Booby Sebastian — still pedaling up MOUNTAINS
Six Years After Lymphoma Diagnosis
coming together to care

2020
By Kandy McGuire, RN, OCN
Director of The Cancer Center at Cookeville Regional

2020 HAS BEEN QUITE INTERESTING FOR THE HEALTH CARE WORLD THUS FAR. Words cannot describe the stress and emotional toll there has been on the Cancer Center staff, the hospital in general and our local community.

The March 3, 2020, tornado that hit Putnam County affected all of us in some way. Many of our scheduled patients for that day had to be cancelled. Our staff was utilized throughout the hospital in various capacities. Our stretchers and infusion chairs were kept in reserve and lined the hallways for deployment where needed. The teamwork and camaraderie were outstanding, and everyone is to be commended for a job well done during such an emotional and heart-wrenching day.

By the next week, before we’d really had time to fully process what had happened in our community, we began implementing screening processes for COVID-19. Changes were happening rapidly, and by mid-March, visitation restrictions were in place house-wide. All too soon, life as we’d previously known it was drastically changed: the hallways were eerily empty and quiet; no in-person meetings were being held; there were no patient support groups; and the list goes on. Oncology providers began offering telehealth visits via video or phone to limit potential patient exposure to the virus. To date, we continue to make every attempt to protect our patients and staff.

Somewhere, in the midst of all the chaos, before universal masking and social distancing were commonplace, we were given the opportunity to provide a very special moment for one of our patients. Unfortunately, our patient had been admitted to the hospital four days prior to his daughter’s wedding and would not be discharged in time to walk her down the aisle. The evening before the special day, the patient’s wife and daughter contacted me to ask if a wedding ceremony could be arranged in the Cancer Center’s Healing Garden. Without hesitation, my answer was, “Absolutely.” Phone calls were initiated to staff to assist, and those staff members reached out to their contracts. By the next morning, we had procured bouquets, boutonnieres, wedding cupcakes and other decorations to spruce up the garden. Invitations were printed and distributed to staff and the patients in the infusion suite who would be receiving treatment during the event. One of the front office employees even agreed to sing. The patient’s tux was brought in, and the nurses on the floor were kind enough to see that he was dressed and ready at the set time. With everyone’s help, we were able to provide this family with a day they will never forget.

Celebrating the wedding of Doctors Samantha Sherrell Cross and Amanda volunteer at the Cancer Center. In front, from left, in front, Tammy and Ricky Sherrell, the bride’s parents; Griny Toyno, RN; Angie Stamps, RN; and in back, the bride and groom, Kandy McGuire, RN; Dr. Ventimullar Kourti, Cheryner Henderson, RN; Cheaha Berti, Crystal Smith, RT; Sara Erger, AOCNP; and Jim Ball, RN.

This event was a testament to the way we care. It was the silver lining in the midst of these unprecedented times to remind us of why we do what we do.

THE COVID-19 PANDEMIC has been hard on everyone, and that’s been especially true for cancer patients and their providers. However, despite the challenges, the staff at the Cookeville Regional Cancer Center has risen to the occasion to provide the safest, best care to patients.

Initially, in the spring, the Cancer Center rescheduled patient appointments in an effort to protect everyone and avoid creating a surge of COVID-19 cases, especially among those who already had compromised immune systems, as is often the case for cancer patients. “Later, we realized this virus is not going away, so we needed to make plans to continue the cancer treatment,” said Dr. Robin Jacob, a medical oncologist/hematologist at the Cancer Center. “So far, there has been not been much delay in treatment, and we have seen the majority of our patients.”

The Cancer Center began screening patients at the door and allowing patients to wait in their cars for their appointment times. Several of the Cancer Center providers have also offered telehealth visits to patients who have smartphones.

“The we’ve also tried to combine some visits,” said Cancer Center Director Kandy McGuire. “We typically do not have a doctor visit and an infusion on the same day, but to limit exposure in their trips out of the house, we have tried to combine some of those things.

Initially, no visitors were allowed to accompany patients on their Cancer Center visits, although that was later related to include one visitor per patient, except for visits to the chemotherapy infusion area, where there are still no visitors allowed.

