

Premier Health

# Cancer Report to the Community 2017

2016 Statistical Review





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**Charles L. Bane, MD**

## Premier Health Cancer Institute Leadership

This past year has been one of great advancement for the Premier Health Cancer Institute. As we work to strengthen the entire spectrum of cancer care available locally, our philosophy of care remains a guiding principle: keeping patients at the center of everything we do.

Premier Health continues to offer a robust educational program, with a range of community and peer-to-peer education events, including our cancer symposium in July featuring NBA legend and cancer survivor Kareem Abdul-Jabbar. We are offering new advanced technologies to fine-tune procedures and identify areas for targeted therapies, ensure even more accurate diagnoses, and reduce the time needed between diagnosis and treatment. Our multidisciplinary oncology teams, who collaborate on each patient's care, keep up-to-date on new options for various surgical treatment, radiation, and chemotherapy and other systemic treatments thanks to our membership with MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. Through follow-up care, we're working to improve cancer survivorship, and both make and keep survivorship a reality for as many of our patients as possible.

In 2018, cancer prevention will be a major focus as we launch an initiative to encourage vaccinations for human papillomavirus (HPV), which has been linked to several different forms of cancer. We also will continue to broaden awareness and the availability of clinical trials.

As we look to the future, we will continue to leverage our vital affiliations to build healthier communities through prevention and early detection, and to create a seamless experience for our patients to simplify and navigate each stage of their care. Together, we are stronger than ever before as we take this opportunity to give new hope to our friends, family, and neighbors. I look forward to working together with you in this great endeavor.

**Charles L. Bane, MD**

Chair

Premier Health Cancer Institute







# Premier Health Service Integration Leadership

When someone receives a diagnosis like cancer, it's almost a certainty that he or she will face some uncertainty.

At Premier Health, we strive to ensure your patients have quality options nearby for whatever awaits them on their journey. In the pages of the Premier Health Cancer Institute's Annual Report, we outline many of the steps that our health system took in 2017 to ensure that we have the full spectrum of cancer care covered – and covered well.

Bringing world-class care close to home begins with affiliations such as our membership with MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. But it doesn't end there. We have assembled a strong, integrated network of cancer specialists – from medical and radiation oncology and employed physicians who excel in their specialties, to surgical services, immunotherapies, genetic testing and our nurse navigators, who serve as a direct connection between patients and their physicians.

What's more, we have brought to Southwest Ohio a great deal of innovation, both in terms of technology and process:

- TrueBeam, a radiotherapy treatment that provides highly accurate dose rates
- Ohio's first health system to use the AeroForm Tissue Expander System, which expedites a patient's preparations for reconstructive surgery following a mastectomy with less pain and discomfort and fewer visits to the doctor (see page 6)
- heated (hyperthermic) intraperitoneal chemotherapy, which is improving outcomes for patients with certain abdominal cancers (see page 20)
- a new surveillance option for men who have been diagnosed with low-risk prostate cancer (see page 17)

It is our privilege to be able to serve patients and their families at some of the toughest crossroads in their lives. We're also proud of how we help those with cancer to heal closer to their support system and in less invasive ways. Thank you for your support.

## **Frank Sawyer, MHA**

Vice President,  
Service Integration Cancer Institute  
Premier Health



**Frank Sawyer,  
MHA**

## Cancer Institute Physicians

Charles Bane, MD – Chair

James Ouellette, DO – Vice Chair

Jennifer Clune, MD

Nick Davis, MD

Matthew Garrett, MD

Michael Guy, MD

Thomas Heck, MD

Daniel Hood, MD

Rajkamal Jit, MD

Shannon Kauffman, MD

Abi Katz, DO

Stewart Lowry, MD

Nkeiru Okoye, MD

Chirag Patel, MD

Ania Pollack, MD

Jose Rodriguez, MD

James Sabiers, MD

Barbara Steele, MD

Ryan Steinmetz, MD

Erik Weise, MD

Burhan Yanes, MD

# Premier Health Accomplishments and Activities

The Premier Health Cancer Institute continues to provide integrated, multidisciplinary oncology care by strengthening its comprehensive, system-wide approach to service delivery. This is accomplished through the collaborative efforts of its cancer programs at Miami Valley Hospital, Good Samaritan Hospital, Atrium Medical Center and Upper Valley Medical Center.

## **Certified Member of MD Anderson Cancer Network®**

In 2016, Premier Health became a certified member of MD Anderson Cancer Network®, a program of MD Anderson Cancer Center. Over the past year and a half, Premier Health has invested in certifying more than 60 physicians with the MD Anderson Physicians Network. These physicians include those in the specialties of medical, surgical and radiation oncology. Through the continuous qualitative improvement process, we are supplementing our already high quality oncology care. The result is patients having access to nationally recognized cancer care protocols and best practices while receiving their care close to home. As of August 2017, our physicians consulted 114 cancer cases with MD Anderson specialists to review recommended treatment plans.

## **Oncology Nurse Navigators**

Cancer care can be complex and, at times, overwhelming. Oncology nurse navigators are specially trained nurses who use their in-depth knowledge of health care to help patients and their families navigate the health care landscape as they battle cancer. To coordinate the needs of our patients across the continuum of care, we are expanding the disease coverage and geographically realigning our resources to meet demand and focus attention on the outpatient setting. Our oncology nurse navigators act as single points of contact, provide education and supportive services, and eliminate barriers to care for cancer patients in the community.

## **New Technologies**

This year, Miami Valley Hospital, Good Samaritan Hospital, and Atrium Medical Center joined Upper Valley Medical Center in offering 3D™-guided breast biopsy, an advanced minimally invasive technique using the Hologic® Affirm® Program Breast Biopsy System. This system allows radiologists to use 3D imaging to locate and accurately target areas of interest for biopsy, including those that can be challenging to detect using conventional imaging techniques.

Earlier this year Premier Health became the first health system in Ohio to use the new AeroForm Tissue Expander System. The system, which is currently available at both Miami Valley Hospital and Good Samaritan Hospital, allows breast cancer patients to prepare for reconstructive surgery more quickly, with less pain and discomfort and fewer visits to the doctor. The product, which was approved by the U.S. Food and Drug Administration in December, allows women to accomplish the tissue expansion process discreetly at home or at work, using a wireless, handheld dosage controller that fills the temporary implant with air instead of liquid.

## **Community Partnerships**

The Premier Health Cancer Institute has a strong focus on collaborative community outreach to support education efforts and supportive services for current and past cancer patients.

## **STEM School Partnership**

Premier Health worked with the Dayton Regional STEM School on a cancer PSA project. The PSAs were created by 10th grade students as part of an integrated Wellness and Fitness and Language

Arts learning project. Premier Health cancer team members presented information to the students about cancer topics such as prevention, early detection, local support resources, and clinical trials. The students wrote, produced, filmed, and performed in their PSAs. The completed PSAs were reviewed for factual accuracy and were presented to the public at Premier's Collaborating Against Cancer Symposium. The PSAs were also released on social media.

### **Partnership with Coffman YMCA – LIVESTRONG® program**

LIVESTRONG® at the YMCA is a 12-week program for cancer survivors to undergo a personal training program led by specially trained instructors to help them reduce fatigue, boost self-esteem, and improve muscle strength and physical endurance after treatment. This year the Coffman Family YMCA in Springboro launched a local LIVESTRONG® program. As a sponsor of this program, Premier Health offers expertise and written materials to the program participants.

### **Community Screenings and Events**

#### **Community-wide Skin Cancer Screenings**

In recognition of Skin Cancer Awareness Month, free skin cancer screenings were held systemwide. Screenings were offered through Premier Community Health, Wright State University Boonshoft School of Medicine and Wright State Dermatology. This year, 444 screenings were performed throughout the region. Several incidences of cancer were found, including instances of melanoma, squamous cell carcinoma and basal cell carcinoma.

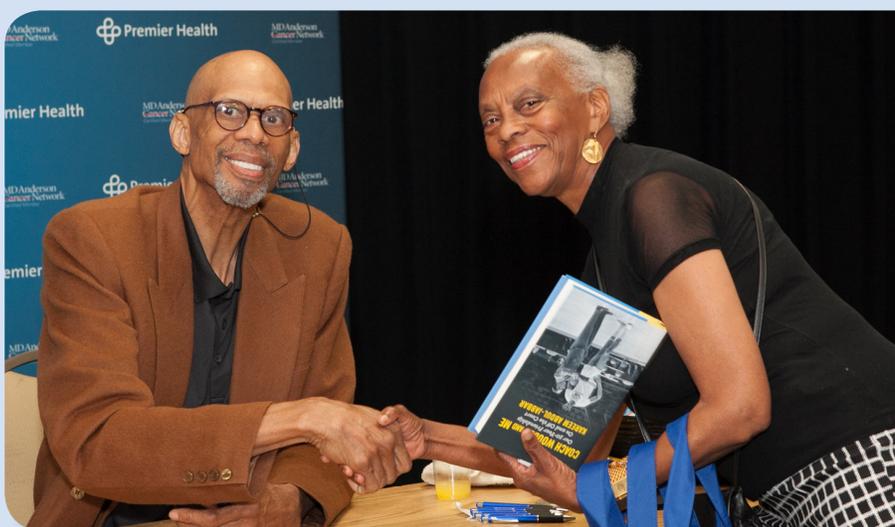
#### **Lung Cancer Screenings**

Premier Health continued to offer low-dose CT lung cancer screenings. Screening sites are offered across the region, and the cost of screening is covered by insurance. Premier Health also joined a national lung cancer registry to track incidence of the disease nationwide. Patients must meet screening criteria and have a physician referral to obtain a lung cancer

screening. In 2016, 433 people were screened for lung cancer, a 56.88% increase over the previous year.

#### **2nd Annual Community Cancer Symposium**

In August, Premier Health held the second annual Collaborating Against Cancer symposium. The symposium provided educational offerings for clinical staff and community members and was attended by approximately 500 people. Topics from the conference included screening and prevention, advances in cancer treatment, resources for cancer patients and loved ones, breast cancer, HPV, and lung cancer. The event featured a keynote presentation from Kareem Abdul-Jabbar, author and former NBA star.



#### **Brake for Breakfast**

In October, Premier Health hosted four Brake for Breakfast events. This event raises awareness of breast cancer and early detection. This year, Premier partnered with Panera Bread on food for the event. This year 1,850 people attended, which was a five percent increase over the prior year.

#### **Other Community Events**

All four hospitals participated in local Relay for Life events to raise money for the American Cancer Society. The money raised by our hospital teams will help fund research to find cancer's

causes and cures, as well as support local programs, such as free lodging and transportation for people currently going through cancer.

