



BSA

2017 ANNUAL CANCER REPORT



MISSION

To provide quality healthcare in Christian love, service and dignity.

VISION

A great place for patients.
A great place to work.
The financial strength to accomplish both.



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS
ACCREDITED BREAST CENTER



2017 Annual Cancer Report

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Message from the Cancer Program Administrator



Kelli Van Wagner, MN, RN, OCN
*BSA Harrington Cancer
Center Director*

As we move into 2018 it is time to reflect on the accomplishments and changes that have taken place at BSA Harrington Cancer Center and Harrington Breast Center this year. We experienced the loss of a beloved medical oncologist, Dr. Sue Nadesan, and we welcomed back Dr. Paul Zorsky who will help us continue Harrington's tradition of providing exceptional cancer care. As the region's only comprehensive cancer center, the BSA Harrington team continues to grow, but we remain focused on our mission of providing quality care in Christian love, service, and dignity.

The implementation of the Oncology Care Model has been highly successful. We have identified and improved processes advancing the overall care of our patients. For example, we are now able to better identify patients who may need a little extra care and refer them to the social services team. Emotional and psychosocial well-being is important to the treatment process. BSA Harrington Cancer program has traditionally been committed to the health of the whole person and, by improved identification of the patients under extreme stress, we are continuing that commitment. By improving the coordination of care, we are able to deliver a higher quality of care at a lower cost to the patient.

The practice of oncology care is an ever-changing science. BSA Harrington Cancer Center and our parent company, Ardent Health Services, are committed to retaining a program with the highest level of care and technology. With this commitment in mind we are moving forward on the planning of the new cancer center, including new technology that will improve treatment and outcomes. Our goal in planning the building is to create a model centered around our patients, empowering them to take an active role in their care, thus improving their overall experience and outcomes.

In 2017, BSA Harrington Cancer Center and BSA Harrington Breast Center worked towards several reaccreditations. We received national accreditation from the Commission on Cancer (CoC) and the National Accreditation Program for Breast Center (NAPBC). Our breast health program continues to be identified by the NAPBC as a Breast Center of Excellence, ensuring that the region has the highest quality of breast care.

As the cancer program grows we continue to add new physicians to our practice. Returning to BSA Harrington Cancer Center to join Dr. Ravipati and Dr. Pruitt is Dr. Paul Zorsky. Dr. Zorsky is board certified in hematology, oncology and internal medicine. Dr. Zorsky treats all cancers but specializes in malignant and non-malignant hematology. Joining his team is Nurse Practitioner Marilyn Miller who has returned to BSA Harrington Cancer Center after working at MD Anderson. Dr. Javed Shinwari is also expected to join our team in the first quarter of 2018. Dr. Shinwari is board certified in hematology and oncology. He practices as a general oncologist, but he specializes in the treatment of lung cancer.

To elevate the care coordination and overall experience for our lung cancer patients we have partnered with Dr. Mark Sigler and Dr. Javier Dieguez from BSA Amarillo Diagnostic Clinic to create a multi-disciplinary lung clinic. Dr. Sigler is board certified in pulmonary and critical care medicine, and Dr. Dieguez is board certified in pulmonary medicine. Both physicians join Dr. Ravipati, Dr. Arsenault and Dr. Zorsky in caring for our patients with lung cancer, with the help of Lung Nurse Navigator, Sharri Miller, RN.

Every improvement that we make is with the people of the Texas Panhandle in mind. We remain committed to providing comprehensive cancer care services for our region. This includes the supportive care and charity care that have been central to our mission for many years. This gives BSA the distinct honor and privilege to provide the only holistic cancer care in the region and the responsibility to respond to the needs of our patients with the highest quality care.

A Message from the Cancer Care Committee Chair



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

Introduction

The BSA Cancer Committee is a multi-disciplinary team of physicians and non-physicians who are committed to the highest quality of comprehensive cancer care in our region. The cancer committee is responsible for overseeing our cancer program and activities throughout the year. CoC accreditation has kept us vigilant in monitoring the effectiveness and safety of each of the program's components. BSA has been CoC accredited since 1973 and underwent reaccreditation in March of this year.

Updates

Our cancer program is now a partner in the CMS Oncology Care Model (OCM), which aims to provide high-quality and coordinated oncology care. Since the implementation of the program in July of 2016, we have made valuable changes to ensure that patient distress (including pain, depression and malnutrition) is quickly identified and addressed by multi-disciplinary providers.

In December 2017, BSA Hospital and the BSA Harrington Cancer Center will join in using EPIC, a highly integrated electronic medical record system. This will provide a stronger capability to integrate care and assure quality across all dimensions of cancer care, outpatient and inpatient.

During this year the BSA Harrington Cancer Center has added a Nurse Practitioner to the oncology clinical practice. We see this as a valuable first step in providing higher quality, more coordinated cancer care throughout the center.

We are happy to share that this past August the National Accreditation Program for Breast Centers (NAPBC) awarded a full three-year accreditation to the BSA Harrington Breast Program. The Breast Program provides the spectrum from high-quality screening/diagnostic services to comprehensive breast cancer management. The program has been accredited by the NAPBC since 2011.

Ongoing Patient-Focused and Public Programs

BSA Harrington Cancer Center uses nurse navigators to help ease the way for patients undergoing treatment. Previously, BSA Harrington Cancer Center had a nurse navigator program for patients diagnosed with breast cancer or head and neck cancer. This year we had the opportunity to expand those services to include patients diagnosed with lung cancer. In 2017, the nurse navigators assisted 211 breast cancer patients, 33 head and neck cancer patients and 58 lung cancer patients. In addition to the outpatient navigation services, the inpatient pediatric department at BSA is happy to announce the addition of a pediatric nurse navigator to their team. Nurse navigation will continue to be an important program for our patients at BSA and BSA Harrington Cancer and Breast Center.

Continuous screening and prevention programs are essential to the community we serve. BSA Harrington Breast Center provides breast cancer screenings in-house as well as out in the community with our mobile mammography coach. For those patients who are at high risk for developing breast cancer, BSA Harrington Breast Center has a unique High-Risk Clinic for breast surveillance, genetic testing and genetic counseling. Additionally, BSA Harrington Cancer Center provides low-dose computed tomography lung cancer screenings for eligible smokers in the local adult population. The pulmonologist and radiation oncologist on the BSA

Cancer Committee who help provide physician leadership for this program. The lung screening program coordinates with our smoking-cessation prevention project led by a tobacco-certified registered nurse who interacts with civic groups and individual smokers.

Supportive care programs are an integral part of how BSA Harrington Cancer Center responds to the individual needs of patient care. BSA Harrington Cancer Center continues to offer free supportive care programs, such as counseling with a licensed professional counselor, nutrition services with a registered dietitian, patient and family support programs, social work services and spiritual care services.

Community Collaboration

BSA Health System and BSA Harrington Cancer Center are proud to partner with community resources. Our cancer survivorship program (including treatment summaries) is provided locally by the "24 hours in the Canyon Cancer Survivorship Center," a not-for-profit organization closely aligned with BSA Harrington Cancer Center. The survivorship center has many free programs for cancer survivors (adult and pediatric), including education about healthy survivorship activities and supervised exercise programs. Another community partner that works closely with the members of the cancer committee is the American Cancer Society (ACS). ACS continues to help the patients in our community with travel, lodging and education materials.

Final Note

The Ardent Health System, BSA Hospital, and the BSA Harrington Cancer Center provide a steady and compassionate healthcare environment for the people of our area who become cancer patients. The BSA Cancer Committee is fortunate to work in this environment and will continue to make strides in providing care to the oncology population in our region.

2017 BSA Cancer Care Committee

The BSA Cancer Care Committee is a multidisciplinary group made up of physicians and other healthcare professionals. The collaborative efforts of this group include implementing cancer program activities which are in compliance with Commission on Cancer Program Standards. Physician members are from diagnostic and treatment specialties which include: Surgery, Oncology, Radiation Oncology, Pathology, and Radiology. Non-Physician members include Cancer Registry, Quality Improvement, Nursing, Case Management, Inpatient Therapy Services, Lymphedema & Outpatient Therapy Services, Pharmacy, Laboratory, Clinical Research, BSA Harrington Cancer Center, BSA Harrington Breast Center, Psychosocial Services, Clinical Education, Palliative Care, Survivorship Care Services, Nutrition Services, Supportive Care, Patient Navigation, and the American Cancer Society.

