



*High quality care close to home*

**Cancer Program**

2014 Annual Report



Gifford

## Cancer Committee



### Members

Milton Fowler, MD, internal medicine, *co-chair*  
 Maury Smith, MD, general surgery, *co-chair, presiding*

Betina Barrett-Gallant, *program registrar*  
 Pam Caron, *ancillary services director*  
 Ovleto Ciccarelli, MD, *general surgery*  
 James Currie, MD, *internal medicine, infectious disease, cancer liaison physician*  
 Katherine Devitt, MD, *pathology*  
 Pam Fournier, RN, OCN, *radiation oncology nurse, UVM-Central Vermont Medical Center*  
 Nikki Gewirz, PA-C, *urology*  
 Thom Goodwin, *senior director quality and risk management*  
 Richard Graham, MD, *urology*  
 Ann Gray, CTR, *certified tumor registrar*  
 Alan Hartford, MD, *radiation oncology, Dartmouth-Hitchcock Medical Center*

Leslie Jarvis, MD, *radiation oncology, Dartmouth-Hitchcock Medical Center*  
 Brittany Kelton, *patient care navigator*  
 Cristine Maloney, MD, *internal and palliative medicine*  
 Samantha Medved, *palliative care coordinator*  
 Sheila Miller, RN, OCN, *oncology nurse*  
 Rebecca O'Berry, *surgery division vice president, cancer program administrator*  
 Cathy Palmer, MD, *pathology, UVM Medical Center*  
 Sean Patrick, *information systems director*  
 Bethany Silloway, *specialties clinics manager*  
 Scott Smith, MD, *radiology*  
 Jessica Spencer, RN, *oncology nurse*  
 Sean Tubens, MD, *OB/GYN*  
 John Valentine, MD, *oncology, UVM-Central Vermont Medical Center*  
 Bassem Zaki, MD, *radiation oncology, Dartmouth-Hitchcock Medical Center*

## Program overview

Established in 1959, Gifford’s Cancer Program is accredited by the American College of Surgeons Commission on Cancer. A dedicated cancer committee meets regularly to provide leadership for the program, including setting program goals and objectives, driving quality improvements and best outcomes for patients, and coordinating Gifford’s multidisciplinary approach to cancer treatment.

Operating out of our relaxing Ambulatory Care Unit, Gifford’s Oncology Department includes:

- Cancer care from an experienced oncologist
- Specially certified oncology nurses
- Planning options for cancer treatment following a diagnosis
- Outpatient chemotherapy
- Treatments for some hematology conditions

The medical center is home to advanced diagnostic technology, including stereotactic breast biopsies; a breast care coordinator providing education and outreach; a



Cancer Committee members meet in Gifford’s Conference Center to review cases with local and regional experts in person and via video conference. All discussions are done without names to protect patient confidentiality.

patient care navigator; many surgical offerings; data management and quality oversight; and cancer prevention programs, including a “Prevention into Practice” model that works with patients and their health care providers to bring screenings to the forefront.



## A Message from the Gifford Cancer Committee Co-Chairs

By Dr. Milton Fowler and Dr. Maury Smith

This year our Oncology Program once again received a three-year renewal of accreditation from the Commission on Cancer (COC) of the American College of Surgeons, national recognition that our cancer program is committed to providing comprehensive, high-quality, and multidisciplinary patient-centered care.

Gifford’s Cancer Program has held COC accreditation continuously for nearly 50 years. One of the oldest cancer programs in Vermont, we are also one of the smallest hospitals in the nation with an accredited cancer program. Our longevity and strong community focus allow us to incorporate the multidisciplinary review of patient cases found in larger programs with a compassionate and personalized approach to cancer care that includes social services needs as well as appropriate medical expertise.

Our cancer committee, which includes specialists from Gifford, Central Vermont Medical Center, Dartmouth-Hitchcock Medical Center, and University of Vermont Medical Center, meets regularly to review cancer cases from a variety of disciplinary perspectives. This

ensures that providers have a complete view of the most current treatment plans based on national protocols and standards.