Premier Health hosted its fourth Shine a Light on Lung Cancer event at Miami Valley Hospital South. This event brings awareness to lung cancer, while celebrating patients and caregivers touched by this disease.

Premier Health continues to partner with local school districts on local cancer survivor events, including pink out sporting events where funds were raised to support mammograms and breast education for uninsured and underinsured women across the region.

### Hospital Initiatives

In addition to system-wide initiatives, each Premier Health hospital has a Cancer Committee designed to establish goals, make program improvements, conduct quality studies, and participate in local activities and events. While each hospital's cancer program accomplishes many things throughout the year, here is a sampling of some of the individual initiatives for each hospital:

**Miami Valley Hospital** worked to operationalize the Enhanced Recovery After Surgery (ERAS) process. ERAS is an evidence-based care improvement process for surgical patients. Implementation of the ERAS program for colorectal cancer resulted in major improvements in clinical outcomes and cost, making ERAS an important example of value-based care applied to surgery.

**Miami Valley Hospital South** expanded their exercise programming to include new offerings such as a water exercise program at St. Leonard's, a prostate-specific exercise program in partnership with Dayton Physicians Network, an oncology personal training program in partnership with Maple Tree Cancer Alliance, and a new Qigong/Tai Chi exercise program.

**Good Samaritan North Health Center** installed and began using the True Beam Radiotherapy System, an advanced radiation technology able to deliver powerful cancer treatment with pinpoint accuracy and precision.



**Atrium Medical Center** partnered with the Middletown Fire Department to raise money for breast cancer awareness. More than \$4,000 was raised selling t-shirts and sweatshirts, with all of the proceeds going to the Middletown Area Federation of Women's Club Endowment for Women's Health, a part of the Atrium Medical Center Foundation. This money supports women who are uninsured or unable to pay for mammograms, and also supports the Premier Health Mobile Mammography Coach.

**Upper Valley Medical Center** enhanced their ability to detect cancer in women with dense breast tissue through the addition of Automated Whole Breast Ultrasound (AWBUS). This technology produces results that show breast cancers in dense tissue as darker spots, bringing hidden cancers to the forefront and allowing earlier diagnosis and treatment. The technology can be used as a supplemental screening test with mammography for women with dense breast tissue or breast implants.

# United Against Cancer



## Why is the Affiliation Important?

Patients will have access to nationally recognized cancer care protocols and best practices while receiving their care close to home.

### Benefits for Physicians:

- Premier Health physicians have direct access to MD Anderson physicians through peer-to-peer consults
- Access to the pioneering evidence-based guidelines, treatment plans and best practices developed by the experts at MD Anderson
- Physicians from multiple specialties across the country gather regularly for multidisciplinary cancer conferences to discuss recommended courses of treatment
- Treatment plans for even the most challenging forms of cancer

### Benefits for Patients:

- Enhances our already high-quality clinical care
- Provides access to the expertise at the leading cancer center in the nation
- World-renowned cancer care delivered close to home
- Confidence knowing two leading teams are working toward one mission: to end cancer

No matter which Premier Health cancer care location you visit, you are receiving the same standard of care.

#### Miami Valley Hospital

*Miami Valley Hospital South*

#### Good Samaritan Hospital – Dayton

*Good Samaritan North Health Center*

#### Atrium Medical Center

*Upper Valley Medical Center*



Call Premier Health at:

**(844) 316-HOPE (4673)**

Monday through Friday

8 a.m. to 5 p.m.

[premierhealth.com/cancer](http://premierhealth.com/cancer)



# Breast cancer diagnosis comes one month apart for sisters

Born two years apart, Vandalia sisters Jennifer Lewis and Sande O’Cull learned to share: mini skirts, shoes, the family car and a love of the 80s rock band Loverboy. But they never expected to share breast cancer.

Lewis, 51, was diagnosed first, right before Christmas 2016. “I put off getting a mammogram for years; too busy taking care of everyone else, I guess,” she recalled. That mammogram led to an ultrasound, a biopsy and the news she suspected but didn’t want to hear. Lewis had invasive ductal carcinoma, hormonal positive.

O’Cull, 53, had yearly mammograms. “When they had me come back for a more extensive mammogram, I didn’t think much of it.” But when that led to an ultrasound and biopsy, “I knew what was coming.” Her diagnosis came one month after her sister’s: invasive ductal carcinoma, triple negative.

A sibling’s cancer diagnosis can be worse than your own, O’Cull found. “I cried harder over Jennifer’s than mine.”

Although the two quickly adopted a “we’ll get through this together” attitude, they learned that breast cancer journeys are different for everyone. “There are an infinite number of treatment possibilities,” said their surgeon Thomas Heck, MD, surgical director of the Good Samaritan Hospital Samaritan Breast Center. “No two patients are exactly alike, and the characteristic of one cancer can be very different from the next, even when that next patient is your sister.”

Lewis first had six chemotherapy treatments to shrink her tumor. A double mastectomy followed, then 25 daily radiation treatments. Reconstructive surgery is planned for the next few months.

O’Cull had a lumpectomy in March followed by 16 chemotherapy treatments. Thirty daily radiation treatments will end in late November.

Chemotherapy now comes in many different forms, said Charles Bane, MD, oncologist and chair of the Premier Health Cancer Institute; each sister had a mix of medications tailored for her. “The intensity of a patient’s chemotherapy drugs matches the type of cancer and the chance of recurrence,” he explained. Many supportive care medications are now given, along with chemotherapy, to reduce side effects. Some side effects still remain, including fatigue and loss of taste and body hair.

A hairdresser, O’Cull shaved Lewis’ hair when it started falling out. “She cried, I cried,” Lewis said. Without their blonde (O’Cull) and brunette (Lewis) locks, they sometimes are mistaken for twins. When the two are out together, they get lots of stares. Strangers often approach to share their own cancer story. “I especially like the stories that begin, “I had breast cancer 20 years ago...” laughed O’Cull.

While Lewis missed four weeks of her accounts payable job because of treatment, O’Cull’s intense chemo left her so fatigued it has been nearly impossible to return to her job at the salon. “Cancer not only affects you emotionally and physically, but financially, too,” she learned. Husband Dave has worked seven days a week to make up the lost income.

Like many who get cancer, Lewis and O’Cull wonder why. So, too, does their sister Sheila, who was diagnosed with kidney cancer just months after her siblings’ breast cancer diagnoses. Although their sister did not get genetic counseling, Lewis and O’Cull did. Their tests

showed no genetic reason for their cancer. For that, they are grateful. “If it had, the other women in their lives would know they are at risk and need a higher level of care,” explained Premier Health genetic counselor Faith Callif-Daley, MS, LGC. For the cancer patient, genetic testing can reveal likelihood of additional cancers.

Sharing a diagnosis and treatment for breast cancer is something that neither Lewis nor O’Cull could have imagined just a year ago. But today they look forward to sharing their recovery and a lifetime of good health they hope will follow.

For more information about mammography and early breast cancer detection, visit [premierhealth.com/mammo](http://premierhealth.com/mammo).



Thomas Heck, MD



Charles Bane, MD



Faith Callif-Daley, MS, LGC



Ryan Steinmetz, MD

# Grateful for a New Lease on Life After MALT Lymphoma

Marty Chaney's large extended family includes second and third generations whose many activities packed the Carlisle woman's schedule. When she began to experience discomfort in her abdomen, it affected her appetite, her energy level, and ultimately her ability to enjoy her family.

Chaney managed to go to nearly every activity involving her family or her church. But after an activity-packed day, she found she often needed to take the next two days to recover.

"My primary care doctor first talked about testing because when he examined me and pressed on my stomach, it was very tender," Chaney said.

Through a series of tests, including an endoscopy, Chaney learned she had some inflammation in her stomach lining. She was diagnosed with mucosa-associated lymphoid, or MALT lymphoma. While the cancer was slow-growing, it wasn't something to be ignored. Mucosal tissue is the soft, moist, protective tissue that lines many parts of the body, such as the mouth, stomach, breathing passages and other internal organs. Lymphoid tissue (where lymphocytes collect) is normally found in mucosal tissue.

"Her symptoms were typical for this type of cancer," said Ryan Steinmetz, M.D., radiation oncologist at Atrium Medical Center. "MALT lymphoma can show up in many different parts of the body because the body has this type of tissue in many places."

While Chaney experienced abdominal symptoms, the condition also can trigger symptoms such as rapid weight loss, night fevers, and heartburn or acid reflux.

Dr. Steinmetz urges patients to check with their primary care physician if these symptoms persist and aren't controlled by medications.

Chaney's treatment plan included daily doses of radiation. Thanks in part to her general good health and positive attitude, her treatment and recovery went well.

Chaney received radiation treatments at Atrium Medical Center. "I'm glad we were there," she said. "Everyone is on a first-name basis and so friendly."

After the radiation rounds, she had a series of follow-up visits with a gastroenterologist, medical oncologist and with Dr. Steinmetz, the radiation oncologist. The three physicians gave her the all-clear. She is currently cancer-free.

Dr. Steinmetz said in rare cases, this type of cancer could return, but periodic check-ups should detect any recurrence.

The ordeal has given Chaney and her husband, Bob, a new lease on life. Married 54 years, the two are nearly inseparable. "I can't imagine going through this life with anyone else or anywhere else," she said.

This month, Chaney celebrates three years of being cancer-free. She has returned to football games, school events, church events and large family gatherings. On any given Friday night, you will see her surrounded by children, grandchildren and great-grandchildren in the stands at a Carlisle football game.





**Christine Broomhall,**  
MS, BSN, RN, ACSM-CES



**Jeanne Ponziani,**  
MSA, RN, NE-BC



# Exercise as Medicine: A Prescription for Premier Health Cancer Patients

As soon as Ryan Davis saw a flyer for the oncology exercise program at Miami Valley Hospital South (MVHS), he was eager to enroll.

Ryan, the married father of two young daughters, was in treatment for brain cancer following surgery at Miami Valley Hospital.

The year before, in 2015, he discovered the healing power of exercise in Premier Health's cardiac rehabilitation program. Only 30, he'd just had a stent placed in the left anterior descending artery of his heart, which was more than 90 percent blocked.

He lost 35 pounds and gained strength and endurance over 12 weeks with a daily 30 minutes of moderate exercise and a dietitian's counsel.

"Cardiac rehab was the launching pad to say, yes, you can get better and make changes that make you better," Ryan recalls.

So, when cancer struck, he knew, "I've got to find something similar that helps me get through this."