“T00 much going on with patients initially when they’re diagnosed, said Sara Erger, a nurse practitioner to the medical oncologists at the Cancer Center. “A person needs to have another set of ears, because they can be so overwhelmed with what’s going on.”

That’s why the Cancer Center has made occasional exceptions to the policy when needed for certain patients, and providers have also used conference calls and FaceTime sessions to allow more family members to be involved.

“We are empathetic, and we picture ourselves in those situations, where what if that was my family that was in the hospital alone,” said Erger.

It’s that level of empathy that leads the staff at the Cancer Center to regularly go above and beyond, including even hosting an impromptu wedding so that a patient who was too ill to leave the center could walk his daughter down the aisle.

At first, the bride was planning to visit the Cancer Center on her way to her wedding in Gallatin, but then she decided to have her wedding in the healing garden.

“That all started after hours, so I made phone calls to some of the staff, and they made calls to people they knew, and the wedding happened at noon the next day,” said McGuire. “We had flowers and music. We printed invitations. One of our schedulers sang, and we had little cupcakes for everyone. I don’t think there was a dry eye, and I think it reminded all of us why we do what we do.”

THE CRMC CANCER CENTER REMAINS COMMITTED TO QUALITY CARE, EVEN (AND ESPECIALLY) IN A PANDEMIC

Samantha Sherrell Cross kisses her father, Ricky Sherrell, on her wedding day at the Cancer Center.
Along with drenching night sweats and itchy skin, having extreme fatigue two months later, Bobby Sebastian — an avid cyclist for years, started having a very difficult time completing the usual trips with his cycling group.

At first, he chalked it up to getting out of shape from taking a couple of months off to remodel his home. But when he was still pedaling up mountains, Cookeville Regional Medical Center, and legs, Sebastian continued to enjoy life.

Now six years past his diagnosis with WM, Sebastian is continuing to enjoy life. “I’m doing fine. I feel good. I rode my bicycle 20 miles this morning up the mountain, so life is good,” said Sebastian.

Fortunately, even if he were to develop side effects or become unresponsive to this treatment, there are several other options available for his continued care. “Because his relapse happened closer to the use of our first choice of medication called rituxan®, which was able to control his disease for three years before he relapsed, we were able to switch to a new, targeted therapy option that was approved by the FDA in 2017,” said Dr. Kotla.

Sebastian has continued to do well on Imbruvica for three years now. “With the new, targeted therapy option that was approved by the FDA in 2017, "WM is a slow-growing lymphoma that is not a functioning protein. It makes the blood viscous (thick), which is what causes the symptoms patients experience," said Sebastian.

Sebastian was placed on an immunotherapy medication called Rituxan®, which was able to control his disease for three years before he relapsed. “Because his relapse happened closer to the use of our first choice of treatment, we could not use the same treatment, so we switched to a medication called rituxan®, which is a very new, targeted therapy option that was approved by the FDA in 2017,” said Dr. Kotla.

“I was hoping I’d picked up some kind of blood parasite or something on one of these mission trips,” said Sebastian, who is the missions pastor at Life Church. “But they did a bone biopsy on me, and the results showed that I have a rare, stage 4 non-Hodgkin lymphoma called Waldenstrom macroglobulinemia (WM).”

WM grows in the bone marrow and crowds out the normal cells that make blood. When too few red blood cells are produced, the result is anemia. And when too few white blood cells are produced, the body has trouble fighting infection. WM can also cause the platelet count to drop, which leads to bleeding and bruising.

Common symptoms of WM:
- Weakness
- Loss of appetite
- Fever
- Sweats
- Weight loss
- Neuropathy

Less common symptoms of WM:
- Enlarged lymph nodes
- Swollen abdomen
- Headache
- Confusion
- Dizziness
- Shunted speech
- Nosebleeds
- Blinding gums
- Blurred vision or blind spots
- Fluid retention/swelling in the feet and legs
- Palpitations
- Cough
- Shortness of breath
- Rapid weight gain
- Congestive heart failure
- Diarrhea
- Blood in the stools or dark stools
- Sensitivity to cold

Source: American Cancer Society
The Cancer Program at Cookeville Regional Medical Center

CANCER CARE FUND
ASSISTING CANCER PATIENTS AND THEIR FAMILIES

Cancer can be devastating physically, mentally, emotionally and financially for patients and their families. Many patients struggle not only in dealing with their cancer, but also with financial hardship due to fighting the disease. Cancer can mean time off work or unemployment, dozens of trips to and from treatment, expensive medicines and unbelievable stress placed on families as well as patients.