BSA Cancer Care Committee Physicians

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

Sam Kirkendall, M.D., *General Surgery, Physician Liaison*

Jenks Currie, M.D., *Diagnostic Radiology, Clinical Breast Radiology*

Gary Aragon, M.D., *Diagnostic Radiology, Clinical Breast Radiology*

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

Mark Sigler, M.D., *Internal Medicine, Pulmonary Disease, Critical Care Medicine*

BSA Cancer Care Committee Administrators, Coordinators & Other Committee Members

Lance Gatlin, *BSA Vice President Physician Services, Cancer Program Administrator*

Kelli Van Wagner, MN, RN, OCN, *BSA Harrington Cancer Center Director, Cancer Program Administrator*

Meagan Crawford, MBA, RHIA, CTR, *BSA Harrington Cancer Center Manager Tumor Registry, Cancer Conference Coordinator*

Annabel K. Hromas, BS, *BSA Quality Improvement Project Specialist/Metabolic & Bariatric Surgical Clinical Reviewer, Cancer Care Committee Quality Improvement Coordinator*

Stan McKeever, MSW, *BSA Harrington Cancer Center Manager Social Services, Psychosocial Services Coordinator*

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

Barbara Simms, *BSA Harrington Cancer Center Outreach Coordinator, Community Outreach Coordinator*

Curtis Reneau, *BSA Harrington Cancer Center Oncology Care Model Coordinator*

Diane Maiwald, RN, BSN, CPHQ, *BSA Director of Quality Improvement, Infection Prevention*

Genia James, RN, BSN, CPHQ, *BSA Manager, Quality Improvement*

Kimarie Maddox, RN, *BSA Director Orthopedics, Neuro/Oncology*

Teri Skelton, RN, *BSA Director of Pediatrics/PICU*

Carolyn Veteto, BSN, RN, OCN, SCRNP, *BSA Clinical Educator*

Catrina Melton, BSN, RN, *BSA Clinical Educator PEDI/PICU*

Krissy Thomason, PharmD, *BSA Harrington Cancer Center Pharmacy Manager*

Shelly Black, COTA, CLT, *BSA Outpatient Therapy Services*
 Alana Link, ACHPN, A/GNP-C, *BSA Palliative Care Program*
 Gloria Mares, CTR, *BSA Harrington Cancer Center Tumor Registry*
 Mia Hunter, RN, BSN, *BSA Harrington Cancer Center Nurse Manager*
 Roseann Wells, BSN, RN, *BSA Harrington Breast Center Manager*
 Aneta Younger, BS, RT, CMD, *BSA Harrington Cancer Center Manager Radiation Services*
 Whitney Warminski, RD, LD, *BSA Harrington Cancer Center Nutrition*
 Kim Hazelbaker, *BSA Harrington Cancer Center Lab Manager*
 Natalie Henning, LPC-S, *BSA Harrington Cancer Center Supportive Care Counselor*
 Bobbie Perrin, BSN, RN, OCN, CBPN-IC, *BSA Harrington Cancer Center Patient Navigation*
 Sharri Miller, BSN, RN, OCN, TTS, *BSA Harrington Cancer Center Patient Education, Tobacco Cessation, Patient Navigation*
 Roseanne Ham, RN, *BSA Case Management*
 Jennifer Puryear, *American Cancer Society*

Cancer Program Coordinators



Front Row:
 Meagan Crawford, MBA, RHIA, CTR,
Manager Tumor Registry, Cancer Conference Coordinator

Middle Row/R-L:
 Annabel K. Hromas, BS,
Quality Improvement Project Specialist/Metabolic & Bariatric Surgical Clinical Reviewer, Cancer Care Committee Quality Improvement Coordinator
 Brian Pruitt, M.D., FACP
Medical Oncology, Specializing in Breast Cancer, Cancer Care Committee Chair & Cancer Registry Quality Coordinator
 Gina Cravey, BSN, RN, CHRC, CCRC, *Manager Clinical Research, BSA Harrington Cancer Center, Clinical Research Coordinator*

Back Row/R-L:
 Stan McKeever, MSW, *Manager Social Services, BSA Harrington Cancer Center, Psychosocial Services Coordinator*
 Barbara Simms, *BSA Harrington Cancer Center Outreach Coordinator, Community Outreach Coordinator*

Tumor Registry



Tumor Registry (from bottom to top):
 Terri Prescott, CTR
 Meagan Crawford, MBA, RHIA, CTR
 Gloria Mares, CTR
 NaKisha Woods
 Bonnie Tomlinson, CTR
 Mechelle Mills
 Karen Frymoyer, RN, CTR
 Joyce Ritter, RHIA, CTR
 Not Pictured: Suzanne Basquez, RHIT, CTR

Services Available For Our Oncology Patients

- **Oncology Nursing Care**
- **Case Management**
- **Hematology**
- **Medical Oncology**
- **Radiation Oncology**
- **Surgical Services**
- **Pathology**
- **Diagnostic Imaging**
- **Patient Navigation**
- **Genetic Testing & Counseling**
- **Interdisciplinary Breast Clinic**
- **Interdisciplinary Lung Clinic**
- **Screening Services (Breast/Lung)**
- **Prevention Programs**
- **Inpatient Oncology (Adult & Pediatrics)**
- **Rehabilitation (Inpatient & Outpatient)**
- **Chemotherapy**
- **Clinical Research**
- **Laboratory**
- **Pharmacy**
- **Lymphedema Clinic**
- **Psychosocial Services**
- **Nutrition Services**
- **Emergency Services**
- **Respiratory Services**
- **Supportive Care Programs and Services**
- **Palliative Care/Hospice**
- **Survivorship Care Program**
- **Spiritual Care**
- **Sleep Disorders Services**
- **Tumor Registry**
- **Quality Improvement**
- **Mobile Mammography Coach**



Tumor
Registry
Statistics

Primary Site Tabulation for BSA Analytic Case 2016

Primary Site	Total	Sex		AJCC Stage						
		M	F	0	I	II	III	IV	Unk	N/A
All Sites	1425	584	841	105	432	252	201	220	85	130
Oral Cavity	37	29	8	2	9	5	5	12	4	0
Lip	3	3	0	0	2	1	0	0	0	0
Tongue	14	11	3	2	5	1	2	3	1	0
Oropharynx	1	1	0	0	0	0	0	0	1	0
Hypopharynx	1	0	1	0	0	0	0	1	0	0
Other	18	14	4	0	2	3	3	8	2	0
Digestive System	242	126	116	17	51	40	55	55	24	0
Esophagus	4	3	1	0	2	0	0	1	1	0
Stomach	32	23	9	0	6	2	5	13	6	0
Colon	93	39	54	5	19	23	28	13	5	0
Rectum	44	25	19	10	12	2	12	6	2	0
Anus/Anal Canal	6	2	4	1	2	1	1	0	1	0
Liver	13	12	1	0	3	2	3	3	2	0
Pancreas	31	13	18	0	5	9	3	12	2	0
Other	19	9	10	1	2	1	3	7	5	0
Respiratory System	186	112	74	2	53	21	33	74	3	0
Nasal/Sinus	4	2	2	1	1	0	0	1	1	0
Larynx	12	10	2	1	6	2	1	2	0	0
Other	1	0	1	0	0	0	0	1	0	0
Lung/Bronc-Small Cell	23	11	12	0	6	2	4	11	0	0
Lung/Bronc-Non Small Cell	125	79	46	0	35	15	26	48	1	0
Other Bronchus & Lung	21	10	11	0	5	2	2	11	1	0
Blood & Bone Marrow	46	25	21	0	2	0	1	1	1	41
Leukemia	34	18	16	0	2	0	1	1	1	29
Multiple Myeloma	8	5	3	0	0	0	0	0	0	8
Other	4	2	2	0	0	0	0	0	0	4
Bone	1	0	1	0	0	0	0	1	0	0
Connect/Soft Tissue	12	3	9	0	3	3	3	3	0	0
Skin	62	36	26	17	25	6	6	1	6	1
Melanoma	59	34	25	17	24	6	6	1	5	0
Other	3	2	1	0	1	0	0	0	1	1
Breast	341	3	338	51	144	100	25	12	9	0
Female Genital	107	0	107	2	50	5	21	19	10	0
Cervix Uteri	20	0	20	0	8	2	6	2	2	0
Corpus Uteri	53	0	53	0	35	3	7	6	2	0
Ovary	28	0	28	0	5	0	7	11	5	0
Vulva	4	0	4	2	0	0	1	0	1	0
Other	2	0	2	0	2	0	0	0	0	0
Male Genital	100	100	0	0	4	55	23	17	1	0
Prostate	98	98	0	0	4	55	21	17	1	0
Testis	2	2	0	0	0	0	2	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Urinary System	104	78	26	14	40	8	15	14	13	0
Bladder	29	23	6	8	8	4	0	5	4	0
Kidney/Renal	71	51	20	3	32	4	15	9	8	0
Other	4	4	0	3	0	0	0	0	1	0
Brain & Cns	37	18	19	0	0	0	0	0	0	37
Brain (Benign)	3	3	0	0	0	0	0	0	0	3
Brain (Malignant)	23	9	14	0	0	0	0	0	0	23
Other	11	6	5	0	0	0	0	0	0	11
Endocrine	69	20	49	0	35	4	9	2	5	14
Thyroid	54	14	40	0	35	4	9	2	4	0
Other	15	6	9	0	0	0	0	0	1	14
Lymphatic System	44	20	24	0	15	5	5	9	9	1
Hodgkin's Disease	8	4	4	0	0	4	0	2	2	0
Non-Hodgkin's	36	16	20	0	15	1	5	7	7	1
Unknown Primary	30	12	18	0	0	0	0	0	0	30
Other/III-Defined	7	2	5	0	1	0	0	0	0	6