When he started the oncology exercise program, Ryan said, "I could not walk more than six laps around the MVHS Wellness Center's track without being in sheer pain and disappointment at where life had turned out."

## 'A Life Worth Living'

Now more than a year since he completed the six-week group exercise program – funded by the Miami Valley Hospital Foundation – he continues working out in the oncology exercise program, at his own expense.

And on his own, Ryan – one of the Foundation's 2017 Champions of Hope – runs three to four days a week and swims regularly. A runner before his illnesses, he's training for a half IRONMAN event to raise money for the Gratitude and Grace Foundation, which he and his wife, Heather, founded to support families battling cancer.

"The doctors, nurses, oncologists and neurosurgeons all worked wonderfully to save my life, but it was the work of the oncology exercise program and cardiac rehab program staff that actually helped me regain a life that was worth living," he says.

## Improving Fitness

Christine Broomhall, MS, BSN, RN, ACSM-CES, an exercise physiologist with the oncology exercise program, said the program's initial intent was to help cancer patients maintain function and fitness during treatment. Program results, published in the December 2016 issue of *Clinical Journal of Oncology Nursing*, however, "show that patients are making significant improvement in their cardiorespiratory fitness and quality of life," Broomhall says.

The program is built on "exercise is medicine," a concept formulated by the American College of Sports Medicine and the American Cancer Society, Broomhall says. "Exercise helps lessen fatigue, anxiety and depression; helps maintain a healthy body weight; and builds endurance and cardiorespiratory fitness."

Good Samaritan Hospital North provides a similar program for cancer patients.

A bonus, adds Jeanne Ponziani, MSA, RN, NE-BC, director of clinical operations at MVHS, is the camaraderie patients develop with each other. "They're here for their physical fitness, but the support network that they build, you can't touch that. They rely on that."

Ryan confirms, "The program helped me through the physical aspects of cancer treatment, from neuropathy to muscle atrophy. And it played a key role in helping me recover from the mental aspects of cancer treatment, like depression and the anxiety between scans."

Each patient is prescribed a program of aerobic, resistance and flexibility exercise, based on assessments that weigh factors such as stage of treatment, fitness, fall risk, medical history and other chronic health conditions.

Ponziani sums up the benefit of exercise for cancer patients: "Regular exercise helps our patients maintain and rebuild their strength during and after cancer treatments. By keeping their bodies strong, we are helping them continue their fight against cancer."



David Key, MD



Mark Monsour, MD

# New Treatment Option Keeps Prostate Cancer Under Active Surveillance

A diagnosis of prostate cancer used to mean treatment with surgery, radiation, hormone therapy or chemotherapy, depending on the cancer's stage. Beginning in January 2018, a treatment program called Active Surveillance is providing Dayton-area men another choice. The approach involves monitoring the patient closely with regularly scheduled tests, but delaying treatment until there is an indication that the cancer is progressing.

Led by urologists David Key, MD, and Mark Monsour, MD, the Active Surveillance program is designed for men whose prostate cancer is low risk. Criteria are based on standards established by the National Comprehensive Cancer Network. The program is important, said Dr. Key, because "it gives patients with a slow-growing cancer an alternative to interventions with potential side effects that could include urinary incontinence, bowel urgency, loss of fertility or erectile dysfunction."

Patients in the Active Surveillance program, one of four in Ohio and the only program in the Dayton region, can expect to meet with their physician every three to six months. Appointments will include a prostate exam and lab work. Biopsies will be taken every one to two years. "Biopsies are crucial," Dr. Key explained, "because there can be progression of the cancer without a change in the PSA number."

A robust software program is at the program's core. The software will compile an all-inclusive database on each patient, populated by a nurse navigator who will alert Drs. Key and Monsour to any changes that could mean a patient's cancer is advancing. "We'll be tracking every test and imaging result," explained Dr. Key. With all the data in one place, monitoring each patient will be comprehensive, and identifying trends will be more obvious. "The program's

structure will help ensure we'll be alerted to changes in a patient's disease early, which is not only safe, but also provides time for the patient to choose how he'll be treated," Dr. Key added.

Together, at each appointment, the patient and physician will review the latest data, along with the patient's history. "Our job as physicians will be to help the patient understand his disease process, all the appropriate treatment options, and then help him make an informed decision. At the end of the day, it puts the patient in control, which is what he wants," said Dr. Key, who has been treating men with prostate cancer for 26 years. Our goal is to provide the highest quality individualized prostate cancer care available in the region.

The Active Surveillance Program will be available beginning January 2018 at Good Samaritan North Health Center and Miami Valley Hospital South. This new program joins the Advanced Prostate Cancer Clinic opened last May at Miami Valley Hospital South.

## More Men Choosing Active Surveillance

Active Surveillance is being utilized worldwide for low-risk patients with prostate cancer. In the United States, the number of patients choosing Active Surveillance is growing significantly:

Year	% of eligible patients who choose Active Surveillance
1990	6.7
2013	40.4

*Data source: Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE)*

# Colorectal Cancers and Deaths Dropping, Thanks to Screenings

The numbers of new colorectal cancers and deaths from the condition are declining in southwest Ohio, thanks in part to preventive screening tests.

“We think that is related to the screenings in the last decade,” said surgeon L. Stewart Lowry, MD, FACS.

Colorectal cancer is a cancer of the large intestine that begins in the colon or rectum.

Colorectal cancer screening is the process of looking for colon polyps (abnormal tissue growths) and cancer in people without any symptoms, said gastroenterologist Rajkamal Jit, MD. “The goal of screening is to prevent advanced cancer,” he explained.

Colon and rectum cancer rates dropped 20 percent for men and women between 2005 and 2014, according to new data from the Ohio Department of Health. That is despite an increase in new cases among 25- to 44-year-olds, especially in rural counties, said Dr. Jit. Deaths from colorectal cancer fell 21 percent for men and 14 percent for women in the same time period.

Yet colorectal cancer still remains the second-leading cause of cancer death in Ohio. In 2014, 8.8 percent of cancer deaths were from colon and rectum cancer, according to the Ohio Department of Health. Lung cancer is the leading cause of Ohio cancer deaths, at 28.1 percent, followed by breast cancer (7 percent) and pancreatic cancer (6.6 percent).

Colorectal cancer screening is so important because it saves lives by removing colon polyps and preventing colon cancer, said Dr. Jit. Multiple tests screen for colorectal cancer, including:

- **Hemoccult and fecal immunochemical tests** use different methods to check for hidden blood in the stool, which can be an early sign of cancer. The test should be performed every year.
- **Stool DNA tests** spot gene changes found in colon cancer cells in the stool. These tests are expensive and may not be covered by your insurance company. This test must be repeated every three years.
- **Colonoscopy** uses a long thin tube with a camera to examine the colon carefully while the patient is sedated. If polyps are found they can be removed right away. Many patients need a colonoscopy only every 10 years.

Colonoscopy at age 50 is the screening most often recommended for average risk patients with no family history of colorectal cancer, said Dr. Lowry. High-risk patients may need an initial colonoscopy at an earlier age and more frequent rechecks.

Depending on the results of a stool test, patients may require a colonoscopy so their doctor can more thoroughly check the tissues of the colon and rectum.

Preventive screening not only helps prevent cancer, it also leads to more successful treatment. When colorectal cancers are

diagnosed early, the five-year survival rate is 90 percent. If the cancer is found after it has spread to nearby organs or lymph nodes, the five-year survival rate drops to 71 percent, said the Ohio Department of Health.

In Ohio in 2014, 33 percent of colon and rectum cancers were diagnosed at an early stage, and 33 percent were diagnosed at a later stage.

To reduce your risk of colon cancer, Drs. Jit and Lowry recommend these steps:

- Exercise regularly
- Keep your weight in a normal range
- Eat a diet low in animal fat
- Reduce consumption of red meats (beef and pork, hot dogs and sausages)
- Choose chicken and fish
- Eat plenty of fruits, vegetables, grains and fiber
- Limit alcohol use
- Avoid smoking
- Consult your doctor about taking daily aspirin, which may prevent polyps

Be sure to talk with your doctor about your colorectal cancer risk and the best preventive screening tests for you.



**L. Stewart Lowry,  
MD, FACS**



**Rajkamal Jit, MD**

# Heated Chemotherapy Improves Outcomes for Some Abdominal Cancers

When her appendix ruptured on New Year's Eve, Gina Huffman couldn't have predicted the challenges she would face in 2017. A tumor on her damaged appendix spewed cancerous mucus throughout the lining of her abdominal cavity.

Her rare cancer, called pseudomyxoma peritonei, affects two in a million people each year. It's a deadly disease without proper treatment. Fortunately for Gina, a specialized procedure called heated (hyperthermic) intraperitoneal chemotherapy (HIPEC) was available just 30 minutes south of her home in Piqua, Ohio.

Her doctor at Upper Valley Medical Center referred Gina to Rebecca Tuttle, MD, a surgical oncologist at Miami Valley Hospital (MVH) in Dayton, Ohio. Dr. Tuttle has performed 12 of these rare procedures in the past year.

## Understanding HIPEC

Dr. Tuttle explained to Gina the surgical procedure of removing visible tumors in her abdomen and meticulously scraping off the mucus in Gina's abdominal cavity. Then she used a machine that heats a chemotherapy agent to 104 degrees Fahrenheit and circulates it through catheters into the abdominal cavity for 90 minutes to kill stray, microscopic cancer cells.

"HIPEC cures pseudomyxoma 95 to 97 percent of the time," Dr. Tuttle reported. "Without HIPEC, these patients are offered serial debulking surgeries and often die of complications

associated with bowel obstruction and inability to obtain nutrition."

For stage 4 colon cancers confined to the abdominal cavity, national data show overall survival is 22 months with HIPEC vs. 11 months without HIPEC.

Dr. Tuttle is one of a handful of Ohio surgeons who perform the procedure, offering hope to patients who have exhausted other options.

## Identifying Candidates for HIPEC

Dr. Tuttle says HIPEC is most effective for cancers confined to the abdomen, including those that start on the appendix, like Gina's, as well as stage 4 colon cancers and peritoneal mesothelioma, cancer of the abdominal lining often caused by ingesting asbestos fibers. Patients have to be healthy enough for a long surgery—Gina's lasted about seven and a half hours.

Because the chemo isn't systemic, side effects such as nausea and hair loss tend to be much less severe.

HIPEC isn't recommended for cancers that start in the liver, stomach or pancreas or that have spread to organs beyond the abdominal cavity.

