supporting SURVIVORS

Survivorship Care Plan offers support for cancer survivors like RONDA KASE right here at CRMC.
IT’S PERSONAL this time

OUR YEAR IN REVIEW

THE CANCER PROGRAM at COOKEVILLE REGIONAL MEDICAL CENTER is pleased to share our year in review with you. We continue to make decisions that improve the program in a way that allows us to do what we do best – deliver personalized, compassionate care to the patients of the Upper Cumberland region.

We are at a pivotal point in oncology care – breakthrough diagnostic technologies that identify a patient’s particular tumor characteristics and genetic makeup are readily available and highly utilized in our program to compose each patient’s individualized cancer treatment plan. Germ line testing for inheritable cancers within the family and looking at the tumor for somatic mutations are now part of the routine discussion and an integral part of cancer treatment at CRMC. We have more tools in the cancer treatment arsenal that inhibit specific components of the cancer growth process and technology that treats cancers with pinpoint accuracy.

The cancer program prides itself on the fact that each patient is cared for in a personal way. As a community hospital, we are able to develop personal relationships with our patients that last a lifetime and to tailor our approach to care based on the patient. Every time we add services, technology or physical spaces, we do it with the patient in mind. Our weekly Tumor Boards continue to provide a forum for our expert providers to come together and discuss patients in a very personal way, mapping out next steps for their care.

Our lung navigation program was fully implemented this year and provides a one-on-one approach for patients diagnosed with lung cancer. It is an excellent complement to our breast navigation program, and both continue to be vital components of our approach to cancer care and a roadmap for us for future additions. The emphasis on early cancer detection is woven into the fabric of the cancer program through robust Wellness and Community Outreach efforts. Catching cancer in its earliest stages will continue to be the primary endpoint of our efforts as we add more services that focus on this important directive.

Our relationships with the community and our grant partners are stronger than ever as we come together throughout the year to raise funds in a variety of ways for programs that provide meaningful assistance to our patients that is so unique in healthcare today. Whether it’s the Cancer Care Fund that extends a helping hand during treatment, or the Pink Ribbon of Hope fund that offers a way for women to receive mammograms, or grants received for other services, these programs set us apart by providing very meaningful support in a time of need.

Looking back on the year, I see that the cancer program at Cookeville Regional Medical Center has come far, but there is so much more we want to do. We look forward to seeking ways to compose personalized care in the year ahead as we continue our efforts to make cancer care personal.

The program continues to flourish. It’s an exciting time, and we are excited about what we will be able to do in the next year to continue to improve the lives of our patients.

Lisa Bagci, left, visits with co-worker and patient Judy Phillips, diagnosed with Myelodysplastic syndrome. Bagci was instrumental in coordinating an on-site bone marrow drive with Blood Assurance that helped find a bone marrow match for Phillips.

CONTENTS

2 This Time, It’s Personal
3 Members of the CRMC Cancer Committee
4 Supporting Survivors
5 Third Linear Accelerator
6 Are You At Risk?
7 Medicare Covers Lung Cancer Screening for Some
8 Signs and Symptoms of Lung Cancer
9 Lung Cancer Screenings
10-11 Don’t Try to Do it by Yourself
12 Signs and Symptoms of Breast Cancer
13 Coordinated, Individualized Care
14 Current Clinical Trials CRMC Cancer Cases
15 Cancer Committee Outreach Program
16 Resources and Contacts Supportive Services

Foundation Partner of the Year

COOKEVILLE REGIONAL CHARITABLE FOUNDATION Director John Bell, left, and CRMC CEO Paul Korth, right, present MaryDell Sommers, CRMC. Authorities member and founder of the CRMC Pet Therapy Program, with 2016 Partner of the Year Award from the Cookeville Regional Charitable Foundation. Sommers has spent 10 years visiting cancer patients with her therapy dog, Button (shown here), as well as chairing the committee that has raised over $25,000 to aid cancer patients.

McKesson Patient Care Bag Donation

THE McKESSON CORPORATE TEAM puts together patient care bags called “Giving Comfort” that are assembled and distributed to cancer centers. Our local McKesson team (the company that makes CRMC’s contracts with for our IT services — the employees are in-house here at CRMC) has been doing this for a while, but we have just recently been added to their distribution program. Our patients love receiving these bags!

Cancer Center Adds Third Linear Accelerator

COOKEVILLE REGIONAL is excited to announce that it is adding a third linear accelerator to the Cancer Center to better serve our patients.

“Are we so excited about the new technology this addition will bring to the Cancer Center, and the services we get to add for our patients,” said Lisa Bagci, Cancer Center director.

Installation of the new linear accelerator is set to begin in January 2017, and it should be ready for patient use by March.
There’s so much going through a cancer patient’s mind during diagnosis and treatment — and so much information they’re given to absorb along the way — that some of it is bound to be lost or forgotten in the shuffle.