Every year, the Cancer Center treats more than 800 new cancer patients. The Cookeville Regional Charitable Foundation’s Cancer Care Program is designed to meet some of the charitable needs of these patients. Each year, thanks to assistance from caring supporters, we are able to help hundreds of local patients through the Cancer Fund. No one should have to forgo cancer treatment because they can’t afford to meet basic needs.

You can help. Your gift will provide the assistance needed to ensure that a cancer patient can continue treatment without the burden of worrying about providing the essentials for their family. One hundred percent of your gift goes toward direct care for cancer patients in the Upper Cumberland!

Whether you would like to honor a loved one, help the Foundation further its overall mission, or help with a particular need among those we serve, giving has never been simpler. Please visit cookevilletreatmentcharity.org to make a donation.

CANCER CENTER ADDS FULL-TIME QUALITY IMPROVEMENT COORDINATOR

THE CANCER CENTER AT COOKEVILLE REGIONAL is proud to announce the addition of a full-time quality improvement (QI) coordinator, Sheila Shope, NP, to our staff.

Shope previously worked for many years at St. Jude Children’s Research Hospital in Memphis, where she coordinated a large, ongoing study looking at late effects of cancer therapy in long-term cancer survivors who had been patients at the center.

At Cookeville Regional, Shope’s role involves examining all aspects of Cancer Center operations to determine areas that could be improved, and then working with the Cancer Program team to set and meet goals for that improvement.

“It’s a new position, but we want to identify anything we do here that we could improve on — from when a patient walks into the Cancer Center through their whole registration, care and treatment,” said Shope. “So, a lot of it is being aware and identifying and helping the staff to identify areas for improvement, to always be looking for ways to improve. It’s a big initiative, and it’s just getting started as far as having a designated person to help with that.”

Shope started in her new role on April 6. The Cancer Center, which is accredited by the Commission on Cancer (CoC), added the position when the CoC determined that designated cancer centers, such as the one at Cookeville Regional, need full-time QI coordinators to assess the quality of care in a structured manner.

“Industry quality improvement has been a big push for many, many years, with a focus on continuous improvement,” said Shope. “And so, a number of years ago, leaders in health care started looking at that whole concept, as well. It’s a matter of looking at all of your processes as well as your outcomes, and looking for opportunities for improvement.”

Shope spends a great deal of her time examining data, because a lot of what goes on in a cancer center involves reporting diagnoses, treatments and outcomes to larger organizations, such as the National Cancer Database.

“Quality improvement works with a lot of that data to make sure that it’s accurate and that the care we’re giving is up to standard and above standard, when at all possible,” said Shope. “We also want to focus on benchmarking, to see how our patient care and outcomes compare with those of other institutions that are accredited by the Commission on Cancer, because we never want to be satisfied with the status quo.”

MEDICAL PHYSICISTS PERFORM A VITAL ROLE IN OUR CANCER PROGRAM

The main objective of the medical physicist is to assure the best possible treatment with the technology available. The medical physicist often works alongside the oncologist and other Cancer Program team members to assure the accurate delivery of all aspects of a treatment prescription.

“The radiation is prescribed by the physician, depending on the staging of the cancer,” said Dr. Beshoy Beshay, a medical physicist at the CRMC Cancer Center. “Then we ensure that we can deliver that amount of radiation to the cancer while still sparing the nearby healthy tissue surrounding it and that it can be calculated correctly and delivered accurately.”

“A major part of the medical physicist’s job is developing safety procedures and ensuring that treatment machines are properly commissioned and modeled.”

“We commission the linear accelerator, meaning that we take tons of measurements and perform a lot of calculations to create a model in our computer planning system so that when we create a plan for a specific patient, we can ensure that what we’re calculating on our computer is an appropriate model of what will actually happen on the machine when treating the patient,” said Dr. Beshay.

A medical physicist brings a unique perspective to the oncology team — that of a scientist trained in physics, including radiology, physics, and also in clinical, basic medical and radiobiological sciences. Typically, a medical physicist will earn a bachelor’s degree in physics and either a master’s or a doctorate in medical physics, then will complete a two-year residency and a series of three board exams.

