

Winchester Medical Center
2020 Cancer Program

Annual Report



To Our Community:

On behalf of everyone on the team at the Valley Health Cancer Center, we are delighted to share this 2020 Cancer Program Annual Report with you. The COVID-19 global pandemic has made 2020 a very challenging year for everyone. We are proud of and give thanks to the team of dedicated professionals who take extraordinary measures to keep patients, families and each other safe from being infected by this terrible disease.

Our Commitment: Delivering the Best Care, Every Person, Every Day

Best Care...The team of professionals at the Valley Health Cancer Center follows national, evidence-based guidelines in the care and treatment of cancer. Our team approach and commitment to the best care demands that we keep current with the latest that science has to offer in the treatment of cancer. We deliver the best care...not just the best that we can do in Winchester and the Shenandoah Valley but also the best that can be done anywhere. We also have developed collaborative relationships with researchers and specialists throughout our region for those rare circumstances when a patient is in need of care that is best offered in an academic setting.

Every Person...Each cancer diagnosis is as unique as the patient facing this new challenge. We treat the whole person...physical, emotional, and spiritual.

Every Day...We are relentless in making sure each person's care experience at Valley Health is the best that it can be every day – consistently day in and day out. We welcome feedback, both positive as well as constructive ideas that serve to make us better.

This year we are pleased to share the update from our Medical Imaging colleagues that breast imaging services at all Valley Health facilities are fully accredited by the American College of Radiology and certified by the Food and Drug Administration (page 12). Patients and providers can feel confident they are receiving high quality breast imaging services at Valley Health.

A new service, MRI-ultrasound fusion guided biopsy for suspicious prostate masses, began this year, offering patients the ability to receive this service locally. Prostate MRI and MRI-ultrasound fusion guided biopsy have improved diagnosis and staging of prostate cancer in our community.

The Valley Health Cancer Center team is dedicated to expanding and growing with the needs of our community. The trust our patients bestow in us as they place themselves in our care is testimony to the honor and commitment we have in caring for our friends, colleagues, co-workers, neighbors, and family members who come to Valley Health.

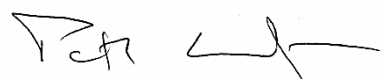
Sincerely,



Richard M. Ingram, MD



Bruce L. Flax, MD



Patrick Wagner, MD

About Valley Health

Valley Health is a not-for-profit health system serving a population of more than 500,000 in northwest Virginia, West Virginia's Eastern Panhandle, and western Maryland. Valley Health includes six hospitals, more than 55 physician practices, a regional medical transport service, home care, and Urgent Care centers in six communities. Winchester Medical Center is Valley Health's 495-bed tertiary referral hospital. Valley Health dedicated a new 52,000-square-foot regional cancer treatment facility at Winchester Medical Center in August 2016. Caring for more than 1,300 newly diagnosed cancer patients each year, the Cancer Center offers comprehensive services that combine advanced technology, collaborative treatment and support for patients and families from throughout our region. Valley Health is committed to providing the best care possible for cancer patients with the most current technology supporting the expertise of our physician leaders.

855-9-VH HOPE (855-984-4673)
valleyhealthlink.com/cancer



A QUALITY PROGRAM
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2020 Cancer Committee Members

| Members | Alternates | Department/Specialty |
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| Tracy Parson, BSW | Joyce Dunlap, BSN | Social Worker |
| Cindy Tillman, CTR | | Certified Tumor Registrar |
| Coordinators: | | |
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| Tracy Parson, BSW | Joyce Dunlap, BSN | Social Worker/Navigator, Psychological Services Coordinator |
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| Pam Lambert, RN, BSN | Christine Newby, MSN, RN, OCN | Clinical Trials Coordinator |
| Kathye Edwards | Bonita Haynes | Quality Improvement Coordinator |
| Barbara Fallings, RN | | Survivorship Program Coordinator |

Treatment Services

Medical Oncology and Hematology

Shenandoah Oncology, PC, located in the Valley Health Cancer Center on the hospital's campus, provides comprehensive and individualized care to patients with cancer and blood disorders. Physicians oversee patients undergoing cancer staging, treatment, monitoring response to therapy, and surveillance for recurrence.

Shenandoah Oncology is comprised of a team of board certified medical oncologists, oncology certified nurse practitioners, oncology certified registered nurses, laboratory staff and medical assistants. There is a licensed clinical social worker on staff who can provide supportive counseling services to the individual(s) affected by the cancer diagnosis. Shenandoah Oncology's entire staff is focused on providing the best clinical experience for our patients.

Before our patients begin chemotherapy, each has a one-on-one chemotherapy teaching with a nurse practitioner. This class is designed to provide patients a basic understanding of how chemotherapy works, how to prepare for treatment, the common side effects that can occur and information on how to manage their side effects. They are also made aware of available resources and contact numbers to assist them during their treatment.

Shenandoah Oncology strives to provide the current and latest breaking therapies to cancer patients in an outpatient setting. We also offer extensive clinical trial options from both the US Oncology Network and Virginia Commonwealth University's Oncology Research Program.

Currently, Shenandoah Oncology is participating in the Oncology Care Model (OCM) to improve quality of care and the patient's overall experience. OCM focuses on the patient and the patient care team. The patient care team includes the patient and their family as well as physicians, nurse practitioners, patient financial counselors, billing staff, nursing, laboratory staff, a social worker and a dietician. With OCM, the practice has expanded their services to include a written treatment plan and an opportunity for patients to complete advanced care planning documents. Advanced Care Planning is the process where the patient documents symptom management goals in an effort to help maintain control of their treatment course. The treatment plan encourages the patient to be more engaged in his or her care and decision-making. The plan allows patients to be fully informed and encourages them to be engaged in their cancer care goals of therapy.

As cancer care and treatment continues to evolve, the physicians at Shenandoah Oncology are utilizing these advancements to care for their patients. Every day, new targeted therapies are recommended. Targeted cancer therapies are drugs that "target" specific cancer cells. Some of the cancers against which targeted therapies have been utilized include gastric, breast, neuro-endocrine, bladder and colorectal.

Radiotherapy Treatment

High Dose Brachytherapy

Valley Health offers a high dose radiation (HDR) brachytherapy program at the Valley Health Cancer Center. Brachytherapy is a medical procedure performed in Radiation Oncology that places radioactive sources directly inside the patient on a temporary or permanent basis to damage cancer cells' DNA and destroy their ability to divide and grow. The procedure allows the physicians to prescribe a higher total dose of radiation to treat a smaller, more focused area in less time than conventional external beam radiation therapy. Doctors perform the procedure by placing radioactive materials in a body cavity, such as a windpipe or vagina, using a cylindrical device, or they may place the material directly into the body tissue. The process can take several minutes to several days depending on the dosage, and some treatments involve permanently placing the radioactive seeds inside the patient. Side effects vary depending on the treatment area and may include swelling and tenderness at the site of radiation.

HDR brachytherapy is a powerful form of internally delivered radiation therapy that destroys many types of cancers including skin, cervical, prostate and breast. It can be used as a standalone treatment or after a tumor has been surgically removed to eliminate any remaining cancerous cells.

During treatment, a computer-controlled machine sends the small radioactive seeds down each catheter to deliver radiation at multiple depths and varying times. The overall treatment time at the tumor site is 10 to 20 minutes. The seeds are then removed so that no radioactive material remains in the patient's body. Depending on the type of cancer being treated, a high-dose rate treatment plan may require one session or multiple sessions over a course of up to five days.

Types of brachytherapy procedures include:

- Interstitial HDR brachytherapy – often used for prostate cancers, the radiation is delivered directly into tissue.
- Intracavitary HDR brachytherapy – often used for breast, cervical and vaginal cancers, the radiation is delivered to the tumor from the cavity left by the recently removed tumor.
- Episcleral brachytherapy – the radiation source is attached to the eye to treat melanoma inside the eye.