Data, Graphs & Tables compiled by: Goldston Cancer Registry Manager & Quality Improvement Coordinator

BSA Cancer Program Practice Profile Report (CP3R)

Measures for Breast¹:

- BCS RT** - Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70, receiving breast conservation surgery (BCS RT) for breast cancer.
- MAST RT** - Radiation therapy is considered or administered following any mastectomy (MASTRT) within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes.
- nBx** - Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.
- BCS** - Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer.
- HT** - Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.
- MAC** - Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.

YEAR	MEASURE	NUMBER APPLICABLE	BSA/HCC RATE (%)	BENCHMARK
2016	BCS RT 78/80	78/80	97%	90%
	MAST RT	9/9	100%	90%
	nBx	203/203	100%	80%
	BCS	144/210	69%	50%
	HT	114/114	100%	90%
	MAC	20/20	100%	NA

Measures for Colon¹:

- ACT** - Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.
- 12RLN** - At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

YEAR	MEASURE	NUMBER APPLICABLE	BSA/HCC RATE (%)	BENCHMARK
2016	ACT	13/14	93%	90%
	12RLN	53/58	91%	85%

Measures for Rectum¹:

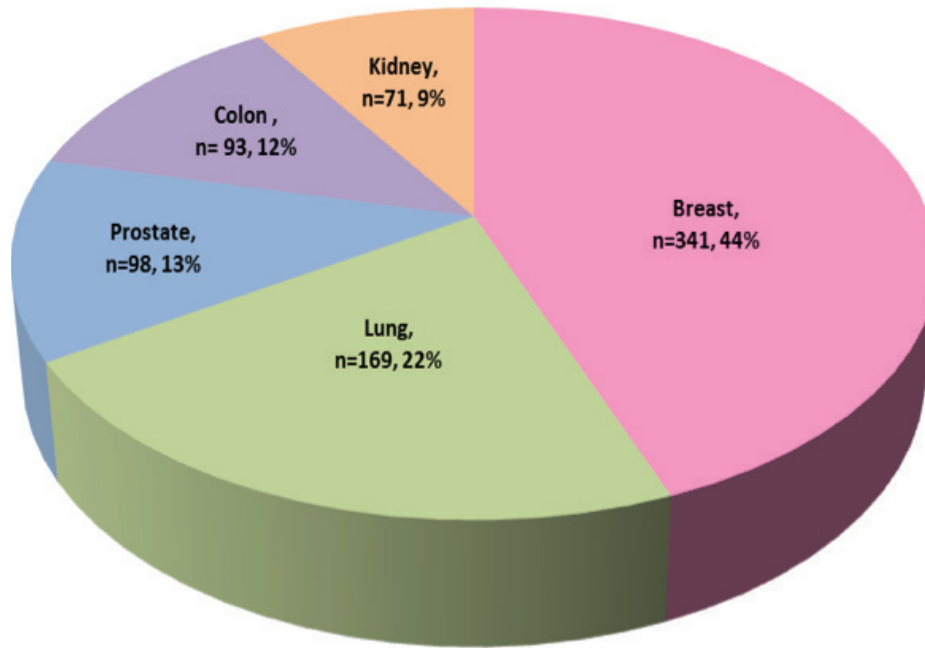
- RECRCT** - Pre-operative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III. Post-operative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; Treatment is also considered for patients under the age of 80, receiving resection for rectal cancer.

YEAR	MEASURE	NUMBER APPLICABLE	BSA/HCC RATE (%)	BENCHMARK
2016	RECRCT	5/5	100%	NA

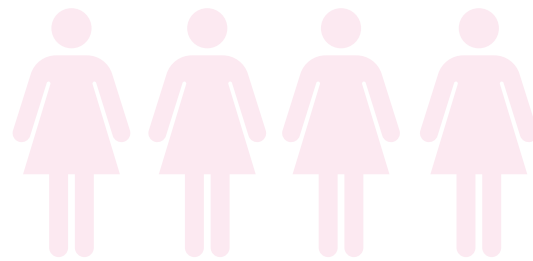
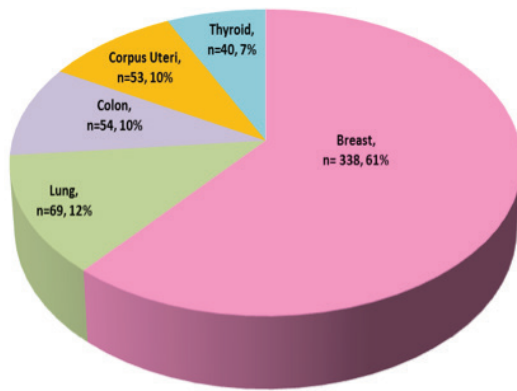
Reference:

1. The American College of Surgeons (2017). Commission on Cancer Quality Measures. Retrieved 20 December 2017 at <https://www.facs.org/quality-programs/cancer/ncdb/qualitymeasures>

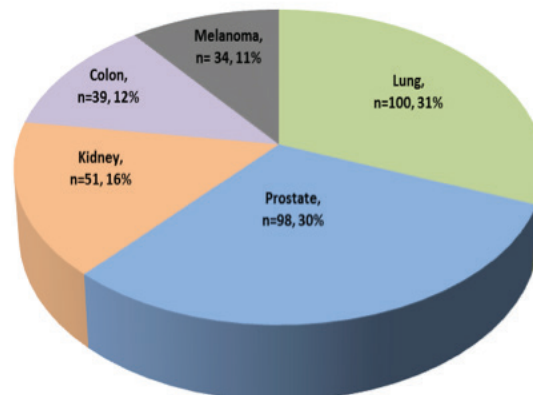
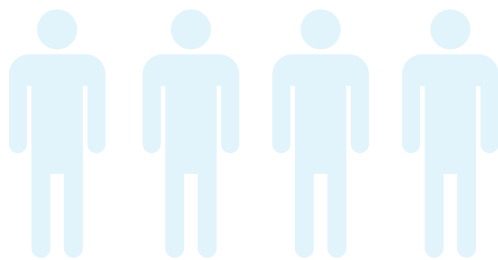
BSA Top 5 Sites for Cancer Male & Female