"I don't make the decision for HIPEC in isolation," Dr. Tuttle says. "Cancer is a team effort, and I work with medical oncologists, pathologists, radiologists and other surgeons to discuss whether this is the right patient and the right time for HIPEC or a different option, such as IV chemotherapy."

After a long but successful surgery, Gina recovered in the hospital for six days and returned home to continue healing.



Rebecca Tuttle, MD

### Appreciating Each Day

Although the surgery initially “wore her out,” Gina has regained her strength and vigor and feels close to 100 percent, nine months post-surgery.

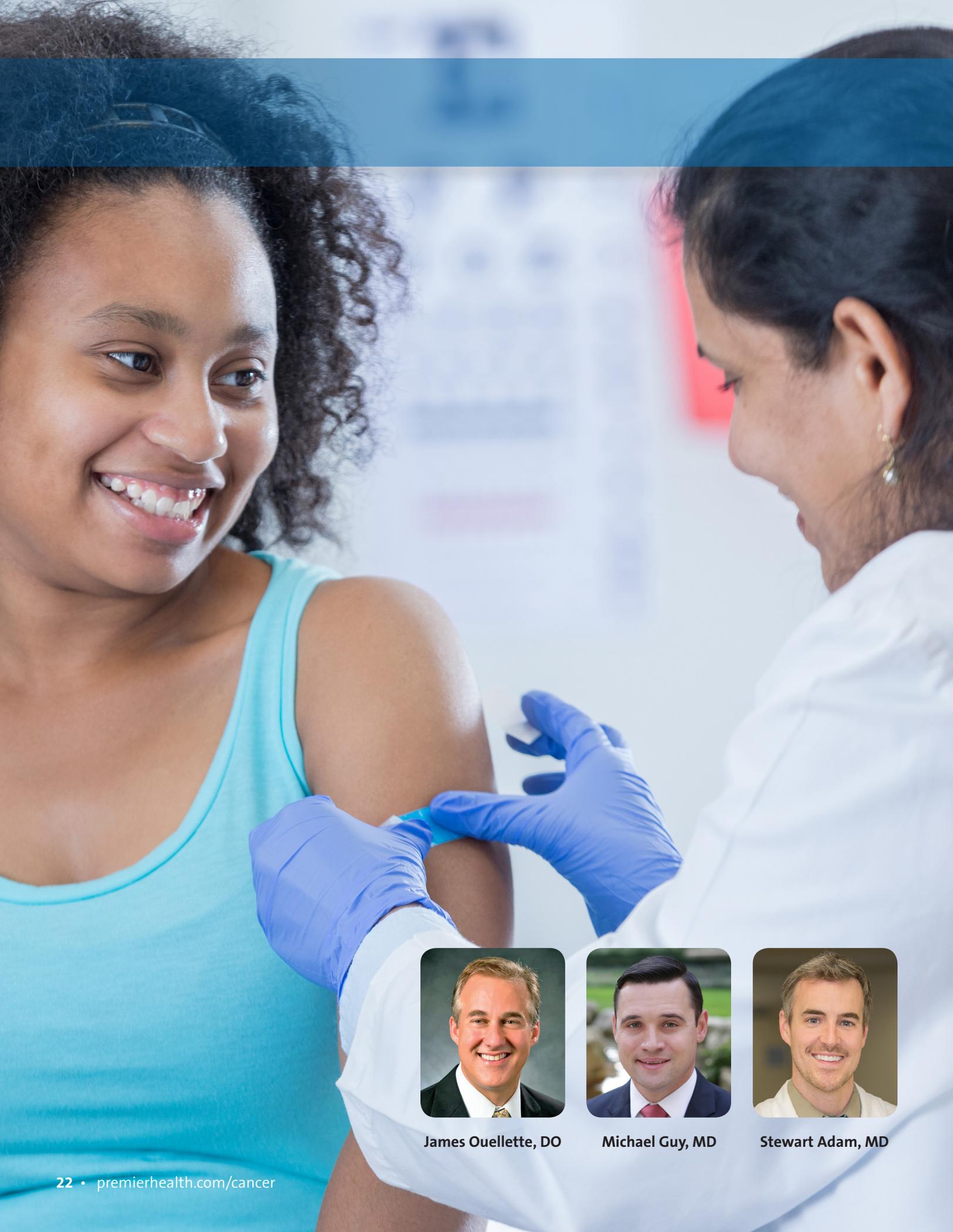
She’s back to working full time. A nurse educator and home health nurse, she travels 50 to 100 miles a day to see her patients. She and her husband, Dan, also like to help out with their nine grandchildren and six great-grandchildren, including 10-year-old twins who live on their street.

The couple enjoys square dancing, a hobby that first brought them together.

Gina is grateful for her life and returning health. Her most recent CT scan showed no signs of cancer. “It’s given me a deeper compassion for the patients I treat. I realize what I have, and I’m more positive than I’ve been in the past.

“When I run into friends, they say, ‘It’s good to see you.’ And I respond, ‘It’s good to be seen.’”





**James Ouellette, DO**



**Michael Guy, MD**



**Stewart Adam, MD**

# HPV Vaccine Fights Cervical, Head and Neck Cancers

Perhaps one of the greatest tools physicians have in the battle against many cervical, head and neck cancers is a vaccine that could eradicate the cause of the cancers in future generations.

“The more we know, the more we realize that the human papillomavirus (HPV) is one of the biggest contributors for many head and neck and cervical cancers,” said James Ouellette, DO, surgical oncologist and vice chair of the Premier Health Cancer Institute. “Prevention and screening are really our best tools to get rid of it.”

According to the Centers for Disease Control and Prevention (CDC), HPV describes a group of more than 150 related viruses that are spread through intimate sexual contact. The CDC estimates that about 79 million Americans are currently infected with some type of HPV and that there are approximately 14 million new infections in the United States each year.

Thankfully, most people never experience problems since their immune systems are able to ward off potential infection. However, a number do go on to develop precancerous or cancerous symptoms.



“A routine Pap smear is an excellent screening tool that can identify early HPV-related changes and help prevent cancer,” said gynecologic oncologist Michael Guy, MD. “Initially, there are precancerous changes that can

transform to cancer if left untreated. For precancerous readings, we perform a colposcopy where we look carefully at the cervix and take biopsies of anything suspicious.”

Though HPV infection is responsible for causing a large number of cervical cancers, HPV-related head and neck cancers are increasing at an even faster rate.

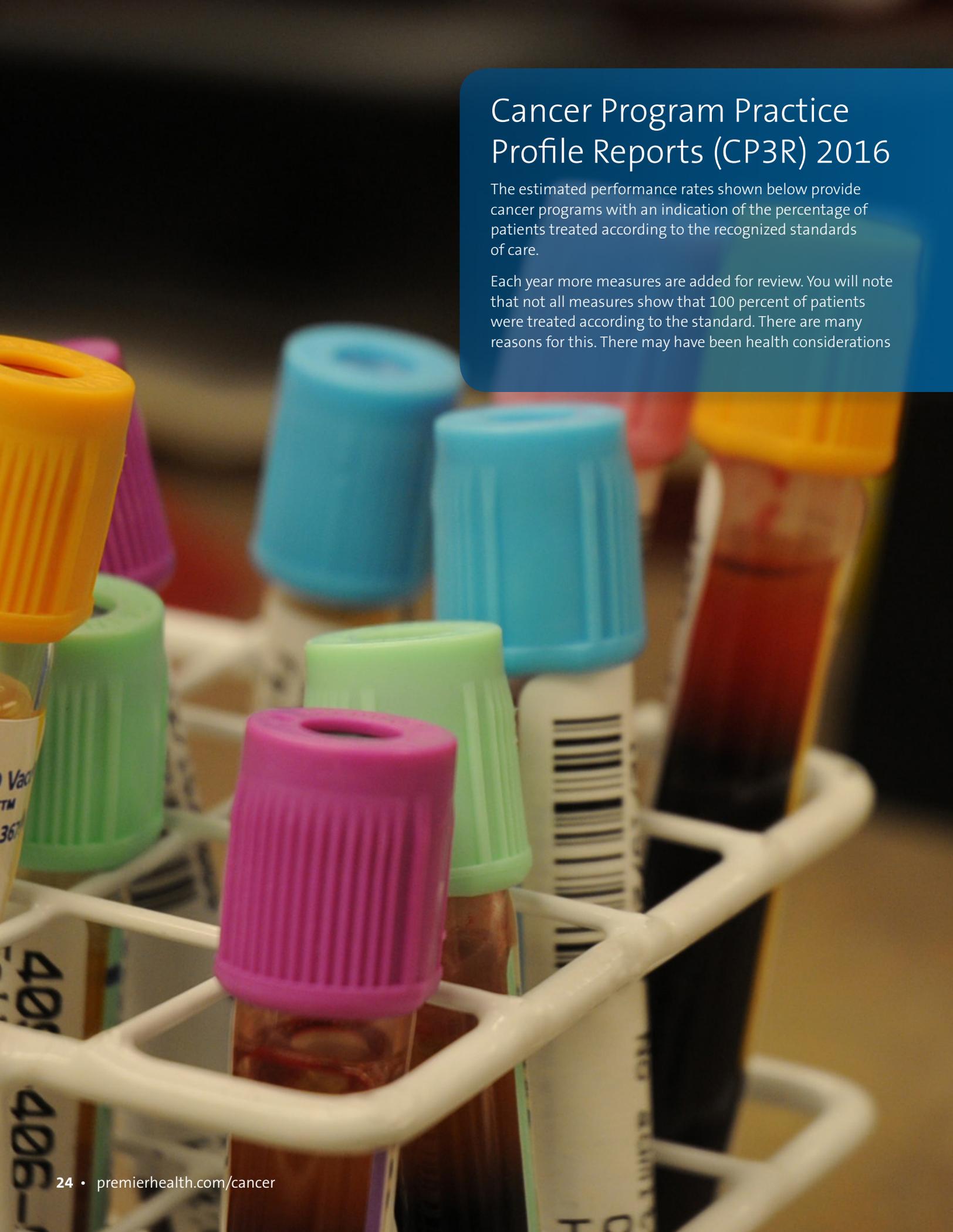
“Since the 1990s, there has been significant incidence increase in HPV associated oropharyngeal cancer,” said ear, nose and throat-head and neck surgery specialist Stewart Adam, MD. “In fact, by the year 2020, it will exceed HPV-related cervical cancer. Public awareness of HPV associated head and neck cancer lags behind growth trends in the number of cases we are seeing.”

Despite these statistics, Dr. Adam stressed that HPV-related head and neck cancers are responsive to treatment. He said that survival rates tend to be much higher than that of other head and neck cancers due to tumor biology.