That’s why the Cancer Program at Cookeville Regional offers patients a survivorship care plan (SCP) and counseling session at the end of their treatment journey.

“We go over what they’ve gone through and see if they’re having any residual symptoms or any fears, or touch on any needs that they may have currently,” said Jasmine Olive, the nurse practitioner who compiles the SCP for each patient and reviews it with them.

Many patients, like breast cancer survivor Ronda Kase of Livingston, must follow up their hospital-based treatment with outpatient care.

“It’s just not over when you have your last treatment,” said Olive. “You don’t want to just feel like, ‘Okay, I’m done. I have nobody to lean on.’ So we have a team of people who still contact and follow up with our patients.”

The SCP includes detailed information about the patient’s specific type of cancer and its location, what treatments were given and when, and recommendations for follow-up care.

“It’s so overwhelming while you’re being treated, and if you’re not in the medical world, with some of the terms, you can be like ‘Okay, I really don’t know what they said,’ or ‘I really don’t know what this means.’ So I create a care plan that spells it all out so they can have it forever, and that might help them just in case they ever need to refer to that information again.”

Kase had surgery for breast cancer in July 2016 and then began radiation treatments in August. Shortly after she completed her last treatment in October, she had her appointment with Olive, who gave her the SCP plan.

“Now I know I have it for my records and to pass to any other medical people I might see — another doctor, or, if we should leave this area, I can take it with me,” said Kase. “I wouldn’t have to just try to remember it all, because there is a lot to remember, and there are things I know I didn’t remember. You get overwhelmed.”

The SCP plan and counseling are offered as a free service to cancer patients at Cookeville Regional. Besides being a handy reference, it can help patients realize that they truly are survivors.

“It’s a wonderful feeling to have that part of the journey completed and to move on to living life again and that not being all of your focus,” said Kase. “I think the survivorship plan just kind of helped me feel like I was moving on to the next thing.”

“We go over what they’ve gone through and see if they’re having any residual symptoms or any fears, or touch on any needs that they may have currently”

—Jasmine Olive, NP SCP Counselor

CANCER OUTCOMES

Reporting on Quality Measures

THE CANCER PROGRAM AT COOKEVILLE REGIONAL ensures the highest standards of cancer care by continually monitoring compliance with certain measures to promote improvements in care delivery. Cookeville Regional met or exceeded the estimated performance rate set by the Commission on Cancer (COC) in the measures shown below.

Breast

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>COC BENCHMARK</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with &gt; = 1 positive lymph nodes (MASRT)</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Lung

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>COC BENCHMARK</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systemic chemotherapy is administered within 4 months to day 6 months postoperatively or day of surgery for patients under age of 80 with AJCC stage 3( lymph node positive (pN1) and pN2, NCCG [LCT])</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Colon

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>COC BENCHMARK</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 12 Regional Lymph nodes are removed and pathologically examined for rectal colon cancer [12RLN]</td>
<td>95%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

MEASURE | COC BENCHMARK | 2011 | 2012 | 2013 | 2014 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under age of 80 with AJCC stage 3 (lymph node positive) colon cancer</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
ARE YOU A SMOKER OR FORMER SMOKER who knows you need a lung screening, but you dread the hassle of getting a contrast-dye CT scan?

If so, there’s great news — Cookeville Regional offers low-contrast computerized tomography (LDCT) lung screening, which requires no needles and no medication and takes very little time. You can eat before and after the exam, and you don’t even need to change clothes as long as the clothing on your chest does not contain metal. The only requirement is that you must be able to hold your breath for at least six seconds while the scan is being taken.

Mark Ligon, president of Micro Metals, Inc., in Jamestown, discovered the LDCT lung screening through his company’s wellness program. He’s a candidate for the screening because he was a longtime smoker and has a family history of lung cancer.

“Before, I was having the CT scans with the contrast dye, and they’re not as comfortable as the low-dose CT scans,” said Ligon. “There’s nothing to the low-dose scan. It’s almost like having a chest X-ray, really. It’s five minutes, and you’re done.”

In addition to the greater convenience of the LDCT scan, it’s also able to detect lung cancer lesions that are smaller than one centimeter. This is critical, since early detection means that treatment can begin sooner and is more likely to be successful. In fact, studies have shown that LDCT lung screening can lower the risk of death from lung cancer by 20 percent in people who are at high risk.

Ligon says that being able to know for sure each year that he’s cancer free — and that any possible future cancer will be detected early — gives him great peace of mind. “I would tell anyone who is a smoker or former smoker that it is a very simple procedure,” he said. “There’s just no reason not to do it.”