Top 5 Sites for Females

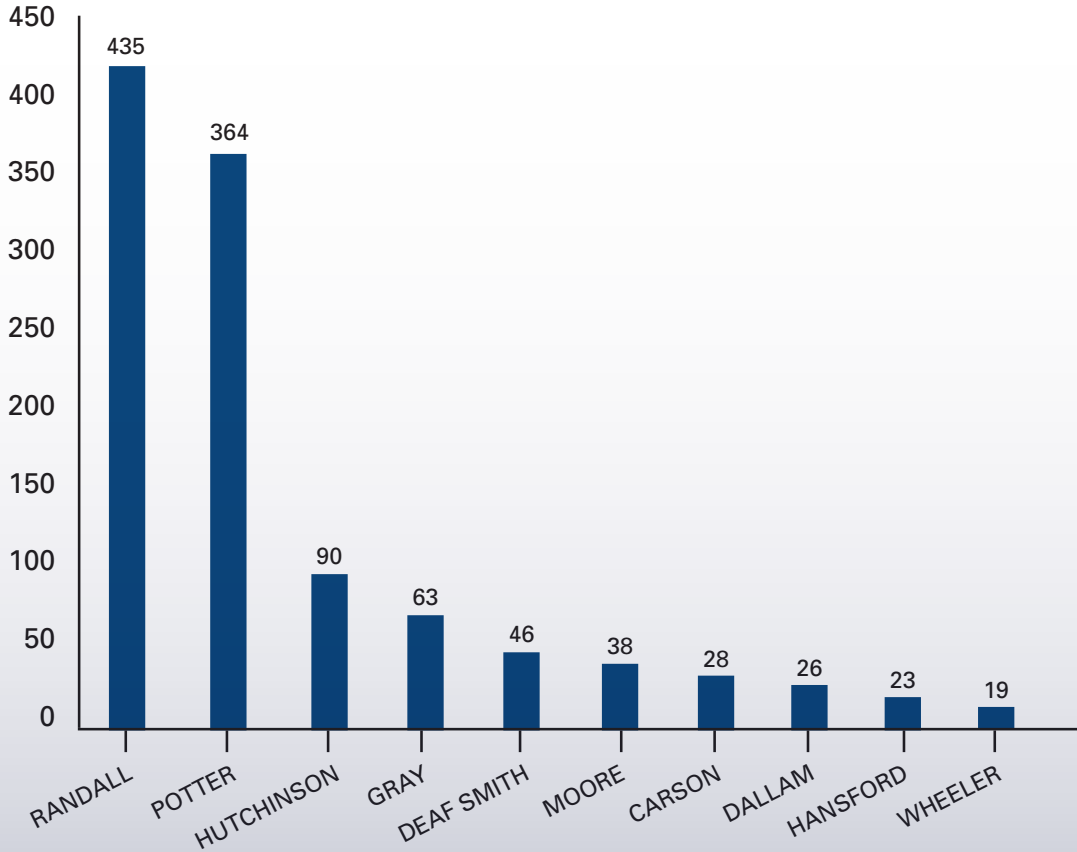


Top 5 Sites for Males



Top 10 Texas Counties at BSA Health System Diagnosed with Cancer

2016 Data



Cancer Conference / Tumor Board

BSA Health System and BSA Harrington Cancer Center host two weekly cancer conferences (tumor boards).

- General Tumor Board- Held every Wednesday
- Breast Tumor Board- Held every Thursday

At each conference, a multi-disciplinary group of physicians and support staff gather to review and discuss each case in detail, including the patient's history, pathology, imaging, stage of disease, genetics/family history, clinical trial availability, national guidelines and treatment options available.

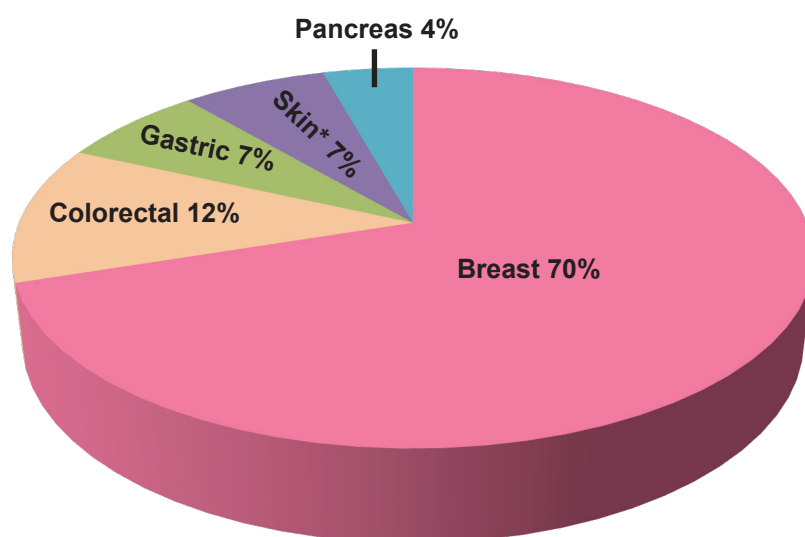
The multi-disciplinary team is comprised of the following individuals:

- Surgeons (General Surgery, Surgical Oncology, Thoracic Surgery, Plastic Surgery)
- Medical Oncologists
- Radiation Oncologists
- Pathologists
- Radiologists
- Pulmonologists
- Other Physicians (Family Medicine, Internal Medicine, Nuclear Medicine)
- Fellows and Medical Students
- Nurse Practitioners
- Cancer Registry Staff
- Clinical Research Nurses
- Nurse Navigators
- Radiation Therapy Staff
- Nursing Staff
- Breast Center Staff
- Administration

From January - November 2017, a combined total of 288 cases were presented during the General and Breast Tumor board.

TUMOR BOARD CONFERENCE	PROSPECTIVE CASES PRESENTED	TOTAL NUMBER OF CASES PRESENTED
General Tumor Board	129	129
Breast Tumor Board	159	159
Total Cases Presented	288	288

Top 5 sites presented during Tumor Boards in 2017



* Melanoma, SCC, BCC

Physician Groups with Members in Cancer Care Committee,
Breast Program Leadership and Cancer Conferences/Tumor Boards



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



Daniel Arsenault, M.D.
Radiation Oncology
Specializing in Prostate,
Breast, Lung & Stereotactic
Radiosurgery (SRS)



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



Jaime Zusman, M.D.
Radiation Oncology
Specializing in Breast, Brain,
Lung, Head & Neck Cancers,
Pediatric & Stereotactic
Radiosurgery (SRS)



Paul Zorsky, M.D., MS
Medical Oncology &
Hematology



Milan Patel, M.D.
Medical Oncology &
Hematology



 **BSA** 
Amarillo Diagnostic Clinic



Javier Diéguez, M.D.
Pulmonology



Mark Sigler, M.D.
Pulmonology



Bill F. Byrd M.D.
Nuclear Medicine

 **BSA**

Gynecologic Oncology



Thahir Farzan, M.D.
*Specializing in Robotic
Gynecological Cancer*



ASG

AMARILLO SURGICAL GROUP



Samuel Kirkendall, M.D.
General Surgery & Robotic Surgery
Physician Liaison

For more than 40 years, Amarillo Surgical Group has been a leader in surgical care in Amarillo. The surgeons bring expertise in multiple surgical specialties and the latest advancements in their fields.



Michael A. Lary, M.D., FACS
General Surgery
Breast Surgical Oncology & Oncoplastic Breast Surgery



John P. McKinley, M.D., FACS
General Surgery & Peripheral Vascular Surgery



David C. Langley, M.D., FACS
General Surgery & Peripheral Vascular Surgery



Shane E. Holloway, M.D., FACS
General Surgery & Surgical Oncology

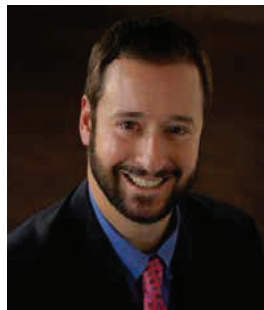


Chance L. Irwin, M.D., FACS
General Surgery & Peripheral Vascular Surgery





Robert Todd, M.D.



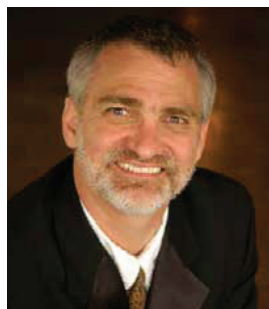
James Hurly, M.D.



Andrew Hoot, M.D.



Daniel Schneider, M.D.



Michael Sennett, M.D.



Joseph Heitzman, D.O.



Jason Schocker, M.D.



HPRA

HIGH PLAINS
RADIOLOGICAL
ASSOCIATION



John Andrew, M.D.



Gary Aragon, M.D.



Branch Archer, M.D.



Richard Archer, M.D.



April Bailey, M.D.



Charles Brooks, M.D.



Crandon Clark, M.D.



Stanley Cook, M.D.



T. Jenks Currie, M.D.



Michael Daniel, M.D.



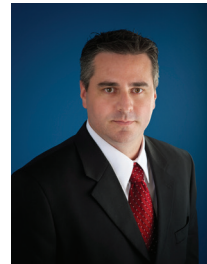
Aaron Elliot, M.D.



Stephen Haas, M.D.



Paul Hakim, M.D.



Michael Hall, M.D.



Raj Hashmi, M.D.



Richard Khu, M.D.



Rahul Mehta, M.D.



Paul Pan, M.D.



Robert Pinkston, M.D.



Matthew Scalapino, M.D.



Rakesh Shah, M.D.



Elijah Trout, M.D.