Benefits of HDR brachytherapy include:

- Extremely precise radiation therapy delivered internally
- Used alone or applied after surgery to help prevent recurrence of cancer
- Convenient treatments that reduces the number of treatment visits by one to five fractions
- Minimizes risk of common short- and long-term side effects

External Beam Radiotherapy

Winchester Medical Center offers current standard of care treatments utilizing the Varian True Beam accelerators. Modes of treatment include volumetric arc therapy (VMAT), intensity modulated radiation therapy (IMRT), 3d conformal radiation therapy and conventional therapy.

Tumors treated include but are not limited to breast, prostate, head and neck, brain, spine, lung and bone.

Stereotactic Radiosurgery

Stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SBRT) are highly advanced treatments preformed in Radiation Oncology that focus mostly on the treatment of brain, spine and certain lung cancers.

Radiosurgery is a non-surgical minimally invasive procedure that delivers large doses of precisely targeted radiation to small tumors. This spares critical organs and healthy tissue, providing a significant advantage for patients. SRS and SBRT work in the same way as other forms of radiation treatment, destroying cancer cells and causing tumors to shrink. Each session can take anywhere from 20 to 45 minutes. Patients may have a single treatment or multiple treatments. The ability to fine-tune the patient setup to 6 degrees of freedom has been initiated, allowing for an increase in precision treatments.

Xofigo

In collaboration with our nuclear medicine service, the addition of Radium 223 dichloride intravenous radioisotope is being administered. This treatment is for patients with advanced prostate cancer who have bone metastases.

Surgical Oncology

Valley Health Surgical Oncology continues to offer an extensive range of surgical procedures for gastrointestinal malignancies, including tumors of the esophagus, stomach, liver, pancreas, colon and rectum. We also offer endocrine surgery for malignancies of the thyroid, parathyroid and adrenal gland. Our surgeons use the da Vinci® Xi™ surgical robotics system to enhance our ability to provide minimally invasive surgical options to patients with a wide variety of malignancies. We provide expertise in the management of skin and soft tissue malignancies, including melanoma and sarcoma.

Robotic Surgery at Winchester Medical Center

At Winchester Medical Center, we're using the latest generation surgical robot, the da Vinci® Xi™, to perform advanced minimally invasive procedures to treat several types of cancer. Robotic technology augments our ability to perform highly complex procedures through small incisions. The advantages of robotic surgery include improved visualization and technical maneuverability, which can lead to better outcomes for patients, such as shorter hospital stays and fewer complications.

At Winchester Medical Center, we're treating several types of cancer using advanced robot-assisted surgical techniques:

- Colorectal cancer
- Esophageal cancer
- Small intestine (bowel) cancer
- Stomach (gastric) cancer
- Pancreatic cancer
- Lung cancer



Our expert team consists of several accomplished robotics-trained surgeons who work with a dedicated robotic surgery team in the operating room to deliver this 21st century minimally invasive treatment for our patients.

Our fellowship-trained surgeons are using robot-assisted surgery to advance treatment options for patients in our region within several distinct surgical specialties, including surgical oncology and thoracic surgery.

Thoracic Oncology

Valley Health is proud to present updates on the Thoracic Oncology Program. We have a lot to be proud of as we continue to make tremendous advances in finding, diagnosing, and treating lung cancer and other chest malignancies. Our program is comprehensive and based on a multidisciplinary approach as outlined below.



Screening and Prevention

The American Cancer Society estimates the incidence for lung cancer in the United States for 2020 are:

- About 228,820 new cases of lung cancer (116,300 in men and 112,520 in women)
- About 135,720 deaths from lung cancer (72,500 in men and 63,220 in women)

Lung cancer remains by far the leading cause of cancer death among both men and women, making up almost 25% of all cancer deaths. Each year, more people die of lung cancer than of colon, breast, and prostate cancers combined, according to the ACS.

“On a positive note, the number of new lung cancer cases continues to decrease, partly because people are quitting smoking. Also, the number of deaths from lung cancer continues to drop due to people stopping smoking and advances in early detection and treatment,” the ACS states.

Low Dose Computed Tomography (LDCT) Lung Cancer Screening

We have a well-known and established lung cancer screening program that is approved by CMS and other commercial insurance payers.

In 2013, the US Preventative Services Task Force recommended “annual screening for lung cancer with LDCT in adults ages 55-80 years who have a 30 pack year smoking history and currently smoke or have quit within the past 15 years.” For Medicare and Medicaid, the ages are 55-77. Interval screening continues until a person no longer meets criteria, or wishes to receive treatment. This screening service is covered by most insurance companies for individuals who meet qualifying criteria. LDCT screening does not prevent lung cancer or eliminate the need for smoking cessation measures.

LDCT screening is offered at all six Valley Health hospital locations, which are American College of Radiology designated Lung Cancer Screening Centers. LDCT results are tracked and reviewed by a multidisciplinary team skilled in the evaluation and treatment of lung cancer in an every-other-week thoracic tumor board. Data from screening scans is then entered into a national lung screening registry. Early detection saves lives! Since 2015, Valley Health has screened



roughly 5,000 people. More than 50 people have been diagnosed and treated for lung cancer with multiple modalities as a result of their LDCT lung screening scan. Some individuals require a follow-up LDCT scan in three or six months, while others continue on a yearly surveillance schedule. Any change in a surveillance scan, or suspicious findings on a baseline scan may require additional work up such as a PET scan, biopsy, thoracic surgery consultation, or referral to our multidisciplinary Lung Nodule Clinic. The multidisciplinary thoracic tumor board reviews all suspicious findings, and the thoracic oncology navigator provides patient support as well as communicate recommendations to the ordering provider and the patient.

Free Smoking Cessation Program

Valley Health is a smoking cessation referral site for the Quit Now program in the states of Virginia and West Virginia, and we offer a free smoking cessation program through the American Lung Association's Freedom From Smoking® program. We are ready to assist patients with this very difficult but life-changing decision. Valley Health's system-wide smoking cessation program makes it easier than ever for patients who are ready to quit. The Freedom From Smoking course is a step-by-step plan to quit smoking and transition to a smoke-free lifestyle. The course includes eight small group classes over seven weeks. Classes are offered at participating Valley Health hospitals throughout the year and are led by Valley Health staff members who are American Lung Association certified facilitators. Due to COVID-19, all in-person classes have been suspended. We are still able to offer counseling over the phone in a one-on-one setting.

The Freedom From Smoking program is free and is open to Valley Health patients and community members. Those ready to quit can call 540-536-4479 for information about current options for free smoking cessation counseling.

Valley Health Lung Nodule Clinic

Every year, more than 150,000 people are diagnosed with pulmonary nodules. They are usually found by chance in otherwise healthy patients without symptoms of cough, bloody mucus, or unexplained weight loss. While more than 90 percent of these nodules are benign, a small number may represent a very early lung cancer.

For a number of years, Valley Health has made available lung cancer screening using low-dose CT scans for eligible high-risk patients. To build on those efforts, Valley Health has introduced our multidisciplinary Lung Nodule Clinic. This clinic has been designed to provide evaluation and treatment not only for positive LDCT screening patients, but also for patients who have incidental nodules found during routine or emergency imaging. The goal of the clinic is to expedite the workup and management of these patients by our expert group of thoracic and pulmonary physicians. Patients will be evaluated, carefully monitored and treated through our multidisciplinary lung nodule program. Studies show that careful surveillance can eliminate unnecessary surgery and diagnose lung cancer at a curable stage.