You Might Qualify for Free Lung Screening Through Medicare, Insurance or Grant

ACCORDING TO GUIDELINES released recently by the Centers for Medicare & Medicaid Services (CMS), the $99 cost of a lung cancer screening with low-dose computed tomography (CT) at Cookeville Regional is now covered once a year for some patients.

Patients who meet specific risk criteria for developing lung cancer can now receive coverage from Medicare for counseling to discuss their risk of lung cancer as well as the low-dose CT screening. Other insurance companies are also beginning to cover the cost of screening.

For more information, talk with your healthcare provider, visit www.medicare.gov/coverage/lung-cancer-screening.html or call the Cookeville Regional lung nurse navigator at (931) 783-4996.

Cookeville Regional is also now offering free lung cancer screenings for patients who are either uninsured or underinsured. The free screenings have been made possible through a grant from Pfizer. For more information or to see if you qualify, please call the CRMC lung nurse navigator at (931) 783-4996.
**SIGNS AND SYMPTOMS OF LUNG CANCER**

MOST LUNG CANCERS do not cause any symptoms until they have spread, but some people with early lung cancer do have symptoms. If you go to your doctor when you first notice symptoms, your cancer might be diagnosed at an earlier stage, when treatment is more likely to be effective.

The most common symptoms of lung cancer are:

- A cough that does not go away or gets worse
- Coughing up blood or rust-colored sputum (spit or phlegm)
- Chest pain that is often worse with deep breathing, coughing, or laughing
- Hoarseness
- Weight loss and loss of appetite
- Shortness of breath
- Feeling tired or weak
- Infections such as bronchitis and pneumonia that don’t go away or keep coming back
- New onset of wheezing
- Lumps near the surface of the body, due to cancer spreading to the skin or to lymph nodes (collections of immune system cells), such as those in the neck or above the collarbone
- Most of these symptoms are more likely to be caused by something other than lung cancer. Still, if you have any of these problems, it’s important to see your doctor right away so the cause can be found and treated, if needed.

**If lung cancer spreads to distant organs, it may cause:**

- Bone pain (like pain in the back or hips)
- Nervous system changes (such as headache, weakness or numbness of an arm or leg, dizziness, balance problems, or seizures), from cancer spread to the brain or spinal cord
- Yellowing of the skin and eyes (jaundice), from cancer spread to the liver
- Lumps near the surface of the body, due to cancer spreading to the skin or to lymph nodes (collections of immune system cells), such as those in the neck or above the collarbone

The above information was provided by the American Cancer Society. For more information about lung cancer, visit www.cancer.org/cancer/lungcancer/.

**You Don’t Have to Quit. Just Come!**

PUTNAM COUNTY QUIT 4 LIFE offers one-hour, weekly Quit 4 Life smoking cessation support groups designed to equip individuals with tobacco dependency to quit and sustain their cessation of tobacco products for life.

Led by Randy Todd, who kicked his 20-year smoking habit in 1989, the class uses the American Lung Association’s Freedom From Smoking® curriculum. In addition to facilitating the class, Todd also provides phone and text support for the weak moments quitters might experience between meetings.

Todd leads youth classes from 5-6 p.m. on Thursdays and adult classes from 6-7 p.m. on Thursdays in the CRMC cafeteria conference room. For more information, call Todd at (931) 261-4305 or visit quit4lifepc.com.

**DO YOU QUALIFY FOR A LUNG SCREENING?**

IN AN EFFORT TO PROVIDE access to screening for people at high risk for developing lung cancer, CRMC offers low-dose CT (LDCT) scan lung screenings. The screening is quick and easy and results in a minimal amount of radiation exposure. The exam takes less than 10 seconds; no medications are given and no needles are used. The cost is $99.

You may qualify for a LDCT lung screening at Cookeville Regional Medical Center if you fall into one of these categories:

**Category 1**
- You are between 55 and 77 years old,
- Are currently a smoker or have quit within the past 15 years, and
- Have smoked at least a pack of cigarettes a day for 30 + years.

**Category 2**
- You are between 50 and 77 years old,
- Have smoked at least a pack of cigarettes a day for 20 + years, and
- Have one additional lung cancer risk factor* (not to include secondhand smoke exposure).

Scheduling a Screening
Talk with your doctor to see if you qualify.

If you think you meet the criteria, please call Cookeville Regional Medical Center’s lung navigator at (931) 783-4996 Monday through Friday to complete a screening questionnaire. However, you must receive an order from your primary care physician before your scheduled appointment to be eligible.

We will help you locate a primary care doctor if you do not have one. Early detection saves lives!

Lung screenings are covered by Medicare and some insurances. Through a grant received from Pfizer, CRMC offers free lung screenings to those who qualify for the screening and are uninsured or underinsured.

* Risk factors include having cancer in the past, emphysema, pulmonary fibrosis, a family history of lung cancer and exposure to certain substances (including asbestos, arsenic, beryllium, calcium, chromium, diesel fumes, nickel, radon, silica and uranium).
“What we have to offer is top-tier cancer care on a much more personal level.”

