



2012 Public Reporting of Outcomes



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The Tammy Walker Cancer Center is a wholly owned subsidiary of Salina Regional Health Center – a 393-bed, 501(c)(3) not-for-profit hospital serving north central Kansas.

SRHC Mission:

Entrusted with people's lives we are privileged to provide quality health care services in a healing and spiritual environment.

SRHC Values:

To always focus on the patient in a culture of health care excellence.

Program Overview

The Tammy Walker Cancer Center (TWCC) is committed to providing high-quality, state-of-the-art cancer care, close to home and under one roof. The concept of one cancer center under one roof was conceived in 2002 with a capital campaign ensuing. In 2004, the TWCC building as we know it today was completed.



Approximately 125 patients walk through TWCC's front doors each day to receive either Chemotherapy from Medical Oncology or Radiation Therapy from Radiation Oncology. Cancer Support Services comprised of the Outreach Coordinator, Nurse Navigator, Cancer Program Manager, Clinical Trial Nurse, Registered Dietitian and Cancer Registry complete the triad of departments providing services available at TWCC.

The Cancer Program is governed by the Cancer Committee at TWCC, which is accredited by the American College of Surgeons Commission on Cancer (CoC). Per the CoC Program Standards 2012: Ensuring Patient-Centered Care v1.2:

The Accreditation Program encourages hospitals, treatment centers, and other facilities to improve their quality of patient care through various cancer-related programs. These programs are concerned with the full continuum of cancer from prevention through hospice and end-of-life care or survivorship and quality of life.



Patients with cancer who obtain care at a CoC-accredited Cancer program receive the following benefits:

- *Quality care close to home*
- *Comprehensive care offering a range of state-of-the-art services and equipment*
- *A multidisciplinary, team approach to coordinate the best cancer treatment options available*
- *Access to cancer-related information and education*
- *Access to patient-centered services such as psychosocial distress screening and navigation*
- *Options for genetic assessment and counseling, and palliative care services*
- *Ongoing monitoring and improvement of care*
- *Assessment of treatment planning based on evidence-based national treatment guidelines*
- *Information about clinical trials and new treatment options*
- *Follow-up care at the completion of treatment, including a survivorship care plan*
- *A cancer registry that collects data on cancer type, stage, and treatment results, and offers lifelong patient follow-up.*

CoC Accreditation is granted only to the facilities that have voluntarily committed to provide the

best in cancer diagnosis and treatment and are able to comply with established CoC standards. Each cancer program must undergo a rigorous evaluation and review of its performance and compliance with the CoC standards. To maintain accreditation, facilities with accredited cancer programs must undergo an on-site review every 3 years.

The Cancer Committee of TWCC is committed to providing high quality cancer care to the patients and their family and friends each day. We strive to educate the community about cancer prevention and provide various screenings throughout the year. Most importantly, we strive to continually improve patient satisfaction and patient outcomes. We have a saying at TWCC, “Once you step foot in our doors..... you are no longer a patient..... but family.” We at TWCC would like to thank the community for its support over the past years and very much appreciate those who have entrusted us with your cancer care.

Sincerely,



Larry Beck, MD
Cancer Committee Chair



Melanie Leepers, RN
Cancer Program Manager



Chris Rupe, MD
Cancer Committee Liaison

Cancer Committee Members

Larry Beck, MD, Medical Oncology – Chairman
William Cathcart-Rake, MD, Medical Oncology
David McKenzie, MD, Pathology
Pamela Braxton-Davis, MD – Diagnostic Radiology
Chris Rupe, MD – Surgery, Physician Liaison
Claudia Perez-Tamayo, MD, Radiation Oncology
Peeran Sandhu, MD, Medical Oncology
Muhammad Ahmed, MD, Medical Oncology
Matthew Carey, MD, Behavioral Health
Dwane Beckenhauer, MD, Surgery
Kimberly Williams, MD, Family Practice
Rebecca Troyer, Radiation Therapy
Pam Ehltz, CTR, Cancer Registry
Keri Kavouras, RN, Clinical Trials
Lynn Marshall, RN, Patient Navigator

Terry Hauschel, RT, Radiology
Mary Quinley, RN, Director of Medical Services
Charlie Grimwood, Sunflower Health Network
Sandy Ferguson, RN, Mowery Clinic
Linda Hinnenkamp, RN, Outreach Coordinator
David Mantz, Director of Cancer Services
Veanna Loucks, Social Worker
Roger Pearson, QI
Jeanne Byquist, Registered Dietician
Joel Phelps, Administration
Linda Simpson, RN, Behavioral Health
Melanie Leepers, RN, Cancer Program Manager/
Clinical Trials Nurse
Melissa Hulse, RPh, Pharmacy

Clinical Trial Accruals

Currently, the Commission on Cancer (CoC) does not require a comprehensive community cancer program to accrue patients to clinical trials. However, in 2015, the CoC will require a minimum of 4% of patients be enrolled in clinical trials. The Tammy Walker Cancer Center at Salina Regional Health Center accrued 8% of patients to a cancer-related clinical trial in 2012. This exceeded the minimum requirement by the CoC, and received a rating of commendation on the last survey.