Martin Uszynski, M.D.



Kimberly Waugh, M.D.



Lawrence Zarian, M.D.

Physician Led Study



Paul Zorsky, M.D., MS
Medical Oncology &
Hematology

We do know that eating well and exercising is fundamental for good health. This belief is used by many sellers to make us feel a need to use vitamin supplements, which can be costly, to provide some undefined benefit. This benefit is portrayed as more energy, better memory, less cancer or an improved sense of well-being. There is very interesting data on the value of caloric restriction without malnutrition in promoting better health and longevity which likely exceeds the benefit from spending hundreds of dollars per year on vitamins and minerals.

Vitamin D is one of the supplements that deserves special attention. It has been known for more than a century that vitamin D deficiency in infants leads to bone defects and early mortality. Before vitamin D deficiency was defined as the cause, it had been discovered that shark liver oil and later cod liver oil, and sun exposure, were effective in treating this disease. We have come a long way since 1728, when Moore first described treatment of rickets with shark liver oil. Still, we have much to learn.

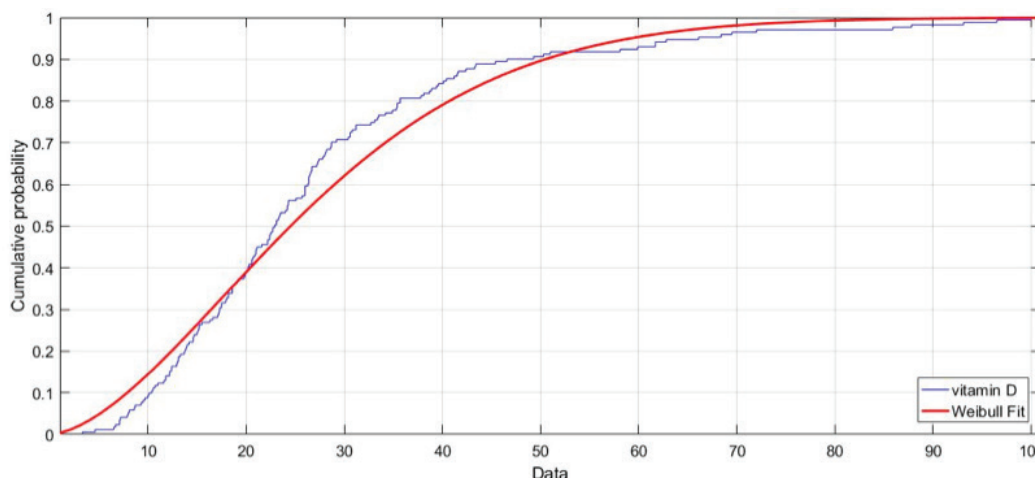
Unlike most vitamins which act as cofactors for enzymes in a limited number of biochemical reactions, vitamin D acts more like a steroid. The pro-vitamins, vitamin D2 and vitamin D3, are activated in the kidney to what is considered the active metabolite, 1,25-dihydroxy vitamin D. This then binds in the target cell to a protein, known as the vitamin D receptor (VDR), that carries the vitamin D to the cell nucleus. Within the nucleus, the VDR combined with vitamin D, unlock the production of hundreds of other proteins. Some of these proteins are enzymes while many are proteins that regulate a wide variety of cell functions. With the wide variety of factors controlled by vitamin D, one could expect that a deficiency could have detrimental consequences beyond bone growth.

There have been a number of publications relating vitamin D deficiency to cancer recurrence, including breast cancer, lymphoma and colon cancer. These interesting associations have prompted the BSA Harrington Cancer Center to explore our population with respect to the important molecule. Like all metabolites, a healthy population should have a measured value within the normal range. For vitamin D, this is considered to be 30 – 80 µg /ml. The Institute of Medication defines three categories: deficiency < 20, insufficiency 20-30, normal >30 - 80.

For our patients, we have found that 2/3 are below the recommended range and that the amount of vitamin D supplementation to correct the deficiency is highly variable and not readily predictable. Furthermore, some patient subgroups may be particularly low, suggesting that there may be some relationship between extremely low levels and cancer development.

We hope to develop a research program around a number of important but poorly understood nutritional factors such that we can confirm for the patient that they are, in fact, “eating well” and doing the simple, low cost things that may reduce the risk of cancer or cancer recurrence.

This graph shows that about 70% of our patients are below the desired range:



Caloric restriction

Calorie Restriction Promotes Mammalian Cell Survival by Inducing the SIRT1 Deacetylase
Haim Y. Cohen, Christine Miller, Kevin J. Bitterman, Nathan R. Wall, Brian Hekking, Benedikt Kessler, Konrad T. Howitz, Myriam Gorospe, Rafael de Cabo, David A. Sinclair
Science 305, 390 (2004)

Nature Communications (2017)

Nutrition and Vitamin D



**Whitney Warminski, RD,
LD Clinical Dietitian**

Vitamin D, commonly known as “the sunshine vitamin,” is a nutrient that is best known for its role in bone health and calcium regulation in the blood. Research continues to reveal that vitamin D plays many other important roles in organ systems throughout the body, including immune, nerve and muscular

system function, as well as many cellular processes. In fact, the 2015-2020 Dietary Guidelines for Americans has identified vitamin D as a nutrient of public health concern because low intakes are associated with an increasing number of health concerns. The Food and Drug Administration has also recently announced that vitamin D content must be included on the Nutrition Facts label.

Vitamin D is unique among other vitamins in that the body can actually produce vitamin D itself. When ultraviolet rays from sunlight hit exposed skin, vitamin D synthesis is triggered. Sunlight is a significant source of vitamin D for most of the population however, there are many factors that affect vitamin D synthesis from sunlight, including season, time/length of day, weather conditions, skin composition and sunscreen use. It is also recommended that individuals limit their exposure due to increased risk of skin cancers. Due to public health concern, it is unknown whether intentional sun exposure for synthesis of vitamin D can occur without increased risk of skin cancer.

The Institute of Medicine’s Food and Nutrition Board has established a Recommended Daily Allowance (RDA) for

vitamin D. The RDA represents a daily intake of vitamin D that is sufficient to maintain bone health and normal calcium metabolism in healthy people. It assumes minimal sun exposure, due to so many variables, even though sunlight is known to be a significant source of vitamin D. The RDA for vitamin D for adults ages 19-70 is 600 International Units (IU). For those over 70, the RDA increases to 800 IU.

There are two forms of vitamin D: vitamin D2 (ergocalciferol) and vitamin D3 (cholecalciferol). Vitamin D is naturally occurring in very few foods, but is added to some foods and beverages by a fortification process. Vitamin D3 can be found naturally in fatty fish (like salmon, tuna, and mackerel), fish liver oils and in small amounts of beef liver, pork, egg yolks and some cheeses. Vitamin D2 is primarily man-made, but is also found in variable amounts in mushrooms grown under ultraviolet light.

Fortified foods and beverages provide most of the vitamin D consumed by diet. The majority of the US milk supply is fortified with 100 IU of vitamin D per cup. The fortification program was implemented in the 1930s to combat rickets, a significant public health concern at the time, which has since become a rare childhood disease. Dairy milk continues to be the primary source of dietary vitamin D. Other vitamin D-fortified foods include some breakfast cereals, orange juice, yogurt, margarines, soy and almond beverages. Consumers should check the Nutrition Facts label for exact vitamin D content of foods.

FOOD	APPROX. VITAMIN D CONTENT IN IU PER SERVING
Cod liver oil, 1 tablespoon	1360
Swordfish, cooked, 3 ounces	566
Rainbow trout, cooked, 3 ounces	539
Pink salmon, cooked, 3 ounces	444
Jack mackerel, canned, cooked, 3 ounces	248
Milk, nonfat, reduced fat, whole (Vitamin D fortified), 8 fluid ounces	100
Orange juice (Vitamin D fortified), 8 fluid ounces	100
Ready-to-eat breakfast cereals (Vitamin D fortified), about 1 cup	40-100
Chanterelle mushroom, 1 cup	114
Whole egg, 1 large	41

Source: US Department of Agriculture, Agricultural Research Service, Nutrient Data Laboratory. USDA National Nutrient Database for Standard Reference, Release 28. Version Current: September 2015, slightly revised May 2016. Internet: /nea/bhnrc/ndl

Vitamin D dietary supplements are available in the forms of vitamin D2 and D3. Vitamin D3 is thought to be more potent at high doses than vitamin D2, although not all research has confirmed this conclusion. Physicians may prescribe a high dose vitamin D supplement, however, they can be purchased over the counter in a variety of doses. Many multivitamins contain vitamin D, as do many calcium supplements given the known relationship between the two nutrients. Supplementation may be advised to occur daily, weekly or various monthly intervals and may be taken with or without food.