One or more team members evaluate each patient referred to the clinic, and a comprehensive plan is developed for the patient and referring physician. After reviewing the imaging and information with the patient, the team may recommend several options:

- Additional imaging with a PET scan to better highlight the nodule
- Monitor the abnormality with regularly scheduled imaging
- Biopsy

- In some cases, move directly to surgery
 - Some patients will be asked to take a complete pulmonary function test to assess lung capacity if surgery is being considered.

Our Expert Team

Valley Health Pulmonary Specialists

T. Glen Boudier, MD, FCCP

Raju Century, MD

Daniel Hynes, MD

Christian LaFalce, MD, FCCP

David Lecronier, MD

John Price, DO

Valley Health Cardiothoracic Surgery

Shalini Reddy, MD – Thoracic Surgery

Thoracic disease and advanced minimally invasive and robot-assisted chest surgeries

Our lung nodule team also includes physicians from specialties such as diagnostic radiology, interventional radiology, radiation oncology and medical oncology as well as a thoracic oncology nurse navigator. The Lung Nodule Clinic is located in the office of Valley Health Pulmonary Specialists in Medical Office Building 2, Suite 410, on the Winchester Medical Center campus. For information or to refer a patient, call **540-536-LUNG (5864)**.

Advanced Diagnostic and Interventional Bronchoscopy

This program continues to offer a wide array of diagnostic and interventional procedures in support of the thoracic oncology program. We have added to our state-of-the-art diagnostic capabilities by acquiring our new robotic assisted bronchoscopy platform called ION.

The ION endoluminal system is made by Intuitive (the makers of the DaVinci surgical robot). This is a robotic-assisted bronchoscopy platform for minimally invasive biopsy in the lung. The system features an ultra-thin, ultra-maneuverable catheter that allows navigation far into the peripheral lung, and unprecedented stability that enables the precision needed for biopsy. It will also help to precisely mark lung nodules for surgical resection. Some of these nodules are very small and in a difficult location to identify. By using the robotic platform, the nodule can be easily marked with a dye and fiducial markers so that they can be easily resected robotically by Dr. Reddy. In combination with endobronchial ultrasound (EBUS), it allows for diagnosis and staging in one procedure with a low risk of complications.

Winchester Medical Center is the first hospital system in the state of Virginia and the mid-Atlantic region to acquire the ION robotic bronchoscopy platform. Dr. Boudier and his team have successfully completed more than 100 cases using the ION system since November 2019.



Minimally Invasive Thoracic Surgery

Since 2016, minimally invasive thoracic surgery has been offered to all patients who needed to undergo any thoracic surgery procedure. With remarkable improvement in post-operative pain reduction, these minimally invasive techniques permit our patients to be discharged earlier and return to their own lives in the comfort of family and friends. An additional benefit is that if adjuvant chemotherapy and/or radiation therapy is needed, these patients are able to initiate treatment much earlier and better.

Winchester Medical Center submits data to the Society of Thoracic Surgery, STS, database, and reports are generated on a yearly basis about each program's outcomes and minimally invasive approach to treat lung cancer. We are proud to announce that since January 2016, we were able to achieve 100% minimally invasive resection to all stage I patients compared to national average of 78.8%. We have performed about 400 robotic-assisted thoracic surgeries for lung cancer since inception of Da Vinci robot in November of 2016.

Enhanced recovery after surgery (ERAS) is a multidisciplinary perioperative care pathway designed to achieve early recovery for patients undergoing surgery. In 2018, our thoracic surgery team began using an ERAS protocol for any patients scheduled for elective surgery at Winchester Medical Center and developed a patient handbook, *Enhanced Recovery in Thoracic Surgery: A Guide for Patients Undergoing Thoracic Surgery* outlining the protocol. We designed this guide to help educate patients and to serve as a resource for questions they may have prior to and after surgery. We encourage them to bring the handbook with them to every office visit, on the day of surgery for their admission to the hospital, and to their follow-up visits. We started utilizing ERAS protocol actively in January 2019 and have been using the data to compare it with patients who have not utilized ERAS protocol. We have presented the study in our quality improvement program and have been successful in the presentation's acceptance. Our results were excellent in comparison to the national average length of stay and decreased narcotic usage. We will continue to monitor our progress on a regular basis.

Lung Cancer Treatment Options

Although surgery is the best treatment option for early stage lung cancers, not all patients are surgical candidates. Radiation Therapy can also be used in treating lung cancer in the non-surgical patient. Our Radiation Oncologists are able to offer radiation through Stereotactic Body Radiation (SBRT) as well as IMRT, as another modality for treatment. This therapy is outlined more in depth in the Radiation section of this report.

Systemic therapy is also available for patients who are not eligible for surgery, and in a more advanced stage of cancer at the time of diagnosis. This treatment option is possible through our Medical Oncologists at Shenandoah Oncology Associates. Patients can receive first line systemic therapy for their lung cancer diagnosis and for those appropriate, may receive a second line of therapy or immunotherapy to treat their disease. More information on Medical Oncology can be found in that section of this report.

Care Continuum Center of Excellence

The GO2 Foundation for Lung Cancer has recognized Winchester Medical Center's thoracic oncology team for its commitment to providing patient-focused, coordinated and multidisciplinary care. In November 2019, Foundation representatives confirmed that WMC had been designated a Care Continuum Center of Excellence (CCCE), the first hospital in Virginia to earn that designation.

The GO2 Foundation for Lung Cancer identifies hospitals that meet rigorous qualifying criteria and works closely with staff to ensure the highest quality of multidisciplinary care with a patient-centric approach. Meeting the criteria for Care Continuum Center of Excellence provides patients with access to the latest innovations across the lung cancer care continuum not typically found in community hospitals. During their November 12 site visit to WMC, GO2 Foundation staff met with members of the thoracic oncology team to review Valley Health's multidisciplinary approach to lung cancer care from screening to diagnosis and treatment to survivorship support. They noted that as a Care Continuum Center of Excellence, WMC has access to educational materials and resources for patients, clinical research and opportunities for networking with other CCCE hospitals.

The GO2 Foundation is the result of a 2019 merger between the two nonprofit organizations serving the lung cancer community, the Bonnie J. Addario Lung Cancer Foundation and Lung Cancer Alliance.

Survivorship

As part of our comprehensive approach in caring for thoracic oncology patients, we continue to care for patients after their active treatment is completed. At this time patients move into the survivorship phase where we educate them about their plan of care moving forward, which includes:

1. A schedule for follow-up exams and tests
2. A list of possible late- or long-term side effects from treatment, including what to watch for and when they should contact their doctor
3. A schedule for other tests that might be needed to look for long-term health- effects from cancer or its treatment
4. Suggestions for things that might improve their health, including possibly lowering their chances of the cancer recurring.

Patients are informed that even though they are no longer under active treatment, their care team is always present and able to support their needs in oncology care.

Breast Cancer Care

Breast Imaging

Valley Health offers comprehensive, high quality and patient centered breast imaging services close to home. Digital 2-D and 3-D mammography and breast ultrasound are available at the Diagnostic Center of Winchester Medical Center and all Valley Health regional hospitals.

Services include extended hours of business and discounted-price screening mammograms for self-pay patients.

Breast MRI, molecular breast imaging and minimally invasive image guided breast biopsy are available at the WMC Diagnostic Center.

New for 2020, Valley Health | Spring Mills is now open and offering digital 2D and 3D mammography and breast ultrasound. Warren Memorial Hospital is now offering breast MRI.

In September 2020, the American College of Radiology and the Food and Drug Administration **fully reaccredited and recertified** the mammography program at the Diagnostic Center of Winchester Medical Center. The mammography technologists and breast radiologists underwent extensive additional training in technical quality with outside expert trainers.

