



John W. Hoyt, MD

CANCER PROGRAM REPORT - 2011

By **John W. Hoyt, MD**
Cancer Committee Chairman

The Cancer Committee started the year with a two-session evening retreat to consider the future of cancer care for Island residents. The discussions were lively and comprehensive, resulting in 5 major areas of emphasis:

- Effective Leadership
- Outstanding Professionalism
- Active Process Improvement
- Excellence in Community Education
- Patient-Centered Care Coordination

These areas of emphasis will guide our annual planning for continual improvement of WGH's Cancer Program far into the future. As a certified, accredited program with the American College of Surgeons Commission on Cancer, the program has many expectations and standards to meet each year. An inspector from the Commission will be visiting WGH in 2012 to verify compliance with all such standards. We are pleased to have ongoing approval and support for the program from the Commission and from WGH Administration.

2011 MILESTONES FOR OUR PROGRAM INCLUDED:

- A changed time and modified format for Tumor Board has resulted in increased attendance and participation. This is a forum not only for case discussion, but also brief didactic discussions which update providers on changes in cancer demographics, imaging, diagnosis and therapies.
- WGH has developed a Cancer Navigation program, under the direction of Renee Yanke, ARNP, Manager of Medical Ambulatory Care/Oncology at WGH. This program will assist patients in obtaining the support they need in traversing the sometimes complex maze of cancer care, both on and off the Island. The program is now underway and available for all cancer patients on the Island, either by physician or self-referral.
- Dr. Gabe Barrio who has faithfully served in the role of Cancer Liaison has stepped down from the position, owing to new responsibilities as Chief of the Medical Staff at WGH. We are pleased to announce that Dr. Amy Picco has accepted the role of Liaison physician for our Cancer program. Amy is a very capable family physician and we look forward to her unique perspective and strong support of the program.
- We are pleased to announce that Susan Johnson has completed her Cancer Registrar coursework, passed the final exam, and is currently WGH's Cancer Registrar. We appreciated the oversight of Lynda Walrath, our prior Registrar, during the process.

I end with a personal anecdote. My primary practice (pathology) is in Bellingham, but I am at WGH several times per month for meetings and procedures. I am sometimes asked to do bone marrow biopsies in the Medical Ambulatory Care unit. I find the spirit of that unit, the helpfulness of the nurses and accommodating practices I observe to be unexcelled anywhere. I always leave with a solid reassurance that cancer patients cared for in that unit are in good and competent hands.

The Cancer Committee exists to serve the residents of Whidbey Island by continually enhancing the program of care in all substantial areas. Please don't hesitate to contact me or a member of the Committee if you have suggestions for improvement.

Cancer Care Goals for 2012

Cancer Committee held a retreat in January 2012 to consider further refinements and directions for the practice of cancer care on the Island.

- Navigation Program will be fully implemented in 2012 to assist cancer patients through the healthcare maze.
- Cancer Care aspect of WGH Website will be updated and functional by September 2012 to provide information and education about cancer in our community.
- Obesity and Breast Cancer Prevention education will be provided in October for both community and Professionals.
- Survivorship planning will be initiated with Rehabilitation Services collaboration.
- Successfully pass the Commission on Cancer Program Survey for program accreditation renewal.

Current Screening Guidelines

BREAST CANCER

- Breast self-exam (BSE):** over 20 years of age:
Primary focus is becoming familiar with your own breasts, and to notify the health care provider (HCP) of changes such as new lumps/masses, skin/nipple discharge, or pain.
- Clinical breast exam (CBE):** 20-39 years of age.
Part of the periodic health exam (Physical) – preferably every 3 years. Over 40: part of a yearly health exam.
- Mammogram:** Over 40 years of age. Yearly, continuing for as long as a woman is in good health (annual physical)

CERVICAL CANCER

These recommendations changed in 2012 to include:

- Pap test:** 21–29 years of age, every three years.
30–65 years of age: PAP and human papilloma virus DNA testing should be done every 5 years. A woman may also choose to have the PAP done alone every three years in this age range.
Over 65 years of age: Stop cervical screening unless she had a serious cervical pre-cancer or cancer in the past 20 years.
- Some women feel they don't need PAPs done if they have had a hysterectomy or are not sexually active. If a woman still has her cervix, she needs to have the cervical cancer screening done according to the guidelines.