Hemamalini Karparapu, M.D.
Oncologist

Dr. Hemamalini Karparapu, an oncologist with Cookeville Regional’s Cancer Program, was part of the team that oversaw Kathy Evans’ care.

And because this kind of care is available in Cookeville, just blocks from Kathy’s office, she barely had to miss any work to get her treatments.

“What we have to offer is top-tier cancer care on a much more personal level, and it’s certainly easier and much more convenient and sometimes safer to be treated closer to home,” said Dr. Sidrys.

Thanks to all that the Cancer Center offered her, along with support from family, friends and her church, Evans finished her treatments in August.

“If I could share my advice with anybody, I’d say don’t try to do it by yourself,” said Evans. “There are people at the hospital, there are navigators, there are people in the chemo department who are all there to help you. Let that be the place where you start.”

Kathy Evans sits at the piano at First United Methodist Church, where she is director of music ministries.

CANCER PROGRAM’S TEAM APPROACH IMPROVES PATIENT CARE, OUTCOMES

IT WAS THE WEEK OF CHRISTMAS when Kathy Evans, director of music ministries at Cookeville’s First United Methodist Church, got the news that a lump in her breast that she’d had biopsied the week before was, indeed, cancerous.

“My family was all coming in, and I had to figure out how to be brave on Christmas Eve in front of a congregation of people,” said Evans. “It was just, ‘Let’s figure it out, let’s do it, let’s treat it and move on.’ I have things I want to do, grandchildren I want to see raised, and places I want to go.”

When Evans came to the Cancer Center to begin her treatment, she was introduced to each member of the team that would be helping her, including oncologist Hemamalini Karparapu, M.D., radiologist Algis Sidrys, M.D., and breast health navigator Amy Ellis. Together, they decided on a course of treatment. Evans was scheduled for a lumpectomy with Dr. Scott Copeland, general and vascular surgeon with Middle Tennessee Surgical Associates, on January 4, started chemotherapy on February 2, took a short break, and then resumed chemo, combined with radiation treatments, on May 2.

“There was always coordination and dialogue between every level,” said Evans. “It’s that team approach that ensures that patients in the CRMC Cancer Program receive coordinated, continuous care at every stage of the journey.

“When you have a team approach, everybody is on board and everybody is on the same page as to what should be the best treatment for this patient,” said Dr. Karparapu. “That way, she’ll get the best possible outcome.”

Evans especially benefited from the involvement of Ellis, who was there with her during her surgery and met her at many of her appointments and treatments.

“I think one of the greatest things the hospital has is the nurse navigator,” said Evans. “Amy has been able to tell me what things meant and guide me through them. She was always there to answer all of my questions.”

Kathy Evans stands in the sanctuary at First United Methodist Church, where she is director of music ministries.

Dr. Algis Sidrys, a radiologist with Cookeville Regional’s Cancer Program, was part of the team that oversaw Kathy Evans’ care.

“Don’t try to do it by yourself.”

Kathy Evans, director of music ministries at Cookeville’s First United Methodist Church, got the news that a lump in her breast that she’d had biopsied the week before was, indeed, cancerous.

“My family was all coming in, and I had to figure out how to be brave on Christmas Eve in front of a congregation of people,” said Evans. “It was just, ‘Let’s figure it out, let’s do it, let’s treat it and move on.’ I have things I want to do, grandchildren I want to see raised, and places I want to go.”

When Evans came to the Cancer Center to begin her treatment, she was introduced to each member of the team that would be helping her, including oncologist Hemamalini Karparapu, M.D., radiologist Algis Sidrys, M.D., and breast health navigator Amy Ellis. Together, they decided on a course of treatment. Evans was scheduled for a lumpectomy with Dr. Scott Copeland, general and vascular surgeon with Middle Tennessee Surgical Associates, on January 4, started chemotherapy on February 2, took a short break, and then resumed chemo, combined with radiation treatments, on May 2.

“There was always coordination and dialogue between every level,” said Evans. “It’s that team approach that ensures that patients in the CRMC Cancer Program receive coordinated, continuous care at every stage of the journey.

“When you have a team approach, everybody is on board and everybody is on the same page as to what should be the best treatment for this patient,” said Dr. Karparapu. “That way, shet’ll get the best possible outcome.”

Evans especially benefited from the involvement of Ellis, who was there with her during her surgery and met her at many of her appointments and treatments.

“I think one of the greatest things the hospital has is the nurse navigator,” said Evans. “Amy has been able to tell me what things meant and guide me through them. She was always there to answer all of my questions.”

And because this kind of care is available in Cookeville, just blocks from Kathy’s office, she barely had to miss any work to get her treatments.