Populations who are thought to be at risk for vitamin D inadequacy or deficiency should have their level of serum 25-hydroxyvitamin D tested by their healthcare provider, to be supplemented and corrected as appropriate in each individual's case. Bone diseases such as rickets and osteomalacia (leading to osteoporosis) are classical diseases of vitamin D deficiency and should be treated

by healthcare providers. Certain groups have known risk for vitamin D inadequacy including breastfed infants, older adults, people with limited sun exposure, dark skin, chronic medical conditions that cause fat malabsorption (liver disease, cystic fibrosis, celiac disease, inflammatory bowel diseases), chronic kidney disease, people who are obese and/or have had gastric bypass surgery. People should always consult their healthcare provider before taking a vitamin D supplement.

As advised in the 2015-2020 Dietary Guidelines for Americans, to achieve higher intakes of dietary vitamin D, individuals should include more vitamin D-containing seafood (swordfish, salmon, mackerel, tuna), and vitamin D fortified foods such as fluid milk, soy/almond beverages, orange juice and breakfast cereals. Additional supplementation may be appropriate if an individual is known to be at risk for inadequacy.



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Kohn, J., (Ed.). (2015, June 15). What Is Vitamin D? Retrieved November 14, 2017, from <http://www.eatright.org/resource/food/vitamins-and-supplements/types-of-vitamins-and-nutrients/vitamin-d>

Office of Dietary Supplements – Vitamin D. (2016, February 11). Retrieved November 11, 2017, from <https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>

Oncology Care Model (OCM)

BSA Harrington Cancer Center is committed to providing the best possible cancer care to the region. In doing so, we are 1 of 197 cancer centers across the nation that have joined the Centers for Medicare and Medicaid Services in the Oncology Care Model Project. The OCM project began in July of 2016 and is set to complete June of 2021. It is a payment model designed to test the effects of better care coordination, improved access to practitioners, and appropriate clinical care on health outcomes and costs of care for Medicare fee-for-service (FFS) beneficiaries with cancer who receive chemotherapy. The OCM also encourages participating practices to improve care and lower costs through episode-based payments that financially incentivize high-quality coordinated care. As a Medicare specific

project and because we feel that every one of our patients deserve these enhanced services, we have implemented these changes regardless of the payer source. Our expectations are that these changes made by our practice, in response to the OCM participation, will result in better care, smarter spending and healthier people. In an effort to better serve our patients we have increased the emphasis on the psychosocial health, social services, patient navigation and the use of data to identify ways to decrease cost and increase quality. Since starting the program in July of 2016, 722 patients have been a part of the OCM program for the BSA Harrington Cancer Center.

OCM AGGREGATE PATIENT CARE MEASURES

OCM MEASURE	MET	3 RD QUARTER 2016	4 TH QUARTER 2016	1 ST QUARTER 2017	2 ND QUARTER 2017
OCM-7 - Prostate Cancer: Adjuvant Hormonal Therapy for High-Risk Prostate Cancer Patients (NQF 0390)	100%	0 of 0	0 of 0	2 of 2	0 of 0
OCM-8 - Adjuvant chemotherapy is considered or administered within 4 months (120 days) of surgery to patients under the age of 80 with AJCC III (lymph node positive) colon cancer (NQF 0223/ NCI Community Cancer Centers Program/ CAP)	100%	3 of 3	4 of 4	12 of 12	9 of 9
OCM-9 - Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1c or stage II or III hormone receptor–negative breast cancer (NQF 0559)	100%	9 of 9	6 of 6	2 of 2	3 of 3
OCM-10 - Trastuzumab administered to patients with AJCC stage I (T1c)- III human epidermal growth factor receptor 2 (HER2) positive breast cancer, who receive adjuvant chemotherapy (NQF 1858)	100%	15 of 15	10 of 10	8 of 8	9 of 9
OCM-11 - Breast cancer: Hormonal therapy for stage IC–IIIC estrogen receptor/progesterone receptor (ER/PR)–positive breast cancer (NQF 0387/PQRS 71)	100%	183 of 183	229 of 229	178 of 178	189 of 189

BSA Harrington Breast Center

BSA Harrington Breast Center is an outpatient facility dedicated to serving the region by identifying cancer in its infancy when it is most treatable. Our goal is to provide a spa-like atmosphere to our patients that calms and relaxes the patient, leading to a better exam and a better experience. The Center offers screening, diagnostic and bone health services. BSA Harrington Breast Center also reaches surrounding communities to educate on the importance of screenings and early detection. BSA Harrington Breast Center partners with High Plains Radiology Association, expert breast radiologists, to provide on-site patient care, education and diagnostic evaluation services to patients with breast health issues.

BSA Harrington Breast Center Provides:

- **Digital Breast Tomosynthesis**
- **Digital Mammography**
- **Breast Ultrasound Services**
- **Ultrasound Guided Biopsy**
- **Stereotactic Breast Biopsy**
- **High Risk Clinic to identify those individuals at higher risk for breast cancer**
- **Bone Density Screening**
- **Convenient Saturday Screenings**
- **Mobile Mammography Coach**

The BSA Harrington Breast Center offers the only mobile digital screening mammography unit in the Texas Panhandle, as a part of its commitment to reaching the surrounding community with potentially life-saving breast cancer detection. The mobile mammography coach serves around 4,000 patients in the Texas and Oklahoma Panhandle as well as Eastern New Mexico. Common stops include community centers, schools, businesses, restaurants and churches.

BSA Harrington Breast Center is accredited by the National Accreditation Program for Breast Centers for its Comprehensive Breast Program. To gain accreditation from the NAPBC, centers must be committed to provide the industry's best in breast cancer diagnosis and treatment. BSA Harrington Breast Center underwent and passed a rigorous evaluation and review of its equipment, processes, performance and compliance with standards.

Our center prides itself in continually earning the American College of Radiology's Breast Imaging Center of Excellence for multiple service lines including Mammography, Stereotactic Breast Biopsy, Breast Ultrasound and Ultrasound Breast Biopsy. This is awarded to centers that achieve excellence in all of the American College of Radiology's voluntary breast-imaging programs and modules.

The commitment to excellence is not only through our technology and physicians, but also our radiologic technologists. BSA Harrington Breast Center offers technologists mammography education on-site to focus on proper positioning and imaging techniques and deliver the best possible images. Each technologist receives one-on-one personalized coaching to help develop and sharpen skills.



Screening and Prevention Programs for 2017

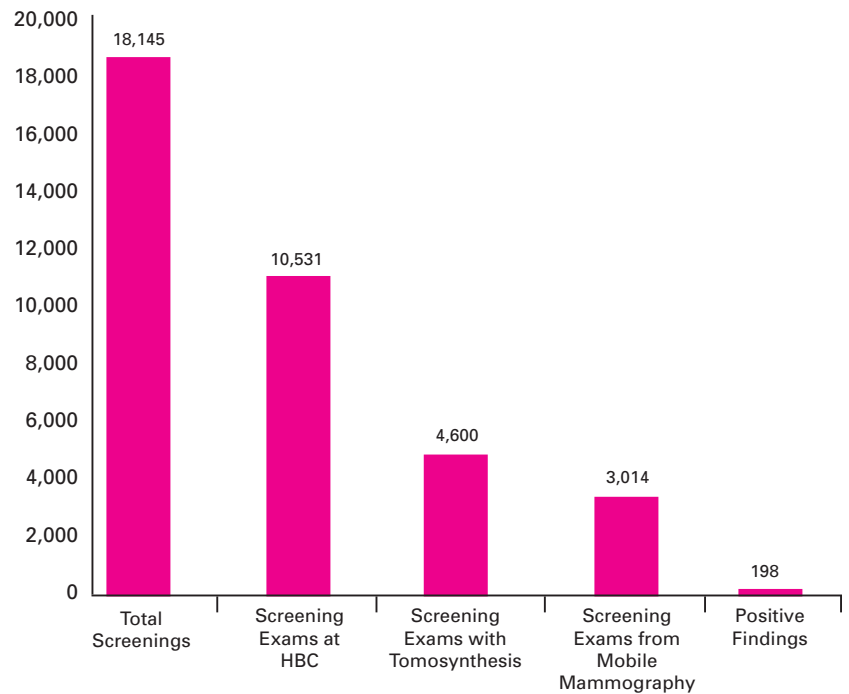
SCREENING PROGRAMS

1. Breast Cancer Screenings (Jan-Nov)
 - Total Screenings- 18,145
 - HBC In-House- 10,531
 - Tomosynthesis- 4,600
 - Mobile Mammograms- 3,014
 - Positive Findings- 198