This year we explored ways to improve support for aspects of cancer care that, while not necessarily medical, can greatly impact treatment. We implemented earlier psychosocial screening to uncover emotional challenges, family stresses, financial issues, or even problems with transportation or childcare that may be causing stress or interfering with treatment. Recognizing the role that preventative screening plays in early cancer detection, we explored more patient-friendly tests, and integrated educational outreach into annual wellness visits.

Cancer care is about treating people, not just the disease. For almost half a century Gifford has responded to the unique needs of our community with an oncology program that combines expert medical treatment with compassionate, personalized cancer care—all in a convenient local setting close to home.

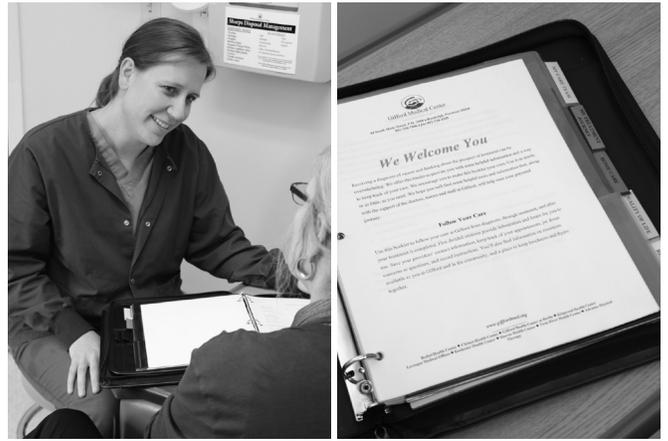
## Customized support for patients receiving cancer treatment

Cancer treatment can be a complicated and lengthy process. It takes time to absorb and process information, and most patients find it helpful to return to reports, schedules, and resource listings at home, so they can bring back questions they didn't ask when meeting with their provider. Since cancer patients often see multiple specialists, a lot of paperwork is accumulated along the way. Patients who feel informed and involved in their treatment are less stressed, but things can quickly feel overwhelming.

This year Gifford's Cancer Program initiated new efforts to improve communication, personalize support services, and simplify processes so patients will have the help they need at a time when life can feel out of control.

**Patient Information binder:** Each patient starting cancer treatment at Gifford is given an 11 x 13 inch zippered binder with five multicolored section dividers to organize care team contact information, treatment plans, information on care at home, support services available at Gifford, and general cancer information and community resources. Other folders and pockets can store reports, medication lists, appointment schedules, and important treatment information.

"It helps keep life-with-cancer organized," said Jessica Spencer, an oncology nurse who helped design the binder. "It also has lots of information and resource listings, so patients have a place to turn to when they are not at the hospital."



Oncology Nurse Jessica Spencer shows Gifford's patient binder to a patient; close up of patient binder

Our oncology nurses have also found that using the binder with patients can help identify support services a patient may need earlier in their treatment process.

**New Psychosocial Screening tool:** There are aspects of cancer care that go beyond actual medical treatment and oncology nurses, who establish ongoing relationships with patients as they take blood tests, administer medication or chemotherapy, and monitor treatment, are often the first to learn about patients who need extra support. A new psychosocial screening discussion with patients at their initial treatment session now helps nurses identify and track these needs more effectively. The completed forms are reviewed and referred to a social worker for further follow up if needed. Patients have received assistance with insurance issues, finances, transportation or housing needs, or emotionally adjusting to their illness.

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## Finding Patient Friendly Colorectal Cancer Screening options

One of our program goals for 2014 was to screen more people for colon cancer to help decrease the number of later-staged colon cancers found in our patients. Providers and nursing staff talk with patients during office visits about cancer screening services available at Gifford, and the benefits of detecting cancer early—especially with colon cancer, the “preventable cancer.”

A typical colorectal cancer starts as a slow-growing polyp in the lining of the colon or the rectum. These precancerous polyps and early cancers can be detected (and removed) during a colonoscopy, which is the preferred colon cancer screening test. But many patients delay or refuse colonoscopy screening, and we still want to encourage those people to at least have a fecal blood cancer detection test with their annual physical.