So, what are clinical trials? And, why are clinical trials important? Clinical trials are research studies involving people. It is a final step in a long process and answers specific scientific questions. Without clinical trials, many of the current cancer medications, treatment modalities, genetic testing, cancer screening and prevention strategies and survivorship as a result of the quality of life trials, would not be possible.

Cancer-related clinical trials consist of:

- Treatment trials:
 - Determine new treatment approaches
 - Determine most effective treatment
- Prevention trials:
 - Determine approaches to prevent a specific type of cancer
- Early Detection/Screening trials:
 - Determine new ways of finding cancer before symptoms
- Diagnostic/Genetic trials:
 - Determine new tests and/or procedures to identify cancer more accurately and at an earlier stage
- Quality of life trials/Supportive Care trials:
 - Determine new approaches that can improve the comfort and quality of life.



In 2012, one of TWCC's most accrued to clinical trial was a Quality of Life/Prevention clinical trial entitled: Rural Women Connecting for Better Health. It was a trial specifically for breast cancer survivors. The primary objectives for the trial were:

- Weight loss will decrease your risk for breast cancer recurrence.
- Weight loss will decrease your risk for other chronic diseases such as heart disease, diabetes and other cancers.
- Weight loss and physical activity are helpful in improving quality of life by reducing fatigue and stress and improving joint pain, sleep patterns, fitness and overall mood.

TWCC had 24 women accrue to this clinical trial in 2012. Many women had success on this trial and were able to make a life-altering change. Many reported how much better they felt overall; some reported, better than they had felt in years.

TWCC has clinical trials available for various cancer diagnoses. If you would be interested in learning more about clinical trials or have questions regarding clinical trials, please call Melanie Leepers RN at 785-452-7038 or email her at mleepers@srhc.com.

Practice Profile Reports

The American College of Surgeons Commission on Cancer has defined six Cancer Program Practice Profile Reports (CP3R) that must be evaluated and publicly reported in 2012.

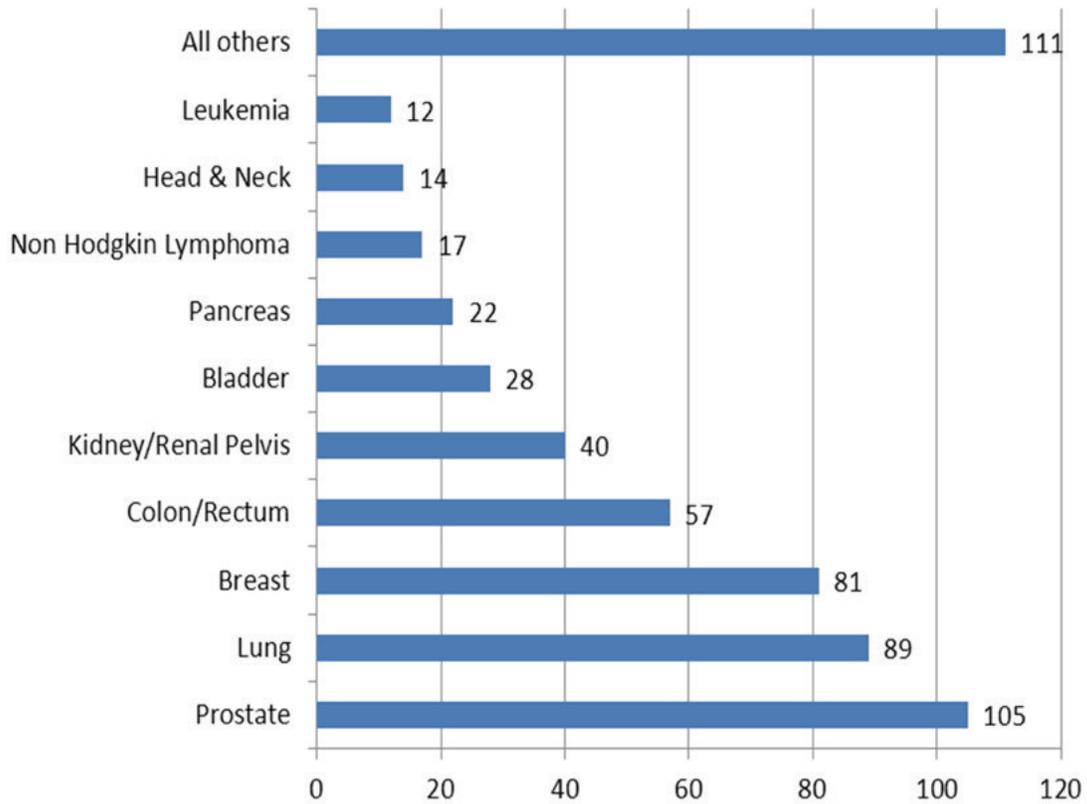
American College of Surgeons/National Cancer Data Base CP3R 2011 Measures