“What we have to offer is top-tier cancer care on a much more personal level, and it’s certainly easier and much more convenient and sometimes safer to be treated closer to home,” said Dr. Sidrys.

Thanks to all that the Cancer Center offered her, along with support from family, friends and her church, Evans finished her treatments in August.

“If I could share my advice with anybody, I’d say don’t try to do it by yourself,” said Evans. “There are people at the hospital, there are navigators, there are people in the chemo department who are all there to help you. Let that be the place where you start.”

Kathy Evans stands in the sanctuary at First United Methodist Church, where she is director of music ministries.

Dr. Algis Sidrys, a radiologist with Cookeville Regional’s Cancer Program, was part of the team that oversaw Kathy Evans’ care.
The Cancer Program at Cookeville Regional Medical Center - 2016

Coordinated, Individualized Care Sets CRMC’s Breast Health Program Apart

Cookeville Regional Has Taken Its Comprehensive Breast Program to the Next Level

We’re the only breast program in the Upper Cumberland to receive a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. This places us among an elite group of institutions nationwide providing breast care.

“We are following established, well-documented guidelines for the treatment of breast cancer as it exists today, and the known, effective treatments,” said Dr. Scott Copeland, a board-certified general surgeon who performs breast cancer surgery at Cookeville Regional. “We have meetings and review those guidelines as we take in each individual patient with a new diagnosis of breast cancer, and we make certain that we, as a collective body, are following those established guidelines.”

In addition, The Women’s Center of Cookeville Regional has been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR) and is the only breast imaging center in the Upper Cumberland to achieve this status.

“We’re also proud to offer 3D mammography, an advanced modality for breast cancer screening, to women in the Upper Cumberland. And in January, the hospital will add a third linear accelerator to the Cancer Center to better serve patients.”

The imaging services and treatment systems that we offer here are as good as or better than what you can find in most other hospitals, even those in major metropolitan areas,” said Amanda Bain, RT(R), Imaging Department manager. “What we offer here is the best you can get.”

Cookeville Regional is also on the leading edge of information about ongoing clinical trials and new treatment options.

“Over the last five years, the changes that have taken place in genetics and testing have been phenomenal, and we’re constantly revisiting that and making the changes necessary so that we are ahead of the curve and are offering the latest and greatest aspects of care,” said Cancer Center Director Lisa Bagci.

“That very much sets us apart.”

While the patient may never be aware of the level of planning that goes on behind the scenes, the outcome is that she receives the best quality breast care, close to home.

What this means for the patient is that no aspect of their care is left unaddressed, and all parties involved are working in unison to deliver coordinated, individualized care to the patient.

“If we didn’t have this tremendous level of cooperation, you could have an oncologist planning one thing and a surgeon planning something else, and potential delays in care because the patient doesn’t know where they’re supposed to go next,” said Amy Ellis, RN, CBCN, the breast health nurse navigator who coordinates care for CRMC’s breast cancer patients. “Having your doctors talk to one another about your case streamlines everything so that you don’t get lost.”

“Your doctors talk to one another about your case streamlines everything so that you don’t get lost.”

What we offer here is the best you can get.

Amanda Bain
RT(R), Imaging Department manager

Breast Health Navigator Amy Ellis, RN, CBCN, shares the “Breast Cancer Treatment Handbook” with a patient.

Signs and Symptoms of Breast Cancer

Knowing How Your Breasts Normally Look and Feel is an important part of keeping up with your breast health. Finding breast cancer as early as possible gives you a better chance of successful treatment. But knowing what to look for does not take the place of having regular mammograms and other screening tests. Screening tests can help find breast cancer in its early stages, even before any symptoms appear.

The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancerous, but breast cancers can be tender, soft, or rounded. They can even be painful. For this reason, it is important to have any new breast mass or lump or breast change checked by a health care professional experienced in diagnosing breast diseases.

Other possible symptoms of breast cancer include:

• Swelling of all or part of a breast (even if no distinct lump is felt)
• Skin irritation or dimpling
• Breast or nipple pain

The above information was provided by the American Cancer Society. For more information about breast cancer, visit cancer.org/cancerbreastcancer.

Breast or nipple pain

• Nipple retraction (turning inward)
• Redness, scaliness, or thickening of the nipple or breast skin
• Nipple discharge (other than breast milk)

Sometimes a breast cancer can spread to lymph nodes under the arm or around the collar bone and cause a lump or swelling there, even before the original tumor in the breast tissue is large enough to be felt. Swollen lymph nodes should also be reported to your doctor.

Although any of these symptoms can be caused by things other than breast cancer, if you have them, they should be reported to your doctor so that he or she can find the cause.

Because mammograms do not find every breast cancer, it is important for you to be aware of changes in your breasts and to know the signs and symptoms of breast cancer.