If positive findings, patient is recalled for a diagnostic workup

2. LDCT Lung Cancer Screenings (Jan-June)
 - 85 New Patients
 - 8 Abnormal Findings
 - 0 Cancers Detected

If positive findings on screening exam, the Lung Nurse Navigator contacts the referring MD and offers Navigation for the patient



PREVENTION PROGRAMS

1. HBC High- Risk Program (Jan-Oct)
 - 293 total visits
 - 143 new patients
 - 5 patients had + genetic results
 - 2 patients were diagnosed with cancer

If positive Genetic Results, the patient is referred to appropriate healthcare provider per ordering physician

2. Smoking Cessation Program (Jan-Oct)
 - 101 total referrals
 - 16 BSA In-patient referrals
 - 85 patients counseled
 - 37 patients mailed cessation materials
 - 58 patients quit at least 30 days



BSA Harrington Cancer Center Education

Chemotherapy Class

Chemotherapy class is provided to all patients who are undergoing chemotherapy. This class provides education about what the patient can expect while undergoing chemotherapy treatment. This information includes reviewing general side effects, when to call your doctor or nurse and basic cancer treatment principles. Each patient receives a personalized treatment book filled with valuable information to help them through their chemotherapy experience.

The class is held every Wednesday at BSA Harrington Cancer Center. The class is taught by Patti Finney, RN.

For 2017, the Chemotherapy Class attendance was 323. There were 162 patients and 161 visitors.

Radiation Therapy Class

Radiation therapy class is provided to patients who are undergoing radiation therapy. This class allows patients and their family members to learn more about the purposes, benefits and potential side effects associated with radiation treatment.

This class is held every Thursday at BSA Harrington Cancer Center. The class is taught by Regina Mills, RN, R.T.

This class was restarted this year in early August as one of the Cancer Committee goals. Since August, 21 patients and 16 family members have attended the class.

Other Educational Opportunities at Harrington Cancer Center

- Counseling with a Licensed Professional Counselor
- Cancer Support Groups
 - Dialogue
 - Caring for Caregivers
 - Pampa Support Group
 - Stress Management
 - Women in it Together
 - Look Good Feel Better
 - Tobacco Cessation with Support
- Nutritional Education with a Registered Dietitian



Pediatric Oncology

In 2017, we established a Pediatric Nurse Navigator, Catrina Melton, BSN, RN. Catrina meets weekly with the Pediatric Hematology/Oncology physicians, along with a BSA Pharmacist in order to facilitate safe and thorough communication regarding all orders for pediatric patients that require hematology or oncology services.



BSA has implemented a part-time chemotherapy nurse to assist with education and training of the patients, families and nurses. Kristina Hudson, RN has several years of experience administering chemotherapy and is working closely with Catrina Melton to make sure our patients have the best experience possible.

The nursing staff at BSA Pediatrics is committed to continued education to increase their knowledge and skill set for chemotherapy administration. All staff must complete APHON (Association of Pediatric Hematology/Oncology Nursing Education) within six months of their hire date and must meet required educational offerings every year. These educational requirements are:

- Yearly chemotherapy competencies
- Yearly safety competencies
- Minimal requirements for chemotherapy administration
- APHON testing every three years
- Numerous chemotherapy educational offerings throughout the year

Currently, there are 27 APHON educated nurses working on the BSA Pediatric unit.

PEDIATRIC ONCOLOGY DEPARTMENT & UNIT SPECIFIC EDUCATION

Unit Specific Competency

Ventilator Management
Pain Management
Chest Tubes
Nasoduodenal Feeding tubes
Low Risk PPE
Pain
Arterial Lines
TPN/lipids
I/O and Documentation

Annual Competency

Glucose monitor
Safe Patient Handling
Restraints
TB mask fit
Chest Pain
Central Line Dressing Change
Patient Safety

Pediatric/PICU Chemo Annual Competency Class

Care of the pediatric oncology patient
Port Access
Common Chemotherapy Medications
Extravasation
Chemotherapy Administration
Chemotherapy Safety and Spill kit

Initial Sedation Competency

For any PICU or PEDI nurse with 2 years of experience.

Annual Sedation Competency

(3) must be completed if < 5 years of experience
(2) must be completed if > 5 years experience

CLS-Netlearning

Fall Prevention
Moderate Sedation
Acute Coronary Syndrome
Chest Pain Awareness
Abuse and Neglect
EMTALA
Blood Administration
Managing Pain Effectively
Radiation Safety
Cultural Competency
Delegation & Supervision
Hazardous Drug Precautions
Adhesive Tape Products
Timeout Policy
CRRT
Safe Patient Handling
Specimen and Blood Collection Process
Admixture systems
Safety Insulin, IV Catheter
Using Practice-Based Evidence to Improve Supportive care Practices to Reduce Central Line Associated Bloodstream Infections in a Pediatric Oncology Patient
Snake Bites in Texas
Dressings, port protectors and caps
Use of vein illumination
Skin IQ
Automated Medication System
IVIG
Patient repositioning systems
Chemo Safety System Devices & Safety Device
Videos
New Blood Culture Training

Conferences, Symposiums, Courses

17th Annual Child Abuse Prevention Conference
2017 WTPENA Trauma Symposium
PALS Course
APHON

ONCOLOGY DEPARTMENT & UNIT SPECIFIC EDUCATION (ADULT PATIENT)

Annual Competency

Chest Pain
Central Line Dressing Change
Glucose Monitor
Patient Safety
Restraints
Safe Patient Handling

Unit Competency

Chemo Administration Competency
CAUTI Prevention
Code Green
CVC Removal
Fall Prevention
Hazardous Drug Precautions
Pressure Ulcer Prevention
Time Out

Netlearning

Abuse & Neglect
Acute Coronary Syndrome
Blood Administration
Care of the Bariatric Patient
Cultural Competency
Delegation & Supervision
EMTALA
Fall Prevention
Hazardous Drug Precautions
Pain Management
Stroke
Trauma
Wound Care

Department & Unit Specific Education

Skin IQ
Adhesive Tape Products
Gastroenteropancreatic Neuroendocrine Tumors
Bedside Swallow Screen
Feeding Tube
Colorectal Cancer Disease Overview
Chest Drainage
Multidisciplinary Care Following a Total Laryngectomy
Admixture Systems
Needle Safety
Sacral Dressing
Securement Dressings for PIC Application
Closed System Transfer Device
Automated Medication System for Super-users
Turn Assist and Position
Blood Cultures
Wearable defibrillators

Storyboards for nursing education on various chemotherapies

Newsletters, Journal Articles

All inpatient nurses on the adult unit are expected to maintain an active chemo provider card through the Oncology Nursing Society. Current providers renew this status every two years by completing the online ONS/ONCC Chemotherapy Biotherapy Certificate Renewal course (5.3 contact hours). All registered nurses are also ACLS certified.

The 2017 Oncology Certified Nurses (OCNs) at BSA and BSA Harrington Cancer Center:

- Kelli Van Wagner, MN, RN, OCN
- Sharri Miller, BSN, RN, OCN, TTS
- Lela Bryant, BSN, RN, OCN
- Natalie Hall, BSN, RN, OCN
- Bobbie Perrin, BSN, RN, OCN, CBPN-IC
- Rose Ingerson, RN, OCN
- Karla Benson, BSN, RN, OCN
- Leslie Vaughn, BSN, RN OCN
- Joni Faulkner, RN, OCN
- Marianna Jones, MSN, RN, OCN
- Carolyn Veteto, BSN, RN, OCN, SCRNP

Starting in 2017, inexperienced nurses are enrolled in a bundled group of courses (21.8 contact hours) through ONS which includes Cancer Basics, Cancer Biology and Chemotherapy Biotherapy Fundamentals of Administration.