In particular, the outside expert trainers taught our mammography technologists a nationally recognized best practice method for positioning a woman's breast for a mammogram. The outside experts also trained three of our mammography technologists to serve as internal expert trainers and share this best practice method with all of our mammography technologists at Valley Health's regional hospitals and our Spring Mills facility.

The lead outside expert trainer praised the WMC breast imaging staff for being receptive to additional training and for our efforts to improve patient care that was already being delivered at a high level.

The mammography program at the Diagnostic Center passed the final review for reaccreditation with a 100% pass rate – a rare accomplishment!

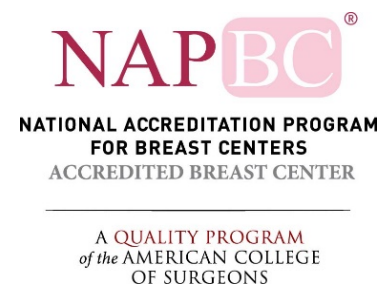
Patients and providers can feel confident they are receiving high quality breast imaging services at ALL Valley Health facilities. We are grateful for the continued trust patients and providers place in us and for the opportunity to serve our family, friends and neighbors by screening for breast cancer. Screening saves lives!

The breast imaging team of radiologists, nurses and technologists meets every two weeks to review the imaging findings and pathology results for patients who had biopsies and improve the quality of our service. In an effort to provide better patient centered care, our referring physicians can order a comprehensive breast cancer screening evaluation. This order enables the breast imaging team to provide the patient what she needs – from screening to diagnostic work-up to biopsy to delivering results and coordinating additional care as needed – in an efficient way that minimizes delays and anxiety and in a comprehensive way that takes care of the patient every step of the way.

Valley Health Breast Center

The Valley Health Cancer Center has a dedicated Breast Center and a comprehensive, nationally accredited breast care program. Our program has been designed, in cooperation with our associated physicians, in an effort to better serve our breast cancer patients. Our main goal is to deliver care using a coordinated team approach in a setting that is efficient, supportive, convenient, easy to access, and as flexible as possible.

Our program has repeatedly earned full accreditation by the National Accreditation Program for Breast Centers (NAPBC). This accomplishment recognizes our comprehensive, multidisciplinary care for patients from evaluation through treatment and follow-up care. To earn NAPBC certification, a center must undergo a rigorous evaluation and demonstrate compliance with standards for treating women who are diagnosed with the full spectrum of breast disease. As a program, we have access to genetic counseling, clinical trials, state-of-the-art radiation and beautiful chemotherapy infusion areas.



In August 2016, the privately owned practice of Winchester Breast Center became the Valley Health Breast Center. It is housed on the second floor of the Cancer Center, connected by a covered walkway to the WMC Diagnostic Center. This allows for a closer coordination with the necessary breast imaging services.

Anita Minghini, MD, Director of Breast Care at Winchester Medical Center, participates in the American Society of Breast Surgeons' Mastery of Breast Surgery databank. She routinely averages 95% or better in meeting performance standards in nine quality metrics, including procedural and clinical benchmarks.

In 2019, Ken Mason, MD, and Samantha Hanson, PA, joined the Valley Health Breast Center. Together with Dr. Minghini, the team provides comprehensive and compassionate care to those with breast problems.

Our breast care team also includes a board certified plastic surgeon to provide reconstruction to eligible patients. Pros and cons of immediate vs. delayed timing are considered, as well as various reconstructive options. Symmetry surgery is also offered for those patients who are treated with breast conservation.

A dedicated Breast Nurse Navigator is a vital part of our breast program and is available to serve our breast cancer patients as they progress through active treatment into survivorship. Joyce Dunlap BSN, RN, OCN, can be contacted at 540-536-6022 for breast care navigation needs.

In January 2019, we established a High Risk Breast Clinic, for women who wish to learn more about their individual lifetime risk of developing breast cancer. Potential need for genetic counseling is evaluated, as well as consideration of advanced breast imaging. Rarely, risk reducing mastectomy is considered.

Our Breast Center strives to provide the best care possible for benign and cancerous breast disease, and we will continue to grow the program for the benefit of our community.

Interventional Radiology

Transarterial Radioembolization (TARE) Using Y90

Interventional Radiology now offers transarterial radioembolization (TARE) using Y90 at WMC. We deliver internal radiation, specifically beta-emitting particles. These high-energy particles travel only 2 mm in vivo, providing an elegant and precise way to target cancer cells with minimal surrounding healthy-tissue "friendly-fire." In the properly selected patients, Y-90 can be curative.

The first Y90 mapping and subsequent first radioembolization procedures were performed in August 2020. (All Y90 patients have mapping done before proceeding with radiotherapy to evaluate vasculature anatomy and calculate lung shunting.)

To date we have performed five cases of Y90 radioembolization procedures, with an additional four mapping procedures – all on an outpatient basis. All patients are seen in the Interventional Radiology clinic before the procedure and followed in the clinic post-procedure. The majority of our initial cases have been patients with multifocal metastatic liver disease, with palliative intent.

Overall, we are excited with the initial start of the program with no issues to date. Informational sessions to bring further awareness and interdisciplinary collaboration will take place in the coming months

Microwave Ablation (MWA)

This proven technology, offered at Winchester Medical Center, is useful in various organ systems, although primarily liver, kidney and lung, and is a minimally invasive method to ablate tumors without surgery or radiation. The procedure is performed by an interventional radiologist who inserts a microwave probe into a tumor under CT guidance. Once the probe is in proper position, microwave is generated and the tumor is heated to a temperature that causes cell death.

For patients who are not good surgical candidates, this is an excellent option. For masses less than 3.0 cm, it has cure rates comparable to surgery. Specifically for lung masses, there is zero decrease in FEV1, making it especially enticing, as these patients may have COPD or other chronic illness that may increase operative risks.

These are single-session outpatient treatments, and the patients may go home after brief observation. Since access into the tumor leaves only a small skin puncture, a band-aid is all that is needed.

Transarterial Chemoembolization (TACE)

This procedure involves selectively delivering intra-arterial chemotherapy to tumors using x-ray guidance in the interventional radiology suite, and then occlude the blood supply (embolizing) to the tumor. This is used to treat liver neoplasms. This is an excellent option for non-surgical candidates to achieve local tumor control, as it has been proven to prolong quantity and quality of life. In properly selected patients, this is even a curative approach in lieu of surgery.

Chemoembolization and radioembolization compliments surgery by converting unresectable cases into surgically treatable cases. For example, radiation segmentectomy may treat tumor in one segment of the liver leaving tumor in another segment of the liver to be surgically resected. Tumor size may also shrink with these methods and render a mass from being unresectable to resectable. Patients who have hepatocellular carcinoma in the setting of cirrhosis may have the tumor treated and still qualify for liver transplant.

Both TACE and Y-90 can also be combined with microwave ablation for larger masses (greater than 3 cm) to achieve local tumor control, if not a cure.

Interventional radiology is a prime example of 21st century minimally invasive care, without a scalpel and in many cases as outpatient treatment. Our team looks forward to serving as an adjunct for cancer patients at WMC and continuing to advance cancer care.

Clinical Trials

Clinical trials are an integral part of our commitment to providing comprehensive cancer care to our patients in Virginia, West Virginia and Maryland. Through Shenandoah Oncology's affiliation with US Oncology Research, we have access to cutting-edge and innovative research trials. We are also a

clinical research affiliate of VCU Massey Cancer Center, a National Cancer Institute-designated cancer center with one of the largest offerings of clinical trials in the state of Virginia. These affiliations allow our patients to receive advanced, university-level care close to home.

Clinical trials are research studies in which patients help doctors find ways to improve one's quality of life and cancer care. The goal of every clinical trial is to move the science of cancer care forward in traditional therapies and exciting new treatments such as targeted therapies or immunotherapies, as well as improving quality of life through data collection. Many cancer care therapies available today are the result of patients participating in clinical trials such as these. Patients can benefit from participating in clinical trials as they can gain access to medications and interventions before they become widely available. Clinical trial participants are very closely monitored by their doctor and a staff of highly trained research professionals.

The Valley Health Cancer Center is proud of our long-standing relationship with Shenandoah Oncology, PC, which offers a wide array of clinical trials, including a cooperative study that looks at whether losing weight, by eating less and exercising more, changes the risk of cancer recurrence in women who have been diagnosed with early breast cancer.

Support Services

Oncology Patient Navigators

Valley Health Cancer Center has recently added three Nurse Navigators, for a total of five nurses to meet the growing needs of our oncology community. The role of the Navigator is to offer individualized assistance to patients, families, and caregivers to help overcome healthcare system barriers. Healthcare system barriers can include concerns related to transportation, financial, lack of resources, and insurance coverage. Our highly skilled and knowledgeable Nurse Navigators provide education and resources to facilitate informed decision-making and timely access to quality health and psychosocial care throughout all phases of the cancer care continuum. Our team is present from cancer prevention through end-of life care.

Navigators work together as part of a multidisciplinary care team to address the constant and ever changing needs of our patient population. Receiving a cancer diagnosis and completing treatments can be overwhelming for an individual. In order to care for the “whole” patient, we collaborate with our Social Work team, to ensure that patient’s psychosocial needs are met.

Growing our team has allowed us not only to increase the number of patients we are able to assist but also brings an abundance of oncology knowledge and experience. Our dedicated Survivorship Navigator is able to see our patients through survivorship by preparing and reviewing a survivorship care plan with eligible patients and connecting them with available resources specific to their cancer diagnosis.

Navigators are available to field calls from community providers and specialists to facilitate referrals into the Cancer Center and transitioning a patient from abnormal finding to treatment without delay. To ease accessibility to a navigator, providers and support staff can now call 540-409-1622 to connect with a nurse navigator.

Oncology Genetic Counseling

In 2016, Valley Health brought genetic counseling services to the Winchester area with the addition of a genetic counselor on the Winchester Medical Center campus. Christie Jett is a licensed, board-certified genetic counselor. Most patients with a personal or family history of cancer do not have a hereditary cancer syndrome, but about 5-10% of oncology patients do have one of these syndromes that can lead to increased cancer risks in themselves and their family members. Some red flags for a hereditary cancer syndrome include early ages at diagnosis, multiple family members affected with the same kind of cancer, and certain patterns of cancer or rare kinds of cancer. Roughly two thirds of patients are referred for genetic counseling due to a personal or family history of breast cancer. The remaining one third of patients are referred for colorectal or other types of cancer, such as pancreatic or ovarian.

The genetic counselor reviews family history, medical history, and the risks and benefits of genetic testing to help each patient make the best decision about genetic testing for himself/herself. About 10% of patients who pursue genetic testing will get a positive result. This means that their own history of cancer and possibly their family history of cancer can be explained by a single genetic mutation that is

being passed on through the family. For these patients, a genetic diagnosis can change not only their medical management but also impact the care of their siblings, children, and even more distant relatives. The genetic counselor also reviews evidence-based cancer screening recommendations, based on a patient's personal and family history of cancer. Roughly half of patients who meet with the genetic counselor will learn about changes they can make in their recommended cancer screenings, regardless of whether they have genetic testing done.

The Oncology Genetics Program also collaborates with the Pathology Department on a universal screening program for Lynch syndrome. Starting in July 2016 all newly diagnosed colorectal tumors at WMC are screened for Lynch syndrome, the most common hereditary colorectal cancer syndrome. This program helps identify patients who would benefit from increased cancer screenings and may not otherwise be considered high-risk. Confirming a Lynch syndrome diagnosis in a family can help both that patient and their family members get the most appropriate cancer screenings.

Nutrition Therapy

The Valley Health Cancer Center offers outpatient services for cancer patients undergoing treatment as well as survivors experiencing treatment side effects. Physicians can refer individuals with nutrition challenges to Athena Hall, RD, CSO, a board certified oncology nutritionist who can assist with eating challenges to provide support while undergoing cancer treatment and beyond.



Nutrition plays a significant role in supporting our body, but when our body is under the stress of a serious illness such as cancer, adequate nutrition can become more of a challenge for an individual and his or her caregivers. At times individuals going through cancer treatment, or even afterwards, may need help in determining what foods are needed for healing.

Each cancer patient experiences his or her own challenges with nutrition during treatment. Depending on where an individual's cancer is located, they can experience a wide variety of nutrition challenges. Most often, an individual will have problems with one or several of the following: taste alterations, swallowing difficulties, nausea/vomiting, and/or diarrhea/constipation. Often these nutrition challenges cause an individual's appetite to decline, leading to weight loss, dehydration and malnutrition. In some cases where maintaining nutrition becomes a greater challenge, an individual may be faced with needing a feeding tube or, if the digestive system is compromised, IV nutrition may be indicated.

Almost all individuals diagnosed with head and neck cancer seen in our clinic have challenges with eating during cancer treatment. The dietitian helps them to adjust their diet to maximize their nutritional intake. We have witnessed better tolerance of nutrition for individuals choosing to have a feeding tube placed earlier in treatment rather than when absolutely necessary. Risk for malnutrition in this population of cancer patients is high, and earlier nutrition intervention is key to a successful treatment plan.

In 2020, the Cancer Center's dietitian started a monthly Nutrition Basics During Treatment class for cancer patients and caregivers. The class is offered on the third Friday of each month, 2-3:30 p.m., at the Cancer Center. Attendance is limited to eight participants, who register via the Valley Health website.

Rehabilitation Services

An integral component of cancer care is rehabilitation. Cancer and cancer treatments can physically, mentally, and socially affect a person's ability to be independent, work or even just do the day-to-day activities. Rehabilitation Services can play a major part and make a positive impact on recovery. These therapy services include outpatient physical therapy, occupational therapy and speech and language pathology at 10 locations throughout the Valley Health service area.

Our certified lymphedema therapists (physical and occupational therapists) help breast cancer patients and other cancer patients experiencing swelling due to disruption of their lymphatic system through surgery. Over 40 referrals were made this year to help our cancer patients with drainage, compression and a home maintenance program to manage this chronic condition.

While our physical and occupational therapists are specialized in specific rehabilitative cancer treatment, they also can help improve tissue mobility at the surgical scar site to regain range of motion and provide training for activities of daily living. Prior to having surgery due to cancer, our therapists can provide a fit for surgery plan that will have lasting rehabilitative benefits before and after surgery.

Our speech/language pathologists work closely with the dietitian to address the nutritional needs and potential swallowing issues that head and neck cancer patients might experience from surgery and treatment.

Additionally, Winchester Rehabilitation Center offers hospital-level care and intensive therapy for people whose lifestyle and physical abilities have changed due to cancer. Our rehabilitation team focuses on helping patients be as independent as possible and getting them ready to go home. Medical and rehabilitation physicians are available 24 hours a day to manage the patients' rehabilitation.

Palliative Care

The Palliative Care consult service at Winchester Medical Center is staffed with two board-certified palliative medicine physicians, a nurse practitioner, a physician assistant and a social worker, all with advanced certification in palliative care for their disciplines. The Palliative Care team collaborates with the medical, surgical, and radiation oncologists for clinical issues and the oncology navigators for resource assistance for patients after discharge. A Palliative Care team representative participates on the Cancer Committee, Ethics Committee, Advance Care Planning Task Force and others. The Palliative Care Resource Network meets bimonthly for staff interested in palliative care issues. The team provides information and education to clinical staff as well as community groups. As the Palliative Care team expands, we expect to provide outpatient services as well as ongoing provider and community education.