COOKEVILLE REGIONAL HAS TAKEN ITS COMPREHENSIVE BREAST PROGRAM TO THE NEXT LEVEL

We’re the only breast program in the Upper Cumberland to receive a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. This places us among an elite group of institutions nationwide providing breast care.

“We are following established, well-documented guidelines for the treatment of breast cancer as it exists today, and the known, effective treatments,” said Dr. Scott Copeland, a board-certified general surgeon who performs breast cancer surgery at Cookeville Regional. “We have meetings and review those guidelines as we take in each individual patient with a new diagnosis of breast cancer, and we make certain that we, as a collective body, are following those established guidelines.”

In addition, The Women’s Center of Cookeville Regional has been designated a Breast Imaging Center of Excellence by the American College of Radiology (ACR) and is the only breast imaging center in the Upper Cumberland to achieve this status.

“We’re also proud to offer 3D mammography, an advanced modality for breast cancer screening, to women in the Upper Cumberland. And in January, the hospital will add a third linear accelerator to the Cancer Center to better serve patients.”

The imaging services and treatment systems that we offer here are as good as or better than what you can find in most other hospitals, even those in major metropolitan areas,” said Amanda Bain, RT(R), Imaging Department manager. “What we offer here is the best you can get.”

Cookeville Regional is also on the leading edge of information about ongoing clinical trials and new treatment options.

“Over the last five years, the changes that have taken place in genetics and testing have been phenomenal, and we’re constantly revisiting that and making the changes necessary so that we are ahead of the curve and are offering the latest and greatest aspects of care,” said Cancer Center Director Lisa Bagci.

“That very much sets us apart.”

While the patient may never be aware of the level of planning that goes on behind the scenes, the outcome is that she receives the best quality breast care, close to home.

What this means for the patient is that no aspect of their care is left unaddressed, and all parties involved are working in unison to deliver coordinated, individualized care to the patient.

“If we didn’t have this tremendous level of cooperation, you could have an oncologist planning one thing and a surgeon planning something else, and potential delays in care because the patient doesn’t know where they’re supposed to go next,” said Amy Ellis, RN, CBCN, the breast health nurse navigator who coordinates care for CRMC’s breast cancer patients. “Having your doctors talk to one another about your case streamlines everything so that you don’t get lost.”

“Your doctors talk to one another about your case streamlines everything so that you don’t get lost.”

What we offer here is the best you can get.

Amanda Bain
RT(R), Imaging Department manager

Breast Health Navigator Amy Ellis, RN, CBCN, shares the “Breast Cancer Treatment Handbook” with a patient.

Signs and Symptoms of Breast Cancer

Knowing How Your Breasts Normally Look and Feel is an important part of keeping up with your breast health. Finding breast cancer as early as possible gives you a better chance of successful treatment. But knowing what to look for does not take the place of having regular mammograms and other screening tests. Screening tests can help find breast cancer in its early stages, even before any symptoms appear.

The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancerous, but breast cancers can be tender, soft, or rounded. They can even be painful. For this reason, it is important to have any new breast mass or lump or breast change checked by a health care professional experienced in diagnosing breast diseases.

Other possible symptoms of breast cancer include:

• Swelling of all or part of a breast (even if no distinct lump is felt)
• Skin irritation or dimpling
• Breast or nipple pain

The above information was provided by the American Cancer Society. For more information about breast cancer, visit cancer.org/cancerbreastcancer.

Breast or nipple pain

• Nipple retraction (turning inward)
• Redness, scaliness, or thickening of the nipple or breast skin
• Nipple discharge (other than breast milk)

Sometimes a breast cancer can spread to lymph nodes under the arm or around the collar bone and cause a lump or swelling there, even before the original tumor in the breast tissue is large enough to be felt. Swollen lymph nodes should also be reported to your doctor.

Although any of these symptoms can be caused by things other than breast cancer, if you have them, they should be reported to your doctor so that he or she can find the cause.

Because mammograms do not find every breast cancer, it is important for you to be aware of changes in your breasts and to know the signs and symptoms of breast cancer.
Breast

**TRIAL CATEGORY**

**PROTOCOL**

**SCHEMA**

This is a randomized trial of SPI-2012 vs Pegylaptotide in the management of chemotheraphy induced neutropenia in Breast Cancer patients receiving Docetaxel and Cyclophosphamide (TC) therapy.

Lung

**TRIAL CATEGORY**

**PROTOCOL**

**SCHEMA**

Non-treatment Non-treatment has no standard treatment available for it. This is a phase III, randomized, placebo controlled, adjunct endocrine therapy with v/ -/ oral administration of Estradiol in high-risk, hormone receptor positive and HER2 negative Breast Cancer patients. This is a study that is evaluating the effects of pre-operative breast MRI on surgical outcomes, and qualitative quality of life of women with Breast Cancer. This is for triple negative women with breast cancer or BR- PR- Her2+ Breast Cancer, stages I-III.