COLON CANCER

All screening tests are for men and women over the age of 50 years, with average risks. These tests are used individually, or in combination depending upon the person's needs and health risks.

The sigmoidoscopy, barium enema, and colonoscopies are physical exams used to find both early cancer and polyps, and are the preferred methods of screening. The Fecal Occult Blood Test (FOBT), Fecal Immunochemical Test (FIT), and Stool DNA tests focus on finding cancer and not polyps. Men and women need to discuss the plan for their screening tests with a provider since family history and genetic make up can impact the individual's risk of getting colon cancer.

- Flexible sigmoidoscopy:** Every 5 years in combination with the yearly FOBT or FIT test
- Colonoscopy:** Every 10 years
- Double-contrast barium enema (DCBE):** Every 5 years
- CT colonography (virtual colonoscopy):** Every 5 years
- Fecal occult blood test (FOBT- Also known as "stool cards"):** yearly
- Fecal Immunochemical test (FIT):** Yearly
- Stool DNA test:** frequency is uncertain at this time.

ON THE ROAD TO WELLNESS: Services to Prevent Cancer

By **Renee Yanke, ARNP, MN, AOCN**
Oncology Advanced Practice Nurse,
WGH Cancer Program Manager



Renee Yanke

Debra is a 40 year old woman who has recently moved to Whidbey Island and is self employed as an artist. She moved from out of state after becoming unemployed, with limited benefits. Debra knew she had missed physicals in the past several years and that she should be having her PAP tests and have her first mammogram this year. She spoke with a neighbor, and learned about the Breast Cervical and Colon Health Program (BCCHP). This state funded program screens qualified women for breast and cervical cancer, and both men and women for colon cancer—cancers that are curable if found early. There has been information in the news about what appropriate screening is, and Debra wasn't sure what the guidelines were.

This article will review what the current screening guidelines are (shown boxed at left), who is eligible for the BCCHP program, and how to access that resource on Whidbey Island.

ELIGIBILITY FOR BCCHP

People are eligible to access the BCCHP based upon their age and income. Generally, women between the ages of 40 and 60 are candidates for the breast and cervical health program. Both men and women age 50 to 64 years of age are eligible for the colon screening program. People at 250% of the Federal Poverty level are eligible for both programs (Breast & cervical and Colon). If a woman is age 35-39 and has symptoms of breast cancer, she is also eligible. The Komen Foundation has provided funds to allow women at the Federal Poverty Level of 250-300% to access breast screening mammograms.

If people are diagnosed with breast, cervical or colon cancer, they apply to DSHS for funds to pay for their treatment of the cancer.

ACCESS ON WHIDBEY ISLAND

The Breast Cervical and Colon Health Program for Island County is managed by Citrine Health in Everett. They have contracts with clinics, labs and hospitals to provide care. Currently, North and South Whidbey Community Clinics are contracted to provide care, along with Whidbey General for mammograms, labs and other services. Planned Parenthood provided these services until last December when the Oak Harbor office closed.