Prevention, however, remains one of the most powerful tools in this fight. There is reason for true optimism with the availability of the Gardasil vaccine for males and females from ages 9 to 26, which prevents those HPV strains known to cause cancer.

“HPV vaccination programs have only been in place in the U.S. for just over 10 years, so we’re still learning about their impact,” said Dr. Guy. “However, in Australia, where HPV vaccination was adopted earlier, there’s been a 77 percent reduction in HPV types responsible for 75 percent of cervical cancers, and a 50 percent reduction in precancerous cells in women under 20 years old.”

Doctors highly encourage parents to talk to their pediatricians about when their children should be vaccinated. Women who are no longer eligible to receive the vaccine are encouraged to schedule yearly OB/GYN screenings. Both men and women should schedule routine dental check-ups so head and neck cancer symptoms can be detected.



## Cancer Program Practice Profile Reports (CP3R) 2016

The estimated performance rates shown below provide cancer programs with an indication of the percentage of patients treated according to the recognized standards of care.

Each year more measures are added for review. You will note that not all measures show that 100 percent of patients were treated according to the standard. There are many reasons for this. There may have been health considerations

to resolve before a certain treatment could begin, an emergency surgery that did not allow for the full collection of lymph nodes, or a patient may have chosen to delay treatment until after a special event.

The Commission on Cancer does not expect that programs will achieve 100 percent compliance on all measures. It is,

however, each program's responsibility to review the cases that did not meet the standard and determine if there are ways to improve the likelihood that patients will receive the recommended care, or that the situations described above were unavoidable.

MEASURES	Performance Rates 2016			
	AMC	GSH	MVH	UVMC
<b>B R E A S T</b>				
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC Stage T1cN0M0, OR Stage 1-B – III hormone receptor negative breast cancer.	100.0%	100.0%	100.0%	100.0%
Image or palpation-guided needle biopsy (core or FNA) is performed to the primary site to establish diagnosis of breast cancer.	92.6%	100.0%	98.0%	95.0%
<b>C O L O N</b>				
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.	100%	100.0%	100.0%	100.0%
<b>E N D O M E T R I U M</b>				
Endoscopic, laparoscopic, or robotic surgery performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV.	100.0%	100.0%	93.0%	100.0%
<b>R E C T A L</b>				
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or 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; or treatment is considered for patients under the age of 80 receiving resection for rectal cancer.	100.0%	100.0%	94.0%	100.0%

# Premier Health

## Site Summary Table for New Cases 2016

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Head and Neck</b>												
Tongue	25	20	5	0	3	3	7	11	0	1	0.66%	
Salivary Gland	11	8	3	0	4	3	1	1	0	2	0.29%	
Floor of Mouth/Gum/Other	8	4	4	0	2	0	0	6	0	0	0.21%	
Nasopharynx	2	1	1	0	0	0	2	0	0	0	0.05%	
Tonsil	17	13	4	0	1	1	1	13	0	1	0.45%	
Oropharynx	7	7	0	0	2	0	0	4	0	1	0.19%	
Hypopharynx	1	1	0	0	0	0	0	1	0	0	0.03%	
<b>Digestive System</b>												
Esophagus	44	40	4	0	4	6	14	13	0	7	1.17%	
Stomach	41	30	11	0	7	8	11	9	0	6	1.09%	
Small Intestine	22	10	12	0	2	2	3	5	9	1	0.58%	
Colon	224	109	115	7	46	44	56	53	6	12	5.95%	
Rectosigmoid Junction	15	7	8	0	3	1	6	5	0	0	0.40%	
Rectum	85	42	43	2	20	27	22	7	0	7	2.26%	
Anus/Anal Canal/Anorectum	21	3	18	1	5	8	6	1	0	0	0.56%	
Liver	31	18	13	0	10	5	6	5	4	1	0.82%	
Intrahepatic Bile Duct	5	2	3	0	0	0	0	1	4	0	0.13%	
Gallbladder	10	2	8	0	1	1	2	5	1	0	0.27%	
Other Biliary	27	11	16	0	2	3	4	8	5	5	0.72%	
Pancreas	81	42	39	0	11	15	8	41	3	3	2.15%	
Retroperitoneum	1	1	0	0	0	0	1	0	0	0	0.03%	
Peritoneum/Omentum/Mesentery	5	2	3	0	1	0	1	0	3	0	0.13%	
<b>Respiratory System</b>												
Nose/Nasal Cavity/Middle Ear	2	1	1	1	0	0	0	1	0	0	0.05%	
Larynx	26	21	5	1	7	3	1	10	0	4	0.69%	
Lung/Bronchus	631	327	304	6	159	42	132	273	8	11	16.76%	
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Bones and Joints</b>												
	3	1	2	0	2	0	0	0	0	1	0.08%	
<b>Soft Tissue Including Heart</b>												
	16	11	5	0	4	4	5	1	0	2	0.42%	
<b>Skin</b>												
Melanoma	162	86	76	29	78	23	15	10	0	7	4.30%	
Other Non-Epithelial Skin	16	9	7	0	3	3	4	0	3	3	0.42%	
<b>Breast</b>												
	831	6	825	180	369	185	54	33	1	9	22.07%	

# Premier Health

## Site Summary Table for New Cases 2016

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
<b>Female Genital System</b>											
Cervix	41	0	41	0	15	6	11	4	1	4	1.09%
Corpus & Uterus	150	0	150	0	106	6	13	5	10	10	3.98%
Ovary	48	0	48	0	12	0	11	17	1	7	1.27%
Vagina	6	0	6	0	1	0	2	2	1	0	0.16%
Vulva	18	0	18	6	7	0	3	0	0	2	0.48%
Other Female Genital Organs	4	0	4	1	0	1	2	0	0	0	0.11%
<b>Male Genital System</b>											
Prostate	321	321	0	0	35	203	43	31	0	9	8.52%
Testis	14	14	0	0	9	0	2	0	0	3	0.37%
Penis	1	1	0	0	0	1	0	0	0	0	0.03%
<b>Urinary System</b>											
Bladder	157	115	42	76	32	27	7	12	0	3	4.17%
Kidney/Renal Pelvis	157	107	50	3	93	9	24	25	1	2	4.17%
Ureter	12	4	8	0	3	3	3	2	0	1	0.32%
Other Urinary Organs	1	1	0	0	0	0	0	1	0	0	0.03%
<b>Brain and CNS</b>											
Brain	57	29	28	0	0	0	0	0	57	0	1.51%
Cranial Nerves/Other Nervous System	64	15	49	0	0	0	0	0	64	0	1.70%
<b>Endocrine</b>											
Thyroid	72	21	51	0	50	5	9	5	0	3	1.91%
Other Endocrine including Thymus	15	5	10	0	0	1	0	1	13	0	0.40%
<b>Lymphoma</b>											
Hodgkin's	13	7	6	0	3	3	2	5	0	0	0.35%
Non-Hodgkin's	115	61	54	0	25	16	20	44	0	10	3.05%
Myeloma	41	21	20	0	0	0	0	0	41	0	1.09%
<b>Leukemia</b>											
Acute Lymphocytic Leukemia	3	3	0	0	0	0	0	0	3	0	0.08%
Chronic Lymphocytic Leukemia	7	3	4	0	0	0	0	0	7	0	0.19%
Other Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.03%
Acute Myeloid Leukemia	16	7	9	0	0	0	0	0	16	0	0.42%
Chronic Myeloid Leukemia	4	4	0	0	0	0	0	0	4	0	0.11%
Other Leukemia	4	0	4	0	0	0	0	0	4	0	0.11%
<b>Mesothelioma/Kaposi Sarcoma</b>											
Mesothelioma	6	6	0	0	1	0	1	4	0	0	0.16%
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Miscellaneous</b>											
	48	19	29	0	0	0	0	0	48	0	1.27%
<b>Total:</b>	<b>3766</b>	<b>1599</b>	<b>2167</b>	<b>313</b>	<b>1138</b>	<b>668</b>	<b>515</b>	<b>675</b>	<b>319</b>	<b>138</b>	<b>100%</b>

# Atrium Medical Center

## Site Summary Table for New Cases 2016

SITE	GENDER		AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	
<b>Head and Neck</b>											
Tongue	1	1	0	0	0	0	0	1	0	0	0.24%
Salivary Gland	1	1	0	0	0	0	0	0	0	1	0.24%
Floor of Mouth/Gum/Other	1	0	1	0	0	0	0	1	0	0	0.24%
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Tonsil	0	0	0	0	0	0	0	0	0	0	0.00%
Oropharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Digestive System</b>											
Esophagus	5	4	1	0	0	1	2	2	0	0	1.20%
Stomach	5	4	1	0	1	1	1	2	0	0	1.20%
Small Intestine	4	2	2	0	0	0	2	0	2	0	0.96%
Colon	25	13	12	1	3	7	4	8	2	0	6.00%
Rectosigmoid Junction	0	0	0	0	0	0	0	0	0	0	0.00%
Rectum	10	5	5	0	2	4	3	0	0	1	2.40%
Anus/Anal Canal/Anorectum	3	1	2	0	1	1	1	0	0	0	0.72%
Liver	7	4	3	0	2	2	0	3	0	0	1.68%
Intrahepatic Bile Duct	2	1	1	0	0	0	0	0	2	0	0.48%
Gallbladder	2	0	2	0	0	0	1	1	0	0	0.48%
Other Biliary	2	1	1	0	0	0	0	2	0	0	0.48%
Pancreas	6	3	3	0	2	0	1	1	2	0	1.44%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Peritoneum/Omentum/Mesentery	1	0	1	0	0	0	1	0	0	0	0.24%
<b>Respiratory System</b>											
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%
Larynx	1	1	0	0	0	1	0	0	0	0	0.24%
Lung/Bronchus	78	46	32	0	10	6	21	38	1	2	18.71%
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Bones and Joints</b>											
	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Soft Tissue Including Heart</b>											
	2	0	2	0	0	2	0	0	0	0	0.48%
<b>Skin</b>											
Melanoma	8	2	6	0	3	1	2	1	0	1	1.92%
Other Non-Epithelial Skin	1	0	1	0	1	0	0	0	0	0	0.24%
<b>Breast</b>											
	90	1	89	8	38	29	7	8	0	0	21.58%