Multiple Myeloma

**TRIAL CATEGORY**

**PROTOCOL**

**SCHEMA**

This is a phase II clinical trial of AVdL dexamethasone as a single agent in patients refractory to previous treatment with the above regimen. This is a phase III, multicenter trial of Avandara in Platinum-based doublet as front-line treatment of newly diagnosed Stage IV PD-L1+ Non-Small Cell Lung Cancer. A phase II clinical trial for previously untreated Squamous Cell Lung Cancer. Patients must have received one front-line containing platinum-based drug and evidence of disease progression.

Any Solid Tumor, Multiple Myeloma, or Lymphoma

**TRIAL CATEGORY**

**PROTOCOL**

**SCHEMA**

This is a randomized, phase III trial of Brentuximab, Thalidomide, and Docetaxel in patients with advanced Non-Small Cell Lung Cancer with at least one measurable lung lesion.

Any Cancer

**TRIAL CATEGORY**

**PROTOCOL**

**SCHEMA**

Cancer Experience Registry: This is a registry for anyone who has been diagnosed with any type of cancer. By joining you can help make a difference in improving the quality of life and health outcomes of people touched by cancer.

CLL

**TRIAL CATEGORY**

**PROTOCOL**

**SCHEMA**

This is an observational registry of CLL patients designed to characterize initiating treatment with approved oral kinase inhibitors and other approved anti-CLL therapies. This study also evaluates the association of treatment patterns with patient characteristics, health care resource utilization, and patient reported outcomes.

2015 COMMUNITY OUTREACH

COOKEVILLE REGIONAL MEDICAL CENTER hosts a number of outreach programs each year for the community with a focus on prevention, screening and education. Based on the 2014 cancer cases at CRMC, emphasis was placed on the following categories:

**RESPIRATORY SYSTEM**

Smoking Cessation Classes offered through the CRMC Workplace Wellness program

Four industries in region:

- 69 percent: 6 participants completed the seven-week/ eight-session class with a 75% smoking cessation success rate

Quit 4 Life Smoking Cessation Weekly Support Group and Class

Open to the public - Success rate for smoking cessation: almost 90%

- Adult Group: averages 12 participants per class

- Teen/Drug Group: averages 15 participants per class

Low-Dose CT Lung (LDCT) Screenings

Began offering to corporate wellness partners in 2014

- Implemented lung health nurse navigator program in 2015

- Promoted in the local Chamber of Commerce event with 300 attenders

- Received grant from Pfizer to offer free lung screenings to the uninsured and underinsured in 2017

- 25 LDCT lung screenings, 14 /CXR-guided biopsies, 1 positive biopsy.

**BREAST CANCER**

Pink Ribbons of Hope Mammogram Project

• Office free mammograms to those who are uninsured or underinsured

- 539 participants, 46 with follow-ups, 6 biopsies, 0 positive findings

Memos for Memo event

Held in honor of Mother’s Day to promote the importance of mammograms

- 61 participants, 1 biopsy, 1 positive finding

Community Events

Provided educational materials

- YMC A Go Pink Program monthly meetings – average of six attenders each month

- Senior Expo – 800 attenders

- Fairfield Glade Community Health Fair – 75 attenders

- Komen Upper Cumberland Race for the Cure – 1,000 attenders

- Pink Ribbons of Hope Gala fundraiser/training and educational event-320 attenders

**PROSTATE CANCER**

Prostate-specific antigen (PSA) testing offered at 10 health fairs

- 165 participants, 19 elevated PSA levels, 25 recommended for follow-up with a urologist

- 1 diagnosed with prostate cancer

**WET ALINA**

Skin cancer screenings provided through corporate wellness programs

- 50 participants

- Several partnerships with suspicious findings referred for physician follow-up

2015 CRMC CANCER CASES

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Sex</th>
<th>Stage of Cancer at Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Sites</td>
<td>936</td>
<td></td>
<td>487/449</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>476</td>
<td></td>
<td>217/230</td>
</tr>
<tr>
<td>Lung/Bronch</td>
<td>204</td>
<td></td>
<td>108/96</td>
</tr>
<tr>
<td>Breast</td>
<td>97</td>
<td></td>
<td>62/35</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>13</td>
<td></td>
<td>8/5</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td></td>
<td>9/8</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>30</td>
<td></td>
<td>18/12</td>
</tr>
<tr>
<td>Other/Ill-Defined</td>
<td>5</td>
<td></td>
<td>2/3</td>
</tr>
</tbody>
</table>

Table: CRMC cases by sex.