Community Outreach Events

Health Fairs

- BSA Care Fair
- Business Connection
- Haven Health - Health Fair
- Tri-State Fair Senior Fall Festival
- Senior Ambassadors Coalition's Senior Fall Festival
- Hablando Health fair
- VA Health fair
- Whittier Elementary Community Resource Fair
- Panhandle, TX Health Fair
- Dia De La Mujer Health Fair
- Sanborn Elementary Community Resource Health Fair
- Coon Memorial Health Fair
- Texas Panhandle Centers Health Fair
- TMG Health Fair
- BCS Health Fair
- Owens Corning Health Fair (three days)

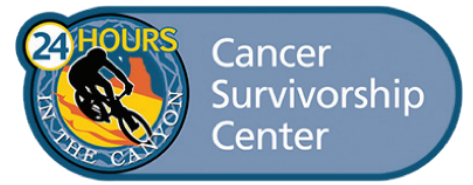
Community Events

- 24 Hours in the Canyon
- Relay for Life
- Race for the Cure
- Amarillo Heart Walk



Community Partners

24 Hours in the Canyon Survivorship Center Adult Services



24 Hours in the Canyon Survivorship Center

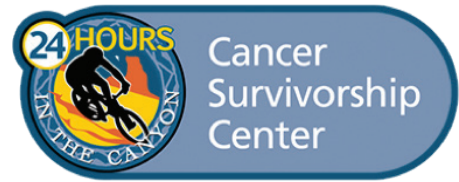
Established in June 2015, the Survivorship Center is a community center available for residents of the Texas and Oklahoma Panhandle. The programs and services offered are free for any adult survivor as well as any childhood survivor to access during and after completion of treatment.

Adult Services Offered:

- Treatment Summary & Survivorship Care Plan
- Counseling Services
- Social Work Services
- Expressive Art Classes
- Group Exercise Classes
- Educational Classes
- Meditation, Mindfulness & Body Classes
- Nutrition Classes
- Wig Room
- Personal Training with Cancer Exercise Specialist
- 90-day membership at Amarillo Town Club
- Resource Library
- Nurse Navigation- Prostate Cancer
- Oncology Certified Massage Therapist
- Infusion Room Massage
- Financial Counseling
- Fly Fishing Outing
- Hotel Partnership
- Quarterly Be the Match Bone Marrow Registry Drive throughout region
- PSA Screenings- 363 screened, 22 identified to have PSA > 4
- Young Adult Program (ages 18-39)- Starting in 2018



Community Partners 24 Hours in the Canyon Survivorship Center Pediatric Services



Pediatric Services Offered

- Activities for Survivors and their Families
- Educational Classes
- Individual and Family Counseling
- Financial Counseling
- Nutritional Education
- Resource Library
- Treatment Summary & Survivorship Care Plan (3 years after completing treatment)







HARRINGTON
CANCER and HEALTH
FOUNDATION

About Us

The Foundation's mission is to reduce the burden of cancer and promote and serve the healthcare needs of residents living in Amarillo and surrounding communities.

Financial Assistance

To apply for financial assistance, visit our website: www.hchfamarillo.org or call 806-331-6936

Additional Resources



Cancer
Survivorship
Center



Childhood
Cancer
Survivorship
Center

The 24 Hours in the Canyon Cancer Survivorship Center offers free programs and resources for cancer patients from the moment of diagnosis.

For more information visit www.24survivorship.org
4515 B Cornell, Amarillo
806-331-2400

Harrington Cancer and Health Foundation

500 S. Taylor, Ste. 1060, #223
Amarillo, TX 79101
806-331-6936
www.hchfamarillo.org



HARRINGTON
CANCER and HEALTH
FOUNDATION



extended
STAY
AMERICA®

Partnering for Patients

About the Program

The Harrington Cancer and Health Foundation and Extended Stay America- Amarillo West have partnered up to assist patients undergoing cancer treatment in Amarillo. Through this partnership, Extended Stay America- Amarillo West will allow patients to book rooms at a special rate of \$48.00 per night*, subject to availability.

Financial assistance may be available for those who qualify. (See other side for details)

Amenities

- Fully equipped kitchen with refrigerator, stovetop, microwave, coffee maker, cooking utensils, dishes & cutlery
- Wifi
- On site laundry
- Free grab-and-go breakfast
- Within 2 miles of hospital district

Extended Stay America- Amarillo

2100 Cinema Dr., Amarillo
806-351-0117

* Promo: Harrington Cancer Foundation Rate

Community Partners American Cancer Society



American Cancer Society

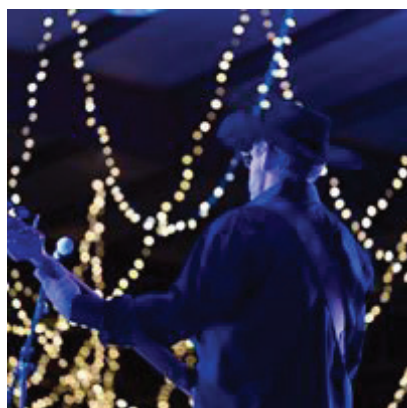
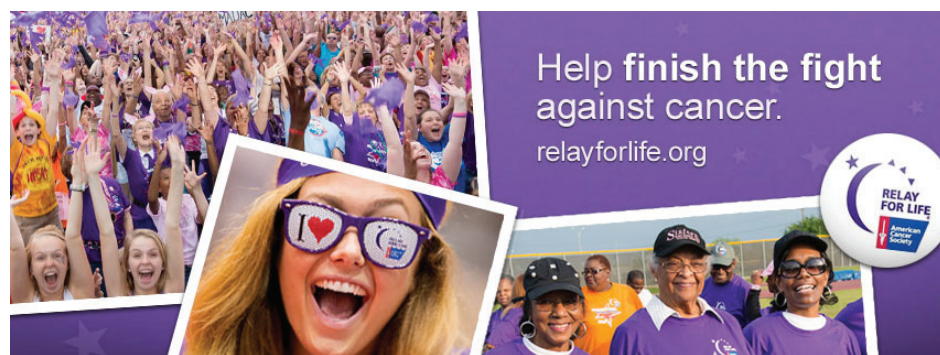
The American Cancer Society's mission is to save lives, celebrate lives and lead the fight for a world without cancer. Every day, all day, they are there when people are in need. By phone, email, online chat, in English or in Spanish, however support is needed, they are committed to provide it.

Services & Programs Offered:

- Road to Recovery – Free rides for patients to and from treatment.
- Reach to Recovery – A support network matching breast cancer survivors with recently diagnosed breast cancer patients.
- Hotel Partnerships – Free or reduced-cost lodging during treatment.
- Look Good Feel Better – In collaboration with the Personal Care Products Council Foundation, this program utilizes specially trained, licensed professionals to help patients manage appearance-related side effects that often accompany cancer treatment.
- Wig Program – Provides free wigs in local ACS offices, cancer treatment facilities and ACS resource centers or patients can opt for a voucher to the "TLC", Tender Loving Care, catalog for women undergoing treatment and experiencing hair loss as a result.
- National Cancer Information Center & Cancer.org – Patient and caregiver support and resources with on-demand solutions and information about medical insurance, treatment, localized resources database, and much more.
- Personal Health Managers - An organizational portfolio for newly diagnosed patients, containing tailored information relevant to their type of cancer that will empower patients to make educated health decisions and connect them to local resources and services. Additionally, the portfolio helps patients keep track of critical medical information provided by their healthcare team.
- Educational Materials – Each year ACS provides 12+ million materials to healthcare systems and community partners.
- Research – Extra- and intra-mural research includes cancer prevention studies, highly cited reports on cancer occurrence, causes, prevention, early detection, treatment and survival; studies behavioral, psychosocial and environmental factors related to cancer; analyze the global economic and policy landscape impacting cancer; and supports numerous important discoveries and some of the brightest researchers, including 47 Noble Prize winners to date.
- Patients Served – Since 2005, 420,000 patients have received more than 6.3 million free trips to and from treatment appointments through the Road to Recovery program.
- BSA & BSA Harrington Cancer Center have referred 96 patients for a variety of American Cancer Society services for the year of 2017.

Community Events

- Relay for Life – Uniting communities across the globe, the American Cancer Society celebrates people who have battled cancer, remember loved ones lost and take action for lifesaving change. Funds raised help them provide free information and support for people facing the disease today, educate people about how to reduce their risk for cancer or detect it early when it's easiest to treat and fund cancer research that will help protect future generations.
- Cattle Barons Ball – A one-of-a-kind evening, featuring great food, dancing, a spectacular auction. The American Cancer Society saves lives by helping people stay well and get well, by finding cures and by fighting back against cancer.
- Real Men Wear Pink – This was created to give men a greater presence in the fight against breast cancer. Communities are given the opportunity to nominate local male leaders to spearhead fundraising for the American Cancer Society's breast cancer initiatives.







2017 ANNUAL CANCER REPORT

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