# Atrium Medical Center

## Site Summary Table for New Cases 2016

SITE	GENDER		AJCC STAGE GROUP									% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Female Genital System</b>												
Cervix	4	0	4	0	2	0	1	0	0	1	0.96%	
Corpus & Uterus	10	0	10	0	2	0	2	0	0	6	2.40%	
Ovary	6	0	6	0	0	0	3	3	0	0	1.44%	
Vagina	1	0	1	0	0	0	1	0	0	0	0.24%	
Vulva	1	0	1	0	0	0	1	0	0	0	0.24%	
Other Female Genital Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Male Genital System</b>												
Prostate	39	39	0	0	9	26	2	2	0	0	9.35%	
Testis	3	3	0	0	0	0	0	0	0	3	0.72%	
Penis	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Urinary System</b>												
Bladder	18	14	4	9	4	2	0	1	0	2	4.32%	
Kidney/Renal Pelvis	22	16	6	3	13	1	2	2	0	1	5.28%	
Ureter	1	0	1	0	0	0	0	0	0	1	0.24%	
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Brain and CNS</b>												
Brain	2	0	2	0	0	0	0	0	2	0	0.48%	
Cranial Nerves/Other Nervous System	5	1	4	0	0	0	0	0	5	0	1.20%	
<b>Endocrine</b>												
Thyroid	5	3	2	0	2	0	2	1	0	0	1.20%	
Other Endocrine including Thymus	2	0	2	0	0	0	0	0	2	0	0.48%	
<b>Lymphoma</b>												
Hodgkin's	3	3	0	0	1	2	0	0	0	0	0.72%	
Non-Hodgkin's	18	9	9	0	6	2	4	5	0	1	4.32%	
Myeloma	10	5	5	0	0	0	0	0	10	0	2.40%	
<b>Leukemia</b>												
Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Chronic Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.24%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	1	1	0	0	0	0	0	0	1	0	0.24%	
Chronic Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Mesothelioma/Kaposi Sarcoma</b>												
Mesothelioma	1	1	0	0	0	0	0	1	0	0	0.24%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Miscellaneous</b>												
Miscellaneous	9	7	2	0	0	0	0	0	9	0	2.16%	
<b>Total:</b>	<b>417</b>	<b>192</b>	<b>225</b>	<b>21</b>	<b>102</b>	<b>88</b>	<b>64</b>	<b>83</b>	<b>39</b>	<b>20</b>	<b>100%</b>	

# Good Samaritan Hospital

## Site Summary Table for New Cases 2016

SITE	GENDER		AJCC STAGE GROUP									% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Head and Neck</b>												
Tongue	5	4	1	0	0	0	3	2	0	0	0.48%	
Salivary Gland	2	1	1	0	1	1	0	0	0	0	0.19%	
Floor of Mouth/Gum/Other	1	1	0	0	0	0	0	1	0	0	0.10%	
Nasopharynx	1	0	1	0	0	0	1	0	0	0	0.10%	
Tonsil	7	6	1	0	0	0	1	6	0	0	0.67%	
Oropharynx	3	3	0	0	0	0	0	2	0	1	0.29%	
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Digestive System</b>												
Esophagus	8	8	0	0	1	0	3	3	0	1	0.77%	
Stomach	9	7	2	0	0	2	4	2	0	1	0.86%	
Small Intestine	4	1	3	0	0	0	0	2	2	0	0.38%	
Colon	64	30	34	2	15	17	13	15	1	1	6.13%	
Rectosigmoid Junction	5	0	5	0	2	1	0	2	0	0	0.48%	
Rectum	20	11	9	1	7	2	8	2	0	0	1.92%	
Anus/Anal Canal/Anorectum	6	2	4	0	1	2	2	1	0	0	0.57%	
Liver	7	5	2	0	3	0	3	1	0	0	0.67%	
Intrahepatic Bile Duct	1	1	0	0	0	0	0	0	1	0	0.10%	
Gallbladder	2	1	1	0	0	0	1	1	0	0	0.19%	
Other Biliary	3	1	2	0	0	1	0	0	0	2	0.29%	
Pancreas	31	18	13	0	5	4	6	16	0	0	2.97%	
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%	
Peritoneum,/Omentum/Mesentery	1	1	0	0	0	0	0	0	1	0	0.10%	
<b>Respiratory System</b>												
Nose/Nasal Cavity/Middle Ear	0	0	0	0	0	0	0	0	0	0	0.00%	
Larynx	8	6	2	0	3	1	1	3	0	0	0.77%	
Lung/Bronchus	222	103	119	1	64	12	49	93	3	0	21.26%	
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Bones and Joints</b>												
	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Soft Tissue Including Heart</b>												
	2	1	1	0	0	1	1	0	0	0	0.19%	
<b>Skin</b>												
Melanoma	9	4	5	1	1	2	0	4	0	1	0.86%	
Other Non-Epithelial Skin	1	1	0	0	0	1	0	0	0	0	0.10%	
<b>Breast</b>	<b>321</b>	<b>3</b>	<b>318</b>	<b>68</b>	<b>150</b>	<b>77</b>	<b>18</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>30.75%</b>	

# Good Samaritan Hospital

## Site Summary Table for New Cases 2016

SITE	GENDER		AJCC STAGE GROUP									% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Female Genital System</b>												
Cervix	8	0	8	0	4	1	2	1	0	0	0.77%	
Corpus & Uterus	17	0	17	0	10	2	2	1	1	1	1.63%	
Ovary	3	0	3	0	0	0	0	3	0	0	0.29%	
Vagina	0	0	0	0	0	0	0	0	0	0	0.00%	
Vulva	1	0	1	0	1	0	0	0	0	0	0.10%	
Other Female Genital Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Male Genital System</b>												
Prostate	89	89	0	0	16	56	6	11	0	0	8.52%	
Testis	7	7	0	0	5	0	2	0	0	0	0.67%	
Penis	1	1	0	0	0	1	0	0	0	0	0.10%	
<b>Urinary System</b>												
Bladder	65	46	19	33	16	7	2	7	0	0	6.23%	
Kidney/Renal Pelvis	4	3	1	0	1	0	0	3	0	0	0.38%	
Ureter	5	2	3	0	1	1	2	1	0	0	0.48%	
Other Urinary Organs	1	1	0	0	0	0	0	1	0	0	0.10%	
<b>Brain and CNS</b>												
Brain	10	6	4	0	0	0	0	0	10	0	0.96%	
Cranial Nerves/Other Nervous System	21	5	16	0	0	0	0	0	21	0	2.01%	
<b>Endocrine</b>												
Thyroid	3	0	3	0	2	0	1	0	0	0	0.29%	
Other Endocrine including Thymus	5	1	4	0	0	1	0	0	4	0	0.48%	
<b>Lymphoma</b>												
Hodgkin's	3	1	2	0	1	0	1	1	0	0	0.29%	
Non-Hodgkin's	23	12	11	0	4	4	5	9	0	1	2.20%	
Myeloma	11	6	5	0	0	0	0	0	11	0	1.05%	
<b>Leukemia</b>												
Acute Lymphocytic Leukemia	1	1	0	0	0	0	0	0	1	0	0.10%	
Chronic Lymphocytic Leukemia	5	2	3	0	0	0	0	0	5	0	0.48%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	4	3	1	0	0	0	0	0	4	0	0.38%	
Chronic Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Leukemia	1	0	1	0	0	0	0	0	1	0	0.10%	
<b>Mesothelioma/Kaposi Sarcoma</b>												
Mesothelioma	2	2	0	0	0	0	0	2	0	0	0.19%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Miscellaneous</b>												
	11	4	7	0	0	0	0	0	11	0	1.05%	
<b>Total:</b>	<b>1044</b>	<b>411</b>	<b>633</b>	<b>106</b>	<b>314</b>	<b>197</b>	<b>137</b>	<b>204</b>	<b>77</b>	<b>9</b>	<b>100%</b>	

# Miami Valley Hospital

## Site Summary Table for New Cases 2016

SITE	GENDER			AJCC STAGE GROUP								% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Head and Neck</b>												
Tongue	16	14	2	0	3	3	4	5	0	1	0.79%	
Salivary Gland	8	6	2	0	3	2	1	1	0	1	0.40%	
Floor of Mouth/Gum/Other	5	3	2	0	2	0	0	3	0	0	0.25%	
Nasopharynx	1	1	0	0	0	0	1	0	0	0	0.05%	
Tonsil	5	3	2	0	1	0	0	3	0	1	0.25%	
Oropharynx	3	3	0	0	1	0	0	2	0	0	0.15%	
Hypopharynx	1	1	0	0	0	0	0	1	0	0	0.05%	
<b>Digestive System</b>												
Esophagus	23	21	2	0	1	5	8	3	0	6	1.14%	
Stomach	25	18	7	0	6	4	6	5	0	4	1.24%	
Small Intestine	11	6	5	0	2	1	1	2	5	0	0.55%	
Colon	109	52	57	4	19	16	31	26	3	10	5.41%	
Rectosigmoid Junction	8	5	3	0	1	0	4	3	0	0	0.40%	
Rectum	48	23	25	1	10	18	11	3	0	5	2.38%	
Anus/Anal Canal/Anorectum	10	0	10	1	3	3	3	0	0	0	0.50%	
Liver	14	7	7	0	5	3	3	1	2	0	0.70%	
Intrahepatic Bile Duct	2	0	2	0	0	0	0	1	1	0	0.10%	
Gallbladder	5	1	4	0	1	0	0	3	1	0	0.25%	
Other Biliary	22	9	13	0	2	2	4	6	5	3	1.09%	
Pancreas	42	20	22	0	4	10	1	23	1	3	2.09%	
Retroperitoneum	1	1	0	0	0	0	1	0	0	0	0.05%	
Peritoneum/Omentum/Mesentery	3	1	2	0	1	0	0	0	2	0	0.15%	
<b>Respiratory System</b>												
Nose/Nasal Cavity/Middle Ear	1	0	1	0	0	0	0	1	0	0	0.05%	
Larynx	15	12	3	1	3	1	0	7	0	3	0.74%	
Lung/Bronchus	277	149	128	4	77	21	46	120	4	5	13.75%	
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Bones and Joints</b>												
	2	0	2	0	1	0	0	0	0	1	0.10%	
<b>Soft Tissue Including Heart</b>												
	11	9	2	0	4	1	4	1	0	1	0.55%	
<b>Skin</b>												
Melanoma	142	79	63	27	72	20	13	5	0	5	7.05%	
Other Non-Epithelial Skin	11	6	5	0	2	1	4	0	1	3	0.55%	
<b>Breast</b>												
	356	2	354	91	148	71	24	14	1	7	17.68%	