The Cancer Program at Cookeville Regional Medical Center • 2016

2016 The Cancer Program at Cookeville Regional Medical Center

• Two-year results:

- Teen/Parents Group: averages 15 participants per class

- Eight-session class with a 75% smoking cessation success rate

- Making the move event

- 163 participants, 19 elevated PSA levels, 25 recommended for follow-up with a urologist

- 1 diagnosed with prostate cancer

Community Events

Provided educational materials

- YMCA Go Pink Program monthly meetings – average of six attenders each month

- Senior Expo – 800 attenders

- Fairfield Glade Community Health Fair – 75 attenders

- Komen Upper Cumberland Race for the Cure – 1,000 attenders

- Pink Ribbons of Hope Gala fundraiser/training and educational event-320 attenders

**PROSTATE CANCER**

Prostate-specific antigen (PSA) testing offered at 10 health fairs

- 165 participants, 19 elevated PSA levels, 25 recommended for follow-up with a urologist

- 1 diagnosed with prostate cancer

**WET ALINA**

Skin cancer screenings provided through corporate wellness programs

- 50 participants

- Several partnerships with suspicious findings referred for physician follow-up

2015 CRMC CANCER CASES

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Sex</th>
<th>Stage of Cancer at Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Sites</td>
<td>936</td>
<td></td>
<td>487/449</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>476</td>
<td></td>
<td>217/230</td>
</tr>
<tr>
<td>Lung/Bronch</td>
<td>204</td>
<td></td>
<td>108/96</td>
</tr>
<tr>
<td>Breast</td>
<td>97</td>
<td></td>
<td>62/35</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>13</td>
<td></td>
<td>8/5</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td></td>
<td>9/8</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>30</td>
<td></td>
<td>18/12</td>
</tr>
<tr>
<td>Other/Ill-Defined</td>
<td>5</td>
<td></td>
<td>2/3</td>
</tr>
</tbody>
</table>

Table: CRMC cases by sex.
RESOURCES

contact information

Cookeville Regional Medical Center
(931) 528-2541 • crmchealth.org

Cookeville Regional Cancer Center
1-866-258-5416 • (931) 783-2497

Breast Health Nurse Navigator
(931) 783-2922

Lung Health Nurse Navigator
(931) 783-4996

Cancer Support Groups
OncoCare Social Work Staff
(931) 783-2026

Clinical Trials
(931) 783-2476

American Cancer Society
National Office
(800) 227-2345 • cancer.org

Susan G. Komen for the Cure
Upper Cumberland Chapter
(931) 303-0096 • komenuppercumberland.org

National Office
(877) 465-6636 • komen.org

National Cancer Institute
(800) 422-6237 • cancer.gov

Cookeville Regional Tumor Registry
(931) 783-2292

SUPPORTIVE services offered

AFTER DIAGNOSIS AND TREATMENT, sometimes a patient needs support from others who are knowledgeable of their needs and can answer questions and give guidance. CRMC offers a wide range of support groups and employs a full-time breast health nurse navigator, lung navigator, social workers and a registered dietitian dedicated to patients in The Cancer Center.

Breast Health Nurse Navigator
Lung Health Navigator
Oncology Dietitian
Oncology Social Workers
Pastoral Services
Reference Library
Hospice
Susan G. Komen for the Cure
A nonprofit that provides education and support for patients diagnosed with breast cancer.

Women's Wednesday Programs offered by the Community Wellness Department that discuss cancer and a variety of topics relevant to the Upper Cumberland.

Prostate Cancer Support Group
A support group that helps local prostate cancer patients and their caregivers.

Look Good...Feel Better
A program sponsored by the American Cancer Society and other agencies that focuses on appearance-related changes due to cancer treatment.

Health Fairs Cancer screening and prevention programs offered at several health fairs each year.

Circle of Hope
A support group for patients who are diagnosed with any type of cancer, and their families.

Reach to Recovery
A program that helps patients cope with breast cancer by arranging visits between survivors and newly diagnosed patients.

Breast Cancer Support Group
An emotional and educational support group for women with breast cancer.

Journey™ to Breast Health
A program to help women navigate the path to health and healing.

Quit 4 Life
Free smoking-cessation classes that meet weekly and are highly successful at helping people quit smoking.

Workplace Wellness Smoking Cessation Classes
Classes offered through the workplace to help employees who want to break the habit.

Let’s Quit
Classes for adolescents that discuss the importance of not smoking and the dangers of secondhand smoke.

Multiple Myeloma Support Group
A monthly support group for patients with multiple myeloma.

Grief Share Support Group
A group for adults hurting from the death of a loved one.

GO PINK
A program, offered by the Putnam County and White County YMCAs, that provides exercise, nutrition information and lymphedema education, as well as encouragement and support for breast cancer survivors.

myCRMChealth
CRMC’s free online tool that allows you to have access to your personal health records – secure and convenient! Sign up by visiting myCRMChealth.org.