Wellspring

Wellspring brings together healthcare, community and supportive services to address the needs of the "whole" person experiencing cancer and other chronic diseases. Our goal is to help patients and their families find the resources they need in a compassionate, non-clinical setting.

We added a new support program, “More than Beauty,” in 2018. The program offers personalized suggestions by specially trained licensed cosmetologists for skin, hair and nail care and hands-on lessons to help women and men while they’re undergoing treatments or when they need a boost. This program helps women and men answer questions regarding safe hair, nail and skin products and nutrition challenges. More than Beauty is designed to help nourish the natural person, inside and out.



To better serve our uninsured patients, Wellspring received a grant from the Winchester Medical Center Foundation to provide wigs to those patients who lack insurance or are facing financial challenges.

We have received our certifications to be mastectomy prosthetic fitters and will be able to start fittings by 2021. Wellspring will offer for sale post-surgical camisoles with drain pouches and many different bras and prosthetic products.

Our staff has finished classes and received certification in Oncology Esthetics by Oncology Spa Solutions, which is accredited through the National Coalition of Estheticians Association Commission on Accreditation.

We are also now carrying lymphedema sleeves and compression stockings for sale for the convenience of our patients.



Our point-of-sale computer system keeps track of statistics and offers tracking of care bag distribution and services used by patients. Wellspring has continued to support an increase in the number of care bags given to cancer patients and an increase in the number of patients using Wellspring for their free support services.

So Wellspring can continue to provide many free services to our patients, we have added more fee-based services such as manicures, pedicures and facials for customers who are not current cancer or chronic care patients.

Integrative Care

In 2020, Valley Health's Integrative Care Program merged with Wellspring to provide a more robust resource for our patients to access holistic therapies and products, education about additional approaches to wellness care, and information about community therapeutic services. Some of the new additions to Wellspring include Reiki therapy, guided meditations, herbal foot baths, aromatherapy products, educational classes provided by community experts, and more.

Reiki therapy is an ancient Japanese technique that provides a safe, relaxing, effective tool for managing stress, pain, and emotional wellness. Patients lie on a massage table, fully clothed, and the practitioner's hands are placed gently on or near the body to facilitate energetic movement and promote wellness. Free for current Valley Health cancer patients, appointment required.

Meditation is a practice that uses concentration to relax the body and calm the mind, allowing for feelings of serenity, clarity, and bliss. Wellspring provides a beautiful meditation room that is open for personal use anytime, with free guided meditations available by appointment.

Herbal foot baths are a gentle and safe way to aid the body in recovery during illness. Our clinical herbalist, Meaghan Thompson, administers the foot baths in a monthly group setting, provides education, and ensures that all of the herbs used are safe and gentle for our patients. After each foot bath, patients will receive a gentle foot rub with lotion to help moisturize, ease aches and pains, and overall help them feel loved and pampered. All patients are encouraged to speak with their doctors before registering. Free for current Valley Health cancer patients; registration required.

Educational classes about various holistic healthcare topics and additional approaches to wellness are offered at Wellspring by local experts. Watch for updates on the Valley Health website calendar and look for flyers at the Cancer Center. Free and open for anyone, registration requested.

Cancer Program Resource Liaisons

Valley Health serves a population of more than 500,000 across regions of Virginia, West Virginia and Maryland with six hospitals including Winchester Medical Center, home to our nationally accredited community cancer program. To facilitate access to our cancer services while optimizing patient care across the continuum, Cancer Program Resource Liaisons (CPRL) have been identified at each of the other Valley Health hospitals.

Each on-site liaison is passionate about improving the quality of cancer care for our patients. They serve as a local resource at their community hospital for healthcare providers, patients and their families. The CPRLs are knowledgeable about our services and available to help with a referral or to answer questions. They can provide informational materials about our program and have access to a supply of cancer patient handbooks and Wellspring care bags for newly diagnosed patients.

The Association of Community Cancer Centers recognized Valley Health's Cancer Resource Liaison Program in the category of Outreach and Supportive Care at the association's 2016 national annual meeting.

Cancer Registry

Winchester Medical Center's cancer registry is a standardized data system used to collect, manage and analyze data on patients with neoplastic diseases. As a Commission on Cancer (CoC)-approved comprehensive community cancer program, WMC maintains a cancer registry for patients diagnosed with cancer since January 1, 2010 (reference date updated in November 2020). The cancer registry contains clinical data on reportable malignant tumors from all anatomic sites and benign central nervous system tumors diagnosed and/or treated at the hospital. Clinical cancer data management professionals, known

as certified tumor registrars, capture a complete history, diagnosis, treatment, and patient health status for every cancer collected. Cancer registry data provides essential information to researchers, health care providers, and public health officials to better monitor and advance cancer treatments, conduct research, and improve cancer prevention and screening programs. Winchester Medical Center's cancer registry now contains data on more than 12,000 analytic cases and more than 15,000 total cancers. Confidentiality of patient identifying information and related medical data is strictly maintained. Aggregate data are analyzed and published without any patient identifiers.

Community Outreach and Education

Prevention, screening and early detection are the cornerstone of our community outreach and education program. Our outreach program interacts across a broad range of community partners who work collaboratively toward improving the health of every family. We plan our array of outreach activities in accordance with Valley Health's Community Health Needs Assessment as well as evidence-based guidelines. Our team attends and supports various employer sponsored health fairs, wellness festivals and county health fairs throughout the year. 2020 was a challenge due to COVID-19; however, we collaborated with other organizations to offer virtual learning opportunities and practiced social distancing at outdoor events.

Typically, we plan the following for our community. Some were postponed until next year due to the pandemic.

National Cancer Prevention Month

We encourage families to make healthy food choices during the month of February and provide education on eating strategies for our survivors. A "Healthy Eating Seminar for All" was held in the Cancer Center Conference Room on February 11. Attendees learned how to make healthy smoothies and soups along with education on the power of phytochemicals. The popular topic of healthy eating evolved into a monthly class taught by our board certified oncology nutritionist.

Colorectal Cancer Awareness – *Surviving with Laughter*

Surviving with Laughter is an annual event open to all female cancer survivors and a guest.

Skin Cancer Awareness Month

Collaborating with a local dermatology office since 2016, we offer an American Academy of Dermatology SPOTme® skin cancer screening day.

National Cancer Survivor Day

See page 24.

National Subaru Loves to Care Program

The Leukemia and Lymphoma Society partners with the local Subaru dealership in Winchester to distribute blankets to our patients. Local Subaru management and their staff deliver the blankets to our Cancer Center.

Breast Cancer Awareness Month – Breast Health Empowerment Day & Breast Cancer Survivors Celebration

Breast Health Empowerment Day is an annual event featuring a free educational symposium for the public and a celebration for breast cancer survivors. This year's event on October 10 was a collaboration with the Museum of the Shenandoah Valley as a virtual Zoom event. Topics included Update on Breast Cancer Imaging; Why Family History Matters: The Importance of Genetics in Breast Cancer Risk; Let Food Be Thy Medicine: The Role of Nutrition in Reducing Breast Cancer Risk; Let Movement Be Lifestyle: The Role of Exercise in Reducing Breast Cancer Risk; and Lifetime Breast Cancer Risk Assessment.

Community Low Dose CT Lung Cancer Screening for Uninsured/Underinsured Patients

Our team offered screening for a limited number of patients who met eligibility criteria at this one-time event on November 7 for an all-inclusive rate of \$99. If initially eligible, patients were scheduled for the scan. Upon arrival, patients would speak with a physician to discuss eligibility and meet the shared decision making requirement before having the scan, learning the results and having an opportunity to speak with a smoking cessation counselor.