“It would be very hard for one person to do it all,” said Dr. Beshay, “so instead we have two different specializations, where the physician will focus more on the medicine side, with direct patient interaction and looking at the overall medical picture of the patient, and the medical physicist will focus more on the algorithms, calculations and modeling of the radiation and how it interacts with the patient.”

At Cookeville Regional, the oncology physics team consists of three board-certified medical physicists, one medical physics assistant and three medical dosimetrists. The team stays very busy, seeing about 50-60 unique patients per week, most of whom are coming in for daily treatments over an average span of five to six weeks.

For Dr. Beshay, the most rewarding part is seeing patients benefit from advances in technology.

“The algorithms that we have now to calculate the dose are much more accurate as opposed to 20 to 40 years ago,” said Dr. Beshay. “The technology of the linear accelerator allows us to have much more precise plans, thereby reducing a very significant amount of dose to the nearby healthy tissues.”

A VERY IMPORTANT AND OFTEN BEHIND-THE-SCENES ROLE IN COOKEVILLE REGIONAL’S CANCER PROGRAM is that of the medical physicist. Medical physicists are highly trained medical professionals who ensure the quality and safety of radiation therapy and diagnostic imaging procedures.

The Cancer Program at Cookeville Regional Medical Center • 2020

REVIEW
**LEARNING THE SIGNS AND SYMPTOMS OF VARIOUS FORMS OF CANCER**

**Breast Cancer**
- Possible symptoms of breast cancer include:
  - A new lump or mass, either hard or soft
  - Swelling of all or part of a breast (even if no lump is felt)
  - Skin dimpling (sometimes looking like an orange peel)
  - Breast or nipple pain
  - Nipple retraction (nursing inverted)
  - Nipple discharge (other than breast milk)
  - Swollen lymph nodes (Sometimes breast cancer can spread to lymph nodes under the arm or around the collarbone and cause a lump or swelling there, even before the original tumor in the breast is large enough to be felt.)

**Lung Cancer**
- Early lung cancers often do not cause any symptoms until they have spread, but some people with early lung cancer do have symptoms.

**Ovarian Cancer**
- The most common symptoms include:
  - Blurring
  - Pelvic or abdominal (belly) pain
  - Trouble eating, or feeling full quickly
  - Urinary symptoms such as urgency (always feeling like you have to go) or frequency (having to go often)

**Pancreatic Cancer**
- Early pancreatic cancers often do not cause any signs or symptoms. By the time they do cause symptoms, they have often grown very large or already spread outside the pancreas. Changes in the body or more of the symptoms below does not mean you have pancreatic cancer. For instance, many of these symptoms are most likely to be caused by other conditions.

**Skin Cancer**
- Melanoma Skin Cancer
  - A new spot on the skin that is changing in color, size, or shape
  - A sore that doesn’t heal
  - Changes in the size or shape of an existing mole
  - An asymmetric mole

**Prostate Cancer**
- Problems urinating, including a slow or weak urinary stream or the need to urinate more often, especially at night
- Blood in the urine or semen
- Trouble getting an erection (erectile dysfunction ‘ED’)
- Pain in the hips, back, spine, or lower abdomen
- Abdominal or pelvic pain
- Feeling tired or weak
- Loss of appetite and weight loss
- Pain as you urinate
- Blood in your stool
- Feeling as if you need to go right away, even though you urinate
- Blood in your urine
- Feeling tired or weak
- Blood in the stool
- Loss of appetite

**Stomach Cancer**
- Poor appetite
- Weight loss (without trying)
- Abdominal (bony) pain
- Feeling full of food in the upper abdomen after eating a small meal
- A sense of fullness in the upper abdomen
- Nausea
- Vomiting, with or without blood
- Feeling full or bloated
- Blood in the stool
- Loss of blood cell count (anemia)

**Cancer during Quarantine**

Because patients who are undergoing or have recently undergone cancer treatment tend to be immunocompromised, they can have a higher risk of contracting viruses like COVID-19 and might also have a more difficult time fighting the virus if they have it.

That’s why it’s especially important for these individuals to know when to quarantine and how to do it properly.