# Miami Valley Hospital

## Site Summary Table for New Cases 2016

SITE	GENDER			AJCC STAGE GROUP							
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	% of Occurrence
<b>Female Genital System</b>											
Cervix	22	0	22	0	8	4	5	3	0	2	1.09%
Corpus & Uterus	112	0	112	0	86	3	8	3	9	3	5.56%
Ovary	36	0	36	0	11	0	8	9	1	7	1.79%
Vagina	4	0	4	0	0	0	1	2	1	0	0.20%
Vulva	12	0	12	5	5	0	1	0	0	1	0.60%
Other Female Genital Organs	4	0	4	1	0	1	2	0	0	0	0.20%
<b>Male Genital System</b>											
Prostate	167	167	0	0	7	103	34	16	0	7	8.29%
Testis	4	4	0	0	4	0	0	0	0	0	0.20%
Penis	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Urinary System</b>											
Bladder	64	48	16	30	12	15	3	3	0	1	3.18%
Kidney/Renal Pelvis	122	83	39	0	73	7	22	18	1	1	6.06%
Ureter	6	2	4	0	2	2	1	1	0	0	0.30%
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Brain and CNS</b>											
Brain	41	22	19	0	0	0	0	0	41	0	2.04%
Cranial Nerves/Other Nervous System	38	9	29	0	0	0	0	0	38	0	1.89%
<b>Endocrine</b>											
Thyroid	55	15	40	0	39	4	6	4	0	2	2.73%
Other Endocrine including Thymus	8	4	4	0	0	0	0	1	7	0	0.40%
<b>Lymphoma</b>											
Hodgkin's	6	3	3	0	1	1	1	3	0	0	0.30%
Non-Hodgkin's	67	36	31	0	13	10	9	29	0	6	3.33%
Myeloma	20	10	10	0	0	0	0	0	20	0	0.99%
<b>Leukemia</b>											
Acute Lymphocytic Leukemia	2	2	0	0	0	0	0	0	2	0	0.10%
Chronic Lymphocytic Leukemia	1	1	0	0	0	0	0	0	1	0	0.05%
Other Lymphocytic Leukemia	1	0	1	0	0	0	0	0	1	0	0.05%
Acute Myeloid Leukemia	11	3	8	0	0	0	0	0	11	0	0.55%
Chronic Myeloid Leukemia	4	4	0	0	0	0	0	0	4	0	0.20%
Other Leukemia	3	0	3	0	0	0	0	0	3	0	0.15%
<b>Mesothelioma/Kaposi Sarcoma</b>											
Mesothelioma	2	2	0	0	1	0	1	0	0	0	0.10%
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Miscellaneous</b>											
	25	7	18	0	0	0	0	0	25	0	1.24%
<b>Total:</b>	<b>2014</b>	<b>874</b>	<b>1140</b>	<b>165</b>	<b>634</b>	<b>332</b>	<b>272</b>	<b>331</b>	<b>191</b>	<b>89</b>	<b>100%</b>

# Upper Valley Medical Center

## Site Summary Table for New Cases 2016

SITE	GENDER			AJCC STAGE GROUP							% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown	
<b>Head and Neck</b>											
Tongue	3	1	2	0	0	0	0	3	0	0	1.03%
Salivary Gland	0	0	0	0	0	0	0	0	0	0	0.00%
Floor of Mouth/Gum/Other	1	0	1	0	0	0	0	1	0	0	0.34%
Nasopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
Tonsil	5	4	1	0	0	1	0	4	0	0	1.72%
Oropharynx	1	1	0	0	1	0	0	0	0	0	0.34%
Hypopharynx	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Digestive System</b>											
Esophagus	8	7	1	0	2	0	1	5	0	0	2.75%
Stomach	2	1	1	0	0	1	0	0	0	1	0.69%
Small Intestine	3	1	2	0	0	1	0	1	0	1	1.03%
Colon	26	14	12	0	9	4	8	4	0	1	8.93%
Rectosigmoid Junction	2	2	0	0	0	0	2	0	0	0	0.69%
Rectum	7	3	4	0	1	3	0	2	0	1	2.41%
Anus/Anal Canal/Anorectum	2	0	2	0	0	2	0	0	0	0	0.69%
Liver	3	2	1	0	0	0	0	0	2	1	1.03%
Intrahepatic Bile Duct	0	0	0	0	0	0	0	0	0	0	0.00%
Gallbladder	1	0	1	0	0	1	0	0	0	0	0.34%
Other Biliary	0	0	0	0	0	0	0	0	0	0	0.00%
Pancreas	2	1	1	0	0	1	0	1	0	0	0.69%
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0.00%
Peritoneum/Omentum/Mesentery	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Respiratory System</b>											
Nose/Nasal Cavity/Middle Ear	1	1	0	1	0	0	0	0	0	0	0.34%
Larynx	2	2	0	0	1	0	0	0	0	1	0.69%
Lung/Bronchus	54	29	25	1	8	3	16	22	0	4	18.56%
Trachea/Mediastinum/Other	0	0	0	0	0	0	0	0	0	0	0.00%
<b>Bones and Joints</b>											
	1	1	0	0	1	0	0	0	0	0	0.34%
<b>Soft Tissue Including Heart</b>											
	1	1	0	0	0	0	0	0	0	1	0.34%
<b>Skin</b>											
Melanoma	3	1	2	1	2	0	0	0	0	0	1.03%
Other Non-Epithelial Skin	3	2	1	0	0	1	0	0	2	0	1.03%
<b>Breast</b>											
	64	0	64	13	33	8	5	3	0	2	21.99%

# Upper Valley Medical Center

## Site Summary Table for New Cases 2016

SITE	GENDER		AJCC STAGE GROUP									% of Occurrence
	Total Cases	Male	Female	0	I	II	III	IV	None N/A	Unknown		
<b>Female Genital System</b>												
Cervix	7	0	7	0	1	1	3	0	1	1	2.41%	
Corpus & Uterus	11	0	11	0	8	1	1	1	0	0	3.78%	
Ovary	3	0	3	0	1	0	0	2	0	0	1.03%	
Vagina	1	0	1	0	1	0	0	0	0	0	0.34%	
Vulva	4	0	4	1	1	0	1	0	0	1	1.37%	
Other Female Genital Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Male Genital System</b>												
Prostate	26	26	0	0	3	18	1	2	0	2	8.93%	
Testis	0	0	0	0	0	0	0	0	0	0	0.00%	
Penis	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Urinary System</b>												
Bladder	10	7	3	4	0	3	2	1	0	0	3.44%	
Kidney/Renal Pelvis	9	5	4	0	6	1	0	2	0	0	3.09%	
Ureter	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Urinary Organs	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Brain and CNS</b>												
Brain	4	1	3	0	0	0	0	0	4	0	1.37%	
Cranial Nerves/Other Nervous System	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Endocrine</b>												
Thyroid	9	3	6	0	7	1	0	0	0	1	3.09%	
Other Endocrine including Thymus	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Lymphoma</b>												
Hodgkin's	1	0	1	0	0	0	0	1	0	0	0.34%	
Non-Hodgkin's	7	4	3	0	2	0	2	1	0	2	2.41%	
Myeloma	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Leukemia</b>												
Acute Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Chronic Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Lymphocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Acute Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Chronic Myeloid Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
Other Leukemia	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Mesothelioma/Kaposi Sarcoma</b>												
Mesothelioma	1	1	0	0	0	0	0	1	0	0	0.34%	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0.00%	
<b>Miscellaneous</b>												
	3	1	2	0	0	0	0	0	3	0	1.03%	
<b>Total:</b>	<b>291</b>	<b>122</b>	<b>169</b>	<b>21</b>	<b>88</b>	<b>51</b>	<b>42</b>	<b>57</b>	<b>12</b>	<b>20</b>	<b>100%</b>	