Lung Cancer Awareness Month – Walk to Raise Awareness, Honor Lung Cancer Survivors

A November 7 walk around the lake behind the Valley Health Cancer Center honored our lung cancer patients and promoted awareness of the importance of screening and early detection. Lung cancer survivors and families joined our lung cancer team on the walk.



Community Celebration Honoring All Cancer Survivors

Our team hosts this annual dinner event for all cancer survivors and a guest in collaboration with the Winchester Medical Center Foundation and our local American Cancer Society.

Smoking Cessation

Valley Health offers the American Lung Association's Freedom from Smoking® course year-round. The free course, led by Valley Health staff members who are American Lung Association certified facilitators, provides a step-by-step plan to quit smoking and includes eight small group classes over seven weeks.

Two-time cancer survivor grateful for journey

By Josette Keelor
The Northern Virginia Daily

Billie Shackelford has survived cancer twice and wouldn't have it any other way.

Now a night charge nurse in the oncology unit at the Valley Health Cancer Center in Winchester, she said she was diagnosed with breast cancer in 2002 and endometrial cancer in October of 2019.

After her first diagnosis, she realized she wanted to work with cancer patients, and the decision has led her to the career of a lifetime.

"I would not have wanted to live my life on Earth without having been diagnosed with cancer and going through that journey," said Shackelford, 55.

"It's given me that sense of purpose I think we all look for," she said. "I have found it."

For most of her childhood living near Harpers Ferry, West Virginia, Shackelford wanted to be a nurse.

"I just remember as a child always thinking that's what I would do," she said.

When she was 5 years old, her Sunday school teacher passed out hats that professionals wear, and Shackelford saw there was a nurse's hat.

"I actually fought another little girl over it and won," Shackelford said. "And we ended up going to nursing school together at Shepherd [College]."

Shackelford earned her nursing degree in 1986 and moved to Winchester.

Before her first diagnosis, she worked at Winchester Medical Center for 12 years on a medical-surgical unit.

She left when her daughter was getting involved in community activities and Shackelford wanted to be home in the evenings and on weekends.

She worked for a health insurance company for about a year but disliked it.

"That's when I was diagnosed," she said.

"I had intentionally lost weight and I rolled over in bed and thought I was laying on something," she recalled. "And I was; it was a lump in my breast."

"And I was shocked and upset with myself because I couldn't figure out why I had never noticed it before," she said.



Rich Cooley/Daily

Billie Shackelford, a night charge nurse in the oncology unit at the Valley Health Cancer Center in Winchester, stands outside the cancer treatment center in Winchester on Thursday. Shackelford was diagnosed with breast cancer in 2002 and endometrial cancer in October of 2019.

"Immediately I knew it was the best job of my career. I never felt like I was going to work. It's as easy as breathing is what it is." - Billie Shackelford, night charge nurse in the oncology unit at the Valley Health Cancer Center

Diagnosed with stage 1 breast cancer, she had a lumpectomy and was recommended for four rounds of chemotherapy followed by six weeks of radiation.

"At 36 years old to find out you're having to go through something extreme like that, [it's] upsetting," she said.

"But the reality of it was, I just remember having one day after my first chemotherapy treatment where I did the lying in, be crying 'why me' pity party, and that was really the only time I can remember vividly having like a breakdown emotionally."

The next year, she started working in the oncology unit.

"I didn't even apply for that job," she said. But she knew she wanted to return to the hospital.

"I started asking myself, 'What did I want to do for the rest of my life?'"

She recalled her daughter, who was 15 then, telling her, "You were your happiest when you worked for Winchester."

"She was right," said Shackelford.

Still looking for a full-time, Monday through Friday job with no weekends, no holidays and no on-call shifts, she was told all those jobs were filled.

But the nurse recruiter asked her what she thought of working in oncology.

"I immediately said yes and then questioned why I did," Shackelford recalled. "Because I had just been an oncology patient."

Far from what she thought she wanted, the job was part-time, 3-11 p.m., every other weekend and every other holiday.

"Immediately I knew it was the best job of my career," she said. "I never felt like I was going to work. It's as easy as breathing is what it is."

Patients also receive anti-nausea medication through an IV and are monitored for problems while on site.

"That's been a big change for the better," said Shackelford.

While getting treated for endometrial cancer in January, she received five higher dose radiation treatments.

"That was a big change from having to go for 36 treatments in 2002," she said.

The Cancer Center also now has nurse navigators to help patients through the process and "do the thinking for you," she said.

"When you first get diagnosed, you can't think. I mean you go to the worst thought," Shackelford said.

"And I was a nurse. I'd been a nurse for ... 16 years. And I couldn't have thought about the next steps on my own."

Now, in her work, she said she's able to bring that personal knowledge to discussions where it can help other cancer patients.

"I don't tell all of them — but the ones I feel like it would give them hope to hear if they're having a rough time," she said. "Usually what I'll say is, 'I've had chemo, too,' or, 'I've been in the bed too.' Everybody seems to have the same reaction."

"I remember telling a patient that I had breast cancer treatment four years ago and a lot has changed even in that [length] of time," she said.

For one thing, she said, the side effects of chemotherapy aren't as severe. It used to be that patients might require in-patient care just to manage the side effects like vomiting and dehydration.

Now, most patients can receive treatments through the Cancer Center's out-patient care and are then released to go home, she said. Intravenous fluids rehydrate patients, and a potassium drip replaces electrolytes.

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Kimberley & Scott,
Tony & Tina and families

Clinical Educational Offerings

Valley Health Oncology Symposium Regional Conference

Delivering the Best Cancer Care from Diagnosis to Survivorship

A half day conference provided comprehensive and clinically relevant information to optimize cancer patient care and outcomes.

Topics: Robotic Bronchoscopy and Lung Cancer and Robots Everywhere – Combining Technologies in Lung Cancer; Preventing Breast Cancer Recurrence: Please Can We Use Less Chemotherapy and Preserve the Chance of Cure?; Her 2+ Breast Cancer in the Curative Setting: When Chemo is Needed and Current Trends; Margins After Partial Mastectomy and Extent of Lymph Node Surgery; Lung Nodule Clinic.

September 2020; Zoom platform

Winchester Medical Center Grand Rounds

Fighting Lung Cancer: News and Updates from the Multidisciplinary Thoracic Team at WMC. Glen Boudier, MD, Shalini Reddy, MD, Christopher Nieman, MD. January 2020

Presentations by Oncology Staff Members

Our physicians and advanced practice clinicians seek to provide comprehensive and clinically relevant information to optimize cancer patient care and outcomes by sharing their expertise.

Bouder, Glen, MD

Innovations in Lung Cancer Care

- Robotic Bronchoscopy and Lung Cancer and Robots Everywhere – Combining Technologies in Lung Cancer. *Annual Oncology Symposium*. September 2020; Winchester, VA

Houck III, William, MD

The De-Escalation of Breast Cancer Care: Less is More?

- Preventing Breast Cancer Recurrence: Please Can We Use Less Chemotherapy and Preserve the Chance of Cure? and HER2+ Breast Cancer in the Curative Setting: When Chemo is Needed and Current Trends. *Annual Oncology Symposium*. September 2020; Winchester, VA

Jett, Christie, MS, CGC

- Genetics 101 for Healthcare Providers. *Guest Lecturer for Shenandoah University School of Physician Assistant Studies*. June 2020; Winchester, VA
- Consistent Testing Terminology: Eliminating Patient Confusion and Facilitating Access. *National Minority Quality Forum*. August 2020
Drug Information Association. September 2020
Cancer Center staff training. October 2020

Minghini, Anita, MD

The De-Escalation of Breast Cancer Care: Less is More?