According to Dr. Jason Meier, a hematologist and oncologist at the CRMC Cancer Center, there are three categories of patients who need to take precautions:

- Those who no longer have cancer or have cancer that is in remission. These patients need to be careful because they often have other medical problems like diabetes or high blood pressure that, when combined with cancer, can put them at increased risk.
- Those who are currently receiving either chemotherapy or radiation. These patients potentially have a compromised immune system or increased inflammation that can make their response to COVID-19 stronger and more likely to result in hospitalization or an ICU stay.
- Those who have metastatic disease and are being treated with other agents in addition to chemotherapy and/or radiation. Patients who are on either neoadjuvant or adjuvant therapies are receiving chemotherapies that can reduce their immune system, which can present additional challenges in relation to COVID-19. This especially applies to lymphoma and leukemia patients and some lung and breast cancer patients.

While patients in the third category need to remain at home if at all possible to protect themselves, Dr. Meier says that patients in the first two categories can venture out in public as long as they are very careful to follow CDC guidelines for wearing masks, social distancing and wiping down shared surfaces.

"Because it’s very difficult in certain situations like church to maintain those CDC guidelines, I tell my patients that if the places they go are not able to follow those guidelines, it’s safest if they avoid those situations for right now," said Dr. Meier.

He also recommends that these patients avoid places like prisons and nursing homes, where there is a dense population in one area, as disease tends to be more prevalent and spread more quickly there.

"We are also recommending against a lot of extended contact with people who you don’t see that often," said Dr. Meier. "We want to do what I think of as ‘maintain our bubbles.’ If you have a group of five or six people that you’re seeing every day, and you know that they’re not sick, those are usually going to be fairly safe. But anyone with a fever, anyone with a cough — you want to keep them away for right now.”

He says that walking outside and grocery shopping are probably safe as long as patients wear a mask and thoroughly wash their hands when they return home. Coming to Cookeville Regional for follow-up and preventive visits is also safe, because the hospital is following CDC guidelines very carefully.

Finally, Dr. Meier advises extra care in food preparation for cancer patients.

"You should always rinse any fresh fruits or vegetables and make sure your meat is cooked thoroughly," he said. "If you give things like canned goods or bags a gentle wipe, it’s probably not going to hurt anything, but most of those items are going to be fine without being cleaned."
ABOUT OUR CLINICAL TRIAL PROGRAM

COOKEVILLE REGIONAL MEDICAL CENTER is part of the National Cancer Institute’s Community Oncology Research Program (NCORP).

This is a national network funded by the NCI that brings cancer clinical trials and cancer care delivery studies to people in their communities.

NCORP is comprised of seven research bases (Alliance, ECOG-ACRIN, NRG, SWOG, COG, University of Rochester and Wake Forest) and 46 community sites, 14 of which are designated as minority/underserved community sites.

The NCORP community sites accrue individuals to NCI-approved cancer clinical trials and research studies. The sites are consortia of researchers, public hospitals, physician practices, academic medical centers and other groups that provide health care services in communities across the U.S.

CRMC is a member of the Southeast Clinical Oncology Research Consortium NCORP based in Winston-Salem, North Carolina, with locations in Tennessee, Florida, Georgia, North Carolina, South Carolina and Virginia. Participating in a clinical trial can bring many benefits. As a patient, it can help you access new and innovative drugs or treatments still in research stages. For others, participating in a trial is a way to help advance science and health care for the public good.

If you are interested in joining a clinical trial, please visit southeastclinicaloncology.org/clinical-trials/ to find appropriate research studies.

THE FOLLOWING NATIONAL RESOURCES OFFER RELIABLE INFORMATION ABOUT OPEN CLINICAL TRIALS:

ClinicalTrials.gov provides patients, families and the public with easy and free access to information about clinical trials for a wide range of conditions and diseases.

The National Cancer Institute (cancer.gov/about-cancer/treatment/clinical-trial) provides accurate, up-to-date information about many types of cancer, information about clinical trials, resources for people dealing with cancer, and information for researchers and health professionals.

Dr. Thomas Summers

Scheduling a Screening

TO BE SCHEDULED FOR A LUNG SCREENING, you will need to meet certain criteria to qualify.

Talk with your primary care provider to see if you qualify. You will need to fill out a questionnaire that is available at crmchealth.org/lung-cancer-screening. Your physician or other primary care provider will be required to fill out and sign the provider order, also found at crmchealth.org/lung-cancer-screening. To expedite the process, you may take the completed questionnaire and order form to your provider, who will then complete it to be sent to CRMC when scheduling the low-dose CT scan.

CRMC will file your insurance. Many commercial insurances, as well as Medicare Part B, cover the cost of the scan once per year for patients who qualify. Because insurance may require a preauthorization, it may be several days before your scan is scheduled, but we will work with you and your provider to schedule it as quickly and conveniently as possible.

If your insurance does not cover the screening or if you do not have insurance, the cost will be $99.

If you have questions, please call the lung nurse navigator at (931) 783-4996.

Early detection saves lives!

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 an 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). 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, cadmium, chromium, diesel fumes, nickel, radon, silica and uranium).

Early detection saves lives!
Kotla. “We are basically establishing the Cancer Committee because it will include improving the coordination of care; facilitating transitions between different specialists; testing patients for molecular genetics; adding a structured hospice program; expanding the clinical trials program; improving the coordination of care between the Cancer Center and tertiary treatment centers outside of our community; and continually striving to offer the most current, evidence-based cancer treatments, including personalized treatments such as targeted therapies and immunotherapies that treat very specific abnormalities in cancer cells or genes. “Meeting these goals is very much a team-oriented effort, and there are a lot of moving parts to the Cancer Program,” said Dr. Kotla. “The Cancer Committee chair just facilitates the coordination of those responsibilities, both on the clinical and nonclinical service level, but ultimately, what people see is that teamwork.” breast health and lung navigators and a full-time quality improvement coordinator to the program. Another highlight was the addition of stereotactic body radiation therapy (SBRT), a type of radiation that can treat certain types of cancer in a very focused manner, reducing the number of treatment sessions. Dr. Kotla says that now and in the coming years, major areas of focus for the Cancer Committee will include improving the coordination of care; facilitating transitions between different specialties; testing patients for molecular genetics; adding a structured hospice program; expanding the clinical trials program; improving the coordination of care between the Cancer Center and tertiary treatment centers outside of our community; and continually striving to offer the most current, evidence-based cancer treatments, including personalized treatments such as targeted therapies and immunotherapies that treat very specific abnormalities in cancer cells or genes. “Meeting these goals is very much a team-oriented effort, and there are a lot of moving parts to the Cancer Program,” said Dr. Kotla. “The Cancer Committee chair just facilitates the coordination of those responsibilities, both on the clinical and nonclinical service level, but ultimately, what people see is that teamwork.”

**CANCER COMMITTEE WELCOMES DR. KOTLA AS NEW CHAIR**

**THE COOKEVILLE REGIONAL CANCER CENTER CANCER COMMITTEE is proud to welcome Dr. Venmadhav Kotla as its new chair. Dr. Kotla succeeds Dr. Jonas Sidrys, who has held the post for more than a decade.**

As the leadership body for Cookeville Regional’s Cancer Program, the Cancer Committee continuously strives to improve the quality of care that’s provided at the CRMC Cancer Center. Part of that effort includes rigorously following the guidelines set by the Commission on Cancer (CoC), an accrediting body that establishes standards for cancer programs.

“The Cancer Committee chair is entrusted with conducting regular meetings of all of the specialists who are involved in the care of our patients, and it is accountable for making sure that the CoC standards are met and that the Cancer Program is proceeding in a patient-focused manner,” said Dr. Kotla. “We are basically establishing goals, monitoring what we are doing, and also simultaneously evaluating goals, monitoring what we are doing, and is accountable for making sure that the CoC standards are met and that the Cancer Program is proceeding in a patient-focused manner.”

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**2020 CANCER COMMITTEE**

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**CANCER PROGRAM DIETITIAN HELPS MAKE SURE PATIENTS GET THE NUTRITION THEY NEED TO FIGHT CANCER**

**WHILE CANCER TREATMENTS CAN SAVE LIVES, their side effects can sometimes make it difficult to get the proper nutrition for healing. That’s why the CRMC Cancer Program has Jennifer Bertram, a full-time, registered dietitian specializing in oncology, on hand to educate and assist patients throughout their course of therapy and beyond.**

“It’s key that our patients get what they need through food so that they can continue with their treatments and keep doing well and killing cancer cells,” said Bertram. “I advise our patients that this is really their homework.”