Oncology Metric	SRHC/TWCC	Required Performance Rate
Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer	100%	90%
Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cNoMo or Stage II or III hormone receptor positive breast cancer	85.7%*	90%
Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1cNoMo, or Stage II or III hormone receptor positive breast cancer	96.3%	90%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	92.9%	80%
Adjuvant chemotherapy is considered 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%	90%
Radiation therapy is considered or administered within 6 months (180 days) of diagnosis for patients under the age of 80 with clinical or pathological AJCC T4NoMo or Stage III receiving surgical resection for early rectal cancer	100%	100%

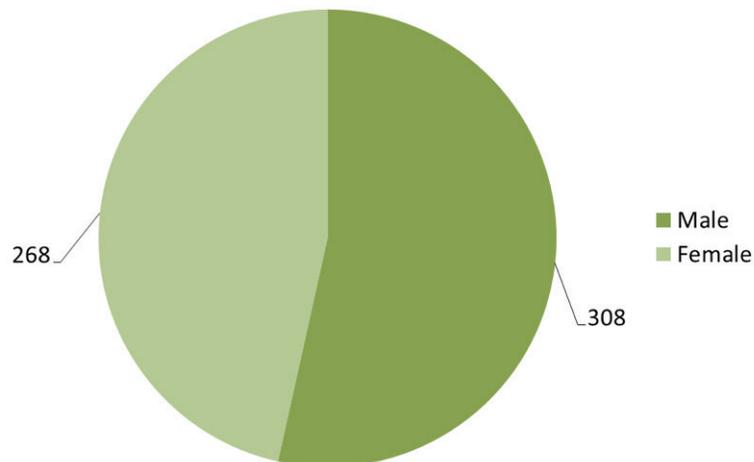
*All measures meet the requirement except for the Combination Chemotherapy and one patient did not receive treatment for this measure to fall below.