- Margins After Partial Mastectomy and Extent of Lymph Node Surgery. *Annual Oncology Symposium*. September 2020; Winchester, VA
- Lifetime Breast Cancer Risk Assessment, *Breast Health Symposium*. October 2020; Winchester, VA

Nieman, Christopher, MD

- Update on Breast Cancer Imaging, *Breast Health Symposium*. October 2020; Winchester, VA

Reddy, Shalini, MD

Innovations in Lung Cancer Care

- Robots Everywhere – Combining Technologies in Lung Cancer and Lung Nodule Clinic. *Annual Oncology Symposium*. September 2020; Winchester, VA

2019 PRIMARY SITE TABLE — Based on 2019 Statistics

In the 2019 reporting year, the cancer registry accessioned 1,650 cases into the registry database. Of these cases, 1,385 were analytic, cases diagnosed and/or receiving all or part of the first course of therapy at Winchester Medical Center. The other 265 cases were non-analytic, patients receiving the first course of therapy elsewhere prior to referral to WMC. The following statistics reflect only analytic cases.

| Primary Site | Total Cases (%) | Male | Female | Stage 0 | Stage I | Stage II | Stage III | Stage IV | NA | No Stage |
|--|-----------------|------|--------|---------|---------|----------|-----------|----------|----|----------|
| ORAL CAVITY & PHARYNX | | | | | | | | | | |
| Tongue | 10 (0.7%) | 9 | 1 | 0 | 5 | 2 | 1 | 2 | 0 | 0 |
| Floor of Mouth | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Oropharynx | 3 (0.2%) | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 1 |
| Nasal Cavity & Middle Ear | 2 (0.1%) | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Larynx | 8 (0.6%) | 6 | 2 | 0 | 6 | 0 | 1 | 1 | 0 | 0 |
| Pyriform Sinus | 2 (0.1%) | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| Tonsil | 8 (0.6%) | 7 | 1 | 0 | 3 | 3 | 2 | 0 | 0 | 0 |
| Trachea | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Other Oral Cavity & Pharynx | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| PAROTID | 3 (0.2%) | 2 | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 0 |
| DIGESTIVE SYSTEM | | | | | | | | | | |
| Esophagus | 25 (1.8%) | 22 | 3 | 0 | 0 | 2 | 11 | 9 | 3 | 0 |
| Colon | 104 (7.5%) | 46 | 58 | 3 | 12 | 24 | 36 | 16 | 1 | 12 |
| Small Intestine | 9 (0.6%) | 3 | 6 | 0 | 0 | 1 | 1 | 2 | 5 | 0 |
| Rectum | 42 (3.0%) | 28 | 14 | 0 | 6 | 13 | 11 | 10 | 0 | 2 |
| Rectosigmoid Junction | 15 (1.1%) | 13 | 2 | 1 | 1 | 0 | 5 | 8 | 0 | 0 |
| Stomach | 13 (0.9%) | 8 | 5 | 0 | 1 | 0 | 4 | 4 | 1 | 3 |
| Anal Canal & Anorectum | 12 (0.9%) | 4 | 8 | 1 | 1 | 4 | 2 | 0 | 0 | 4 |
| Pancreas | 35 (2.5%) | 22 | 13 | 0 | 7 | 1 | 6 | 20 | 0 | 1 |
| Liver | 21 (1.5%) | 12 | 9 | 0 | 9 | 2 | 2 | 6 | 2 | 0 |
| Other Biliary | 7 (0.5%) | 4 | 3 | 0 | 1 | 2 | 2 | 1 | 1 | 0 |
| Other Digestive Organs | 2 (0.1%) | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 |
| RESPIRATORY SYSTEM | | | | | | | | | | |
| Bronchus & Lung | 282 (20.3%) | 146 | 136 | 0 | 77 | 28 | 71 | 101 | 3 | 2 |
| Pleura | 3 (0.2%) | 3 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 |
| SKIN EXCLUDING BASAL & SQUAMOUS | | | | | | | | | | |
| Skin other than Melanoma | 4 (0.3%) | 2 | 2 | 0 | 2 | 0 | 1 | 0 | 1 | 0 |
| Melanoma | 69 (5.0%) | 47 | 22 | 8 | 42 | 7 | 3 | 3 | 0 | 6 |
| FEMAL GENITAL SYSTEM | | | | | | | | | | |
| Cervix Uteri | 5 (0.4%) | 0 | 5 | 0 | 2 | 1 | 2 | 0 | 0 | 0 |
| Corpus Uteri | 25 (1.8%) | 0 | 25 | 0 | 17 | 1 | 3 | 3 | 0 | 1 |
| Ovary | 13 (0.9%) | 0 | 13 | 0 | 1 | 1 | 8 | 3 | 0 | 0 |
| Uterus | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Vagina | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| Vulva | 1 (0.1%) | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Other Female Genital Organs | 1 (0.1%) | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| SOFT TISSUE | | | | | | | | | | |
| Connective Subcutaneous Soft Tissue | 6 (0.4%) | 4 | 2 | 0 | 2 | 0 | 1 | 0 | 3 | 0 |
| CNS | | | | | | | | | | |
| Brain | 29 (2.1%) | 17 | 12 | 0 | 0 | 0 | 0 | 0 | 29 | 0 |
| Cranial Nerves Other Nervous | 1 (0.1%) | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| BONES & JOINTS | | | | | | | | | | |
| BREAST | 300 (21.6%) | 0 | 300 | 33 | 148 | 28 | 13 | 7 | 0 | 71 |

2019 PRIMARY SITE TABLE — Based on 2019 Statistics

| Primary Site | Total Cases (%) | Male | Female | Stage 0 | Stage I | Stage II | Stage III | Stage IV | NA | No Stage |
|--|-----------------|------|--------|---------|---------|----------|-----------|----------|----|----------|
| LYMPHOMA | 48 (3.5%) | | | 0 | 5 | 15 | 17 | 10 | 1 | 0 |
| Hodgkin Lymphoma | 47 | 32 | 15 | 0 | 4 | 15 | 17 | 10 | 1 | 0 |
| Non-Hodgkin Lymphoma | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| OTHER HEMATOPOIETIC OR RETICULOENDOTHELIAL | 11 (0.8%) | | | 0 | 0 | 0 | 3 | 0 | 8 | 0 |
| Myeloma | 7 | 6 | 1 | 0 | 0 | 0 | 0 | 0 | 5 | 0 |
| Leukemia | 4 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| MALE GENITAL SYSTEM | | | | | | | | | | |
| Penis | 1 (0.1%) | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Prostate | 93 (6.7%) | 93 | 0 | 0 | 15 | 45 | 17 | 12 | 0 | 4 |
| Testis | 6 (0.4%) | 6 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 3 |
| Other Male Genital Organs | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| ENDOCRINE SYSTEM | | | | | | | | | | |
| Thyroid | 11 (0.8%) | 3 | 8 | 0 | 8 | 2 | 0 | 0 | 1 | 0 |
| Other Endocrine | 1 (0.1%) | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 |
| URINARY SYSTEM | | | | | | | | | | |
| Ureter | 3 (0.2%) | 1 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 1 |
| Urinary Bladder | 73 (5.3%) | 54 | 19 | 42 | 13 | 12 | 2 | 3 | 1 | 0 |
| Renal Pelvis | 7 (0.5%) | 4 | 3 | 3 | 0 | 0 | 1 | 1 | 0 | 2 |
| Retroperitoneum & Peritoneum | 10 (0.7%) | 6 | 4 | 0 | 2 | 1 | 2 | 4 | 1 | 0 |
| Kidney | 25 (1.8%) | 18 | 7 | 0 | 12 | 2 | 6 | 3 | 0 | 2 |
| Other Urinary | 3 (0.2%) | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| UNKNOWN | 20 (1.4%) | 13 | 7 | 0 | 0 | 0 | 0 | 0 | 20 | 0 |
| Total | 1385 | 660 | 725 | | | | | | | |