On the Road to Wellness Continued next page

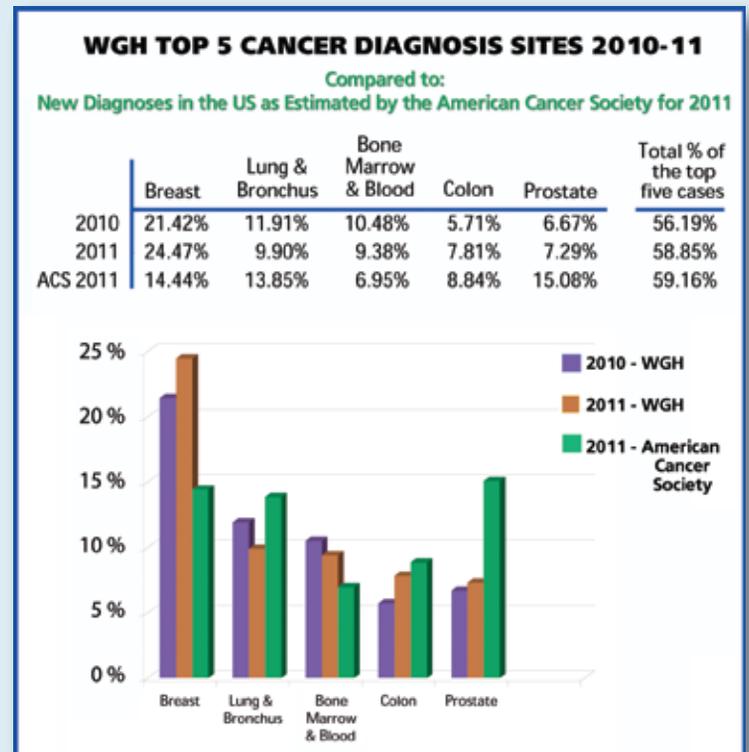
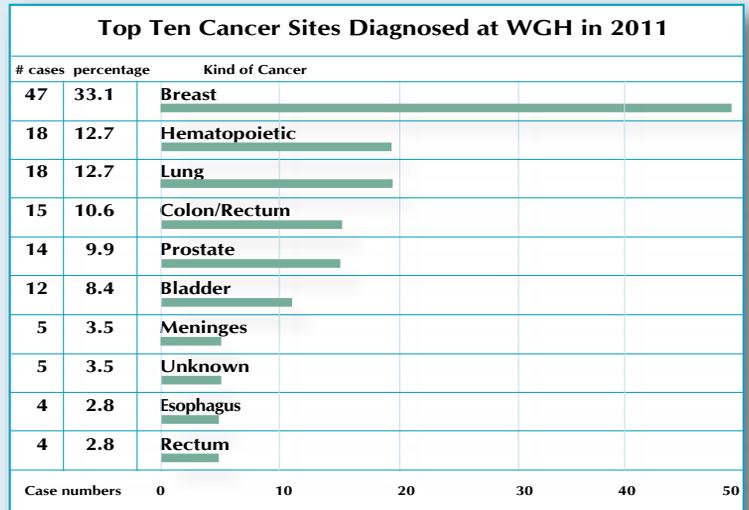
ON THE ROAD TO WELLNESS

On the Road to Wellness Continued from previous page

If a person is being seen at either the North or South Whidbey Community Clinic she or he may request a referral to BCCHP if the provider has not already done so. If a person does not have a provider (MD, PA or Nurse Practitioner) he/she may establish with a provider at NWCC or SWCC and have a referral made to the BCCHP services. Because people often have multiple health problems, they will be asked to pay the sliding scale fees to cover the visit unrelated to breast, cervical and colon health.

Men and women who wish to access the BCCHP may also call Citrine health for enrollment. Ann Miles is the enrollment coordinator and can be reached at 425-259-9899. She will help people determine if they are eligible for screening and help to arrange appointments. Annual screening coverage runs from June 2011-June 2012, so new funding should be available soon. Most funding is from the Federal CDC, some is from Washington state as well as the Susan G. Komen Foundation.

Debra decided to call one of the clinics for an appointment. She also went to the BCCHP website and learned she was eligible for a referral. She decided to keep her clinic appointment and be checked for overall wellness such as, blood pressure, heart and diabetes, and request a referral to the BCCHP. She knew she was taking steps to monitor her health and prevent a more serious cancer diagnosis down the road.



The data shows that 56.19% of the 2010 cancer cases at WGH were in the top five primary sites, with a slight increase of 2.66% in 2011 with 58.85% of the cases were among the top five primary sites.

Similarly, the ACS estimations for 2011 had an estimated rate of 59.16% of the cases through the United States among the same top five primaries. The data shows that WGH's cancer diagnoses are consistent with national trends.

Cancer Registry Data 4/23/12
ACS Cancer Facts and Figures for 2011

FOR MORE INFORMATION ABOUT GUIDELINES AND THE FEDERAL POVERTY GUIDELINES FOR BCCHP ELIGIBILITY

American Cancer Society
www.cancer.org/healthy

Washington State Breast, Cervical and Colon Health Program
<http://www.doh.wa.gov/cfh/bcchp/>

Whidbey Island Access for BCCHP via Citrine Health
<http://www.citrinehealth.org/default.asp>
425-259-9899

New Guidelines from United States Preventive Health Services
<http://www.uspreventiveservicestaskforce.org/uspstf/uspstfcerv.htm>