Cancer Registry Data

2012 Primary Sites

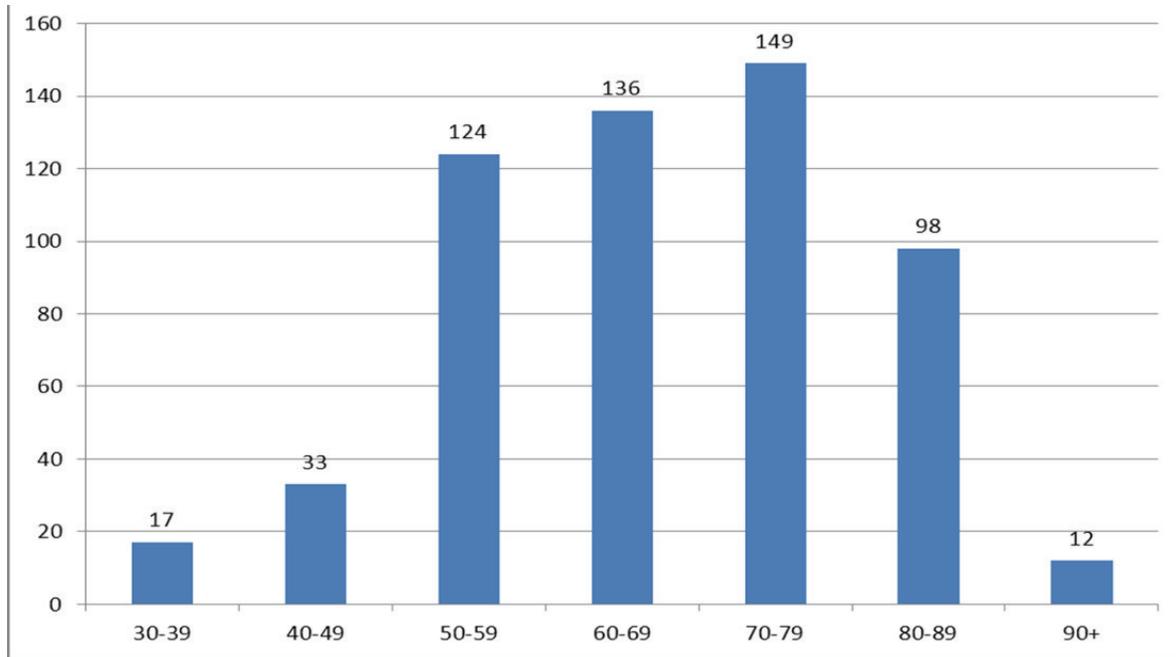


2012 Male/Female Cases

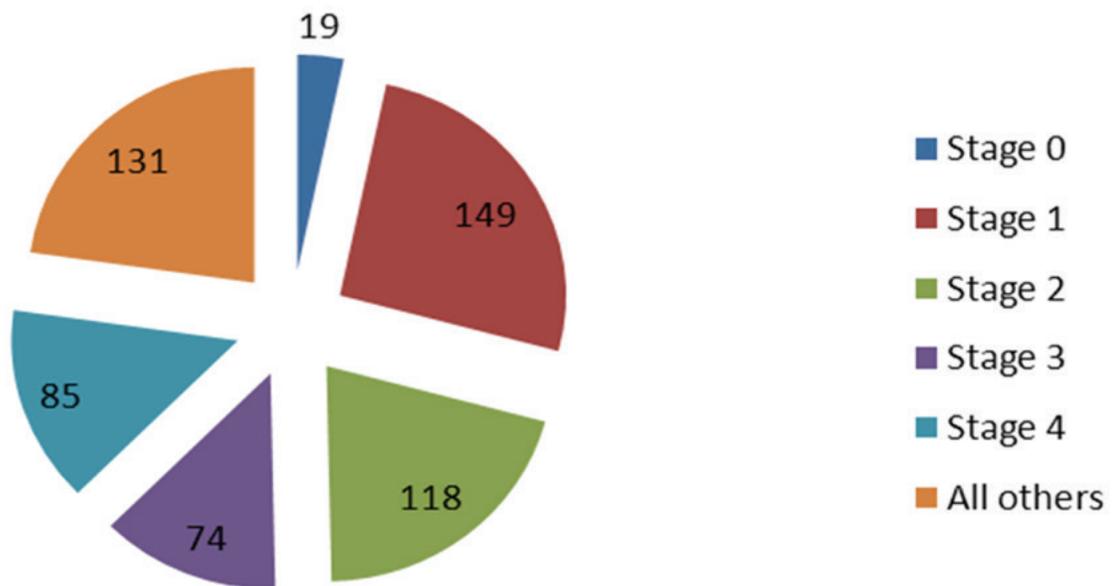


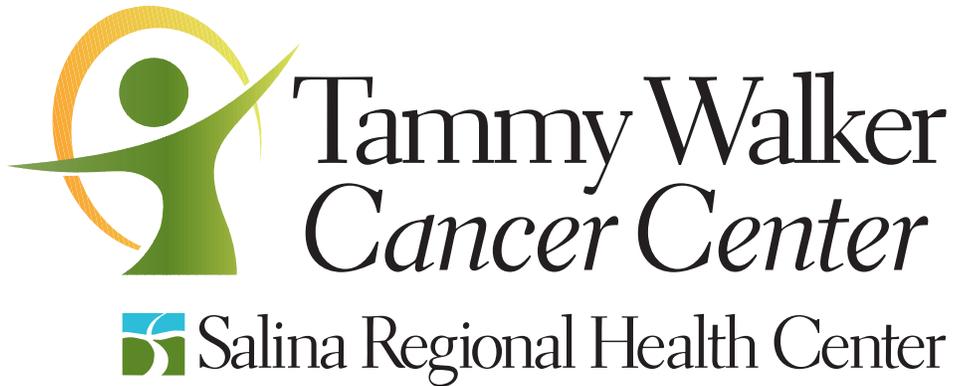
Cancer Registry Data Cont.

2012 Age at Diagnosis



2012 Stage at Diagnosis





 Salina Regional Health Center

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Affiliates:

