLNESS

24 HOURS IN THE CANYON SURVIVORSHIP CENTER is committed to providing resources to meet and address the unique needs of cancer survivors.

We focus on our patients' recovery from their treatment and examine how cancer treatment has impacted their life. We offer a wide range of free services that enhance a patient's ability to experience a better quality of life through practices that incorporate physical, emotional and mental well-being.

#### **ASSESSMENT**

- Assessment of physical, social, psychological and spiritual needs
- Patient will be given a treatment summary and a survivorship care plan

#### **HEALTH AND WELLNESS**

- Art Therapy
- Cancer Rehabilitation
- Music Therapy
- Nutrition
- Oncology Massage
- Personal Training
- Smoking Cessation
- Support Groups
- Yoga

#### REFERRALS

Coordination between primary care physicians, specialists and support services.

This is a free resource for cancer survivors and no referral is required. Additional information can be obtained by calling (806) 331–2400.



# BSA

2015 ANNUAL CANCER REPORT

BSA Health System 1600 Wallace Blvd. Amarillo, Texas 79106 (806) 212–2000