# Cancer Committee Members

## Atrium Medical Center

**Ryan Steinmetz, MD, Chair**  
Radiation Oncology

**Heather Adkins, MD**  
General Surgery

**Christine Banford, BSN, RN**  
Nurse Manager,  
Medical Oncology Medical Surgical Unit

**Celeste Bierly, CTR**  
Cancer Registry

**Lisa Boster, RHIT, CTR**  
Cancer Registry

**Ravi Cherukuri, MD**  
Radiology

**Melissa Cottman, RT**  
Director, Medical Imaging

**Mark Curtis, MSN, CNS-BC, ACHPN, LMT**  
Palliative Services

**Karen Feldmeyer, MSA, RD, LD**  
Patient Services Manager/Nutrition Services

**Sandy Fletcher, BSN, RN, CNOR, OCN, CCRP**  
Research/Clinical Trials

**Judy Harrison, OTR/L, CLT**  
Certified Lymphedema Therapy

**Debbie Hatter, MSN, RN, FNP-BC, OCN**  
Compton Infusion Center, Manager

**Tia Leedy**  
Outpatient Oncology Social Services

**Anna L. Meiners, BRST, RT (R) (CT)**  
Manager, Breast Imaging

**Ryan Muhlenkamp, MS, RN**  
Director Infusion Center and Oncology Service  
Line

**Jamey Phillips, RPh**  
Pharmacy

**Nkeiruka Okoye, MD**  
Medical Oncology

**Alan Prok, MD**  
Pathology

**Radhika Rajsheker, MD**  
Medical Oncology

**Jean Reed, MS, RN, CPHQ**  
Director, Quality Improvement

**Phyllis Rudokas, BS, RN, OCN, CBCN**  
Breast & Lung Oncology Nurse Navigator

**Karla Shearer, MSN, ANP-BC**  
Palliative Care

**John Weske, MD**  
Radiology

**Ronald Wilger, PT, DPT**  
Rehabilitation/Lymphedema Services

## Good Samaritan Hospital

**Gregory Rasp, MD, Chair**  
Radiation Oncologist  
Patrick Allan, MD  
Pulmonologist

**Diane Anderson, DO**  
Radiologist, Co-Medical Director  
Samaritan Breast Center

**Jay Ballen, MD**  
Radiologist

**Charles Bane, MD**  
Medical Oncologist & Medical Director,  
Oncology Services

**Faith Callif-Daley, M.S.**  
Certified Genetic Counselor

**Ronald Chiu, MD**  
Pathologist

**Michelle DeGroat, MD**  
General Surgery

**Howard Gross, MD**  
Medical Oncologist

**Stephanie Hisey, RN, OCN, CNS**  
Oncology Nurse

**Dianah Hurd, CTR**  
Oncology Data Services

**Connie Ickes, LISW-S**  
Oncology Social Worker

**Shamim Jilani, MD**  
Medical Oncologist

**Jackie Matthews**  
Palliative Care

**Brenda McCracken, BS, CTR**  
Team Leader, Oncology Data Services

**Katherine Peyton, RN, OCN**  
Clinical Trials Research Nurse

**Laura Reed, BSN, RN**  
Oncology Nurse Navigator

**Mindy Shelley, BSRS RT, MRSO**  
Director, Operations

**Cindy Snook, MS, FNP-C, APN Palliative Care**  
Palliative Care

**Ryan Steinmetz, MD**  
Radiation Oncologist

**Allen Stephens, DO**  
Pathologist

**Diane Tournant, BSN, RN**  
Oncology Nurse Navigator

**Emily Townsend, MSN, RN, OCN**  
Manager Samaritan Cancer Center, Cancer  
Facility Administrator

**Jennifer Wu, MD**  
General Surgery

## Miami Valley Hospital

**Mark Marinella, MD, FACP Chair**  
Medical Oncologist

**Mark Anstadt, MD, FACS**  
Cardiothoracic Surgery

**Rebecca Balaj, MD**  
Pathologist

**Deborah Bentley, MS, RN, ACNS-BC, CHPN**  
Palliative Care

**Kim Biery, RN, DNP, NEA-BC**  
Director, Quality Innovation

**Walter Burnell, BA**  
Cancer Center Resource Coordinator

**Douglas Ditzel, DO**  
Radiation Oncologist

**Emily Cone, RN, BSN, OCN**  
Oncology Research Data Coordinator

**Pam Engle, CTR**  
Administrative Coordinator

**Mary I. Fisher, PT, PhD, OCS, CLT**  
Physical Therapy

**Michael S. Guy, MD, ABOG, FACOG**  
Gynecology Oncology

**Kathryn Haught, MSN, RN**  
GI Oncology Nurse Navigator

**Minia Hellan, MD, FACS**  
Surgical Oncologist

**Nancy Hampton-Jones, MS, APRN, AGCNS-BC, AOCNS**  
Neurosurgery

**Shannon Kauffman, MD**  
Interventional Radiology

**CJ KostECKA, BSN, RN, MHA**  
Director of Nursing - Oncology

**Deborah Niese**  
American Cancer Society

**Tim Maclean, MD**  
Palliative Care

**Bethany McFarland**  
American Cancer Society

**Amy McKenna, RN, BSN**  
Lung Oncology Nurse Navigator

**Jackie Matthews, RN, MS, AOCN, ACHON**  
Palliative Care

**Elena Mikalauskas, MS, RN, OCN, AOCNS**  
Clinical Nurse Specialist

**Denise Nichols, MSW, LISW-S**  
Medical Social Worker

**Chirag Patel, MD**  
Palliative Care

**Ania Pollack, MD, FACS, FAANS**

Neurosurgery

**Jeanne Ponziani, MSA, RN, NE-BC**

Director Clinical Operations

**Thomas Reid, MD, ABOG, FACOG**

Gynecology Oncology

**Joann Ringer**

COO, Miami Valley Hospital South

**Jose Rodriguez, MD, FACS**

Cardiothoracic Surgery

**Melissa Roelle, MD, FACS**

Surgery, Medical Director

**Frank E. Sawyer, MHA**

Vice President, Service Integration

**Julie Sawyer, MS, CGC**

Genetic Counselor

**Carol Stadler, PharmD, RPH**

Clinical Pharmacist

**Nancy Thoma, RN, BSN, OCN**

Breast Oncology Nurse Navigator

**Deb G. Thompson, MS, RDN, LD**

Nutrition Services

**Nicki Vance, BSN, RN**

Clinical Nurse Educator for 5E/5W Oncology

**Jennifer Wall, BA**

American Cancer Society

**Sarah Wallman, MSW**

Social Worker

**Burhan Yanes, MD**

Medical Oncologist

**Upper Valley Medical Center**

**Ronald Setzkorn, MD, Chair**

Radiation Oncology

**Wincha Chong, MD**

Diagnostic Radiologist

**Jim Dabbelt, CTR, RHIT**

CTR, Cancer Registry Quality Coordinator

**Sabrina Dean**

Performance Improvement/QI Rep

**Jill Demmitt, RN**

Palliative Care

Psychosocial Services Coordinator

**Douglas Ditzel, DO**

Radiation Oncologist

**Jared Griffith, MD**

Diagnostic Radiologist

**Jean Heath, RN, BSN, MA, OCN**

Cancer Program Administrator

Community Outreach Coordinator

**Sarah Jones, MS, RN, AOCNS, ACNS-BC**

Oncology CNS/Manager

Quality Improvement Coordinator

**Rajeev Kulkarni, MD**

Medical Oncologist

**Stewart Lowry, MD**

General Surgery

**Carlos Machicao, MD**

Pathologist

**Dusti Mathes**

Cancer Conference Coordinator

**Heather Penwell, RN, BSN**

Clinical Research Representative/Coordinator

**Chris Rolitsky, MD**

Pathologist

**Tarek Sabagh, MD**

Medical Oncologist

Cancer Liaison Physician

**Zach Simmons, MD**

General Surgery

**Cindy Snook**

Palliative Care

**Pam Wilson, LSW**

Social Services

## Cancer Committee Chairs

Premier Health has taken an integrated, comprehensive approach to cancer services. This brings together a collaboration for the four Premier Health hospitals and the committee chairs for the hospitals.



**Mark A. Marinella, MD, FACP**  
Miami Valley Hospital



**Gregory M. Rasp, MD**  
Good Samaritan Hospital



**Ryan Steinmetz, MD**  
Atrium Medical Center



**Ronald K. Setzkorn, MD**  
Upper Valley Medical Center

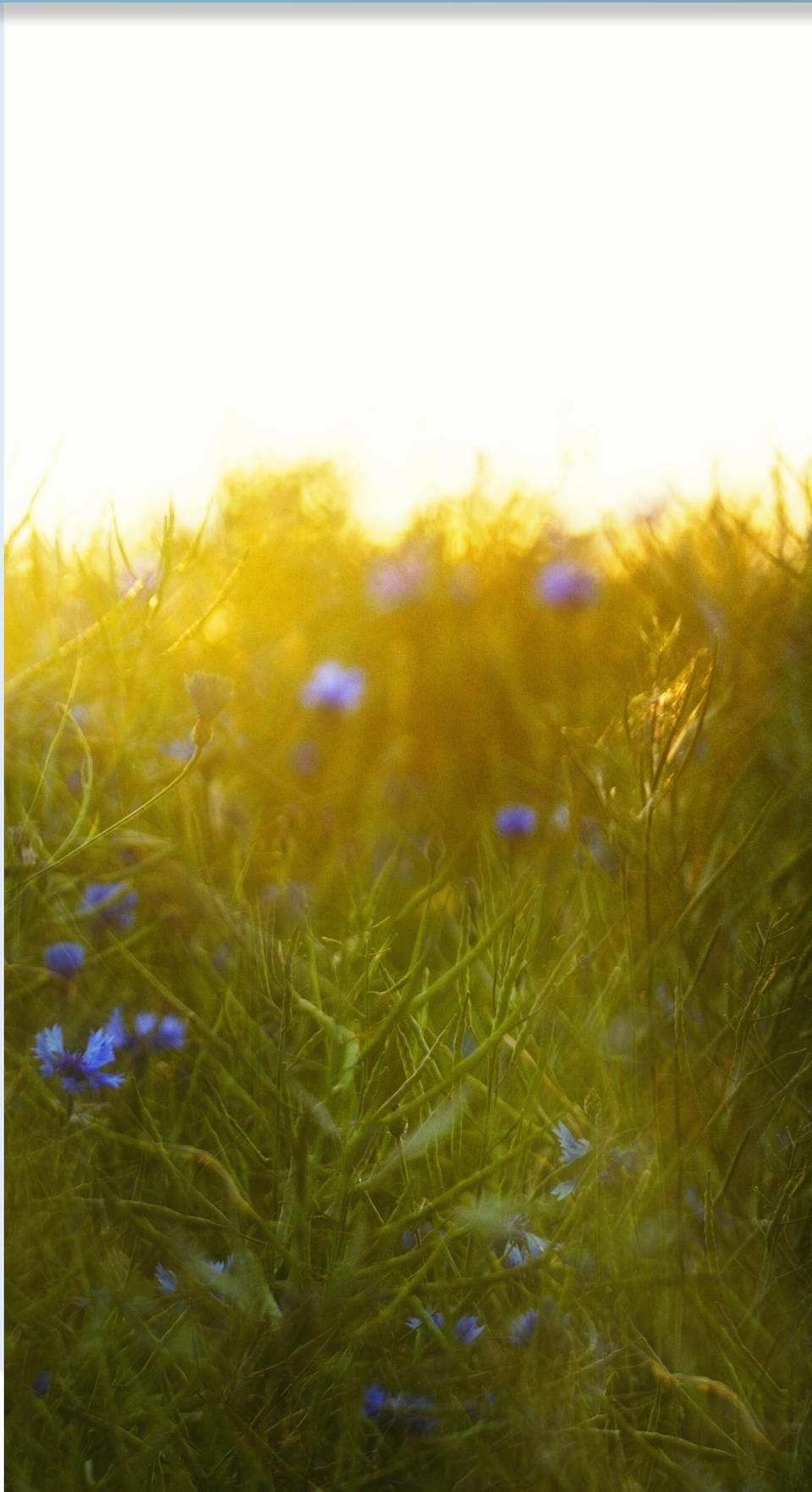


## Premier Health Cancer Center Locations:

- 1 Miami Valley Hospital**  
One Wyoming St.  
Dayton, OH 45409
- 2 Miami Valley Hospital South**  
2400 Miami Valley Dr.  
Centerville, OH 45459
- 3 Atrium Medical Center**  
One Medical Center Dr.  
Middletown, OH 45005
- 4 Good Samaritan Hospital – Dayton**  
2222 Philadelphia Dr.  
Dayton, OH 45406
- 5 Good Samaritan North  
Health Center**  
9000 N. Main St.  
Englewood, OH 45415
- 6 Upper Valley Medical Center**  
3130 N. County Rd. 25A  
Troy, OH 45373
- 7 Wayne Cancer Center\***  
1111 Sweitzer St.  
Greenville, OH 45331
- 8 Greater Dayton Cancer Center\***  
3120 Governor's Place Blvd.  
Kettering, OH 45409

\*joint venture with Premier Health

[premierhealth.com/cancer](https://premierhealth.com/cancer)





*There is nothing like staying  
at home for real comfort.*

*—Jane Austen*



110 N. Main St.  
Dayton, OH 45402

[premierhealth.com/cancer](http://premierhealth.com/cancer)