Bertram educates patients about what nutrients they need most, problems they may face that can affect nutrition, and things they can do to work around those problems so they can still get the nutrition they need.

While people undergoing cancer treatments generally need more calories and protein than usual, Bertram crafts a specific plan that meets each patient’s needs.

“If I tell people that really the only reason not to eat is if you feel nauseated, and then our wonderful physicians come up with regimens of drugs to hopefully take that away, or at least reduce it so that our patients can continue eating,” said Bertram. “I tell people that really the only reason not to eat is if you feel nauseated, and then our wonderful physicians come up with regimens of drugs to hopefully take that away, or at least reduce it so that our patients can continue eating.”

Bertram also guides patients on additional changes that may need to be made as radiation therapy progresses.

“Just as they start to have dysphagia, or pain with swallowing, they need education on how to change their eating so that they can tolerate their nutrition by mouth,” said Bertram. “And then, when those folks progress more into their radiation therapy, they may only be able to take liquids and may consider having a feeding tube placed, which involves me, as well.”

Bertram says she feels lucky to have a cancer treatment facility like the one at Cookeville Regional here in our community to help patients from all of the surrounding counties and beyond.

“We have a wealth of resources in our wonderfully trained physicians and caring nurses and staff,” said Bertram. “I think we’ve got a great team here, and I feel honored to be a part of it.”
2019 CRMC CANCER CASES

The Cookeville Regional Cancer Registry collects cancer data in accordance with the standards established by the North American Association of Central Cancer Registries (NAACCR) and the Centers for Disease Control and Prevention-National Program of Cancer Registries (CDC-NPCR).

Each year, these standards are reviewed and revised. The revisions, which often include the collection of new data items, are intended to assist the cancer surveillance community and cancer researchers with their endeavors to reduce the burden of cancer in the United States.

This year has been an exciting one for the cancer registry field. The cancer registry field had major changes that were implemented at the beginning of 2019 that impacted the abstracting/reporting of 2018 and 2019 cancer cases. These changes include newly reportable diseases, changes to established histology codes, newly required data items and major instruction changes for coding the data. Because the data is used for research purposes, it is vital that all reporters become familiar with all of the changes and new rules.

We also felt the impact of the devastating tornadoes in March of 2020, and just about the time we were getting a handle on the impacts of that natural event, the COVID-19 pandemic struck. Just like all other departments here at CRMC, the cancer registry felt the impact of this pandemic.

The cancer registry appreciates everyone’s understanding in the unprecedented circumstances that have impacted the reporting of the cancer statistics this year.

We are only providing the information on the completed cases from 1/1/2019 through 6/30/2019. The plans are to update the 2019 cancer case information in the next issue of The Review.

2019 CANCER REGISTRY BY EDIE KNAPP, CTR

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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  
  Oncology Social Work Staff  
  (931) 783-2026
- Clinical Trials  
  (931) 783-5755
- American Cancer Society  
  National Office  
  (800) 227-2345 • cancer.org
- Susan G. Komen for the Cure  
  National Office  
  (877) 465-6636 • komen.org
- National Cancer Institute  
  (800) 422-6237 • cancer.gov
- Cookeville Regional Tumor Registry  
  (931) 783-2646
- Genetic Counseling  
  (931) 783-2476
- Oncology Dietitian
- Oncology Social Workers
- Pastoral Services
- Reference Library
- Hospice
- Men’s Mondays/Women’s Wednesdays  
  Programs offered by the Community Wellness  
  Department that discuss cancer and a variety of topics relevant to the Upper Cumberland.
- Health Fairs  
  Cancer screening and prevention programs offered at several health fairs each year.

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
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  Department that discuss cancer and a variety of topics relevant to the Upper Cumberland.
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- 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 – securely and conveniently! Sign up by visiting myCRMChealth.org.

The Cancer Program at Cookeville Regional  

It's the Way We CARE  
1 Medical Center Blvd. • Cookeville, TN 38501 • crmchealth.org

The Cancer Program at Cookeville Regional Medical Center • 2020