The hemocult cards traditionally used for this screening required a patient to collect multiple samples at home and bring them back to their provider's office. Even with an improved follow-up system to remind people to return their cards, less than half of the tests made it back to Gifford. Many patients reported that the dietary restrictions, multiple sample collecting, and the embarrassment of having to carry the card back to their provider caused them not to complete the test.

Cancer program staff explored other screening options and found a test that detects blood in the stool more accurately, is easier for patients to use and, more importantly, can be discretely mailed back to the lab for analysis. The FIT (Fecal Immunochemical Testing) cancer detection test is now offered as part of annual physicals at Gifford.

## Expertise, Personalized Care, and Comprehensive Support Close to Home

When someone is given a cancer diagnosis, their world is turned upside down. Suddenly there is a lot of information to absorb, many tests to take, and hard decisions that have to be made quickly—all when people are feeling most vulnerable. Travelling to receive treatment and follow-up cancer care can be expensive, exhausting, and complicated to organize. At Gifford patients with cancer have treatment options that can relieve these stresses.

Most cancers—especially breast, colon, prostate, and bladder cancers—can be treated here in our community hospital with caregivers that patients know and trust, close to the family and friends who will support them during treatment.

“Our goal is to make sure people know that they can receive the same quality of care offered at larger hospitals close to home, with a support network they know,” said Rebecca O’Berry, vice-president of Surgery and Operations at Gifford. “Battling a cancer diagnosis is hard enough—I’m thankful that we can provide quality cancer care locally and decrease our patient’s travel time during treatment.”

First accredited by the American College of Surgeons Commission on Cancer in 1965 (we received our most recent 3-year accreditation in December of 2014), our cancer program has been delivering quality cancer care to our community for nearly fifty years. Our oncology services include cancer care from an experienced oncologist, hospital specialists and surgeons, and specially certified oncology nurses; lab and diagnostic services; advanced diagnostic services, including stereotactic breast imaging; outpatient chemotherapy; preventive cancer screenings; and a strong palliative care program. Our multidisciplinary approach to each patient’s care includes identifying social service needs as well as appropriate medical expertise.

### Experience, expertise, and compassionate care close to home

“With cancer, making the right diagnosis and getting the right treatment is key,” says Dr. Richard Graham, a Gifford urologist who treats prostate, bladder, and renal cancers. “Experience with specific cancers is also important. We have the expertise and technology to diagnose a lot of rare cancers, but we are small enough to see patients as individuals: You are not a number here.”

Graham notes that he saw an increase in patients whose small cancers were treated with cryosurgery and laparoscopic surgery in 2014.

Dr. Ovleto Ciccarelli, general surgeon, said greater than 90% of his breast cancer patients this year chose to receive treatment and post-operative care at Gifford instead of travelling to larger tertiary hospitals. Recent research has shown that patients can benefit from neoadjuvant cancer therapy (chemotherapy to shrink a tumor before surgery), and many of his patients are choosing to receive this treatment at Gifford.

“Starting chemotherapy before surgery is a huge benefit for patients,” he said. “The tumor removed during surgery is smaller and is less likely to have spread to lymph nodes. Generally, a tumor will shrink enough so that a lumpectomy plus radiation therapy becomes possible. Mastectomy is usually avoided.”



Brenda Caswell’s cancer journey began at Gifford but was treated elsewhere with help from Gifford.

### Personalized support for the cancer care each patient chooses

When a patient chooses cancer treatment that is not offered here, our providers make referrals and collaborate with outside oncologists so things go smoothly. Patients have the option to receive post-operative care and chemo treatments close to home.

Brenda Caswell, a Randolph mother of five, regularly comes to Gifford for medical care and annual mammogram screenings. She missed three years of annual visits because of her pregnancy and the birth of her youngest child, and when she resumed her check-in’s her provider insisted that she get a mammogram.

“My provider didn’t let me out of the office without scheduling a mammogram,” Caswell says. “She knew me,

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## Quality improvement initiatives

By Rebecca O'Berry, vice president of surgery and operations

In 2014 the Cancer Program has focused on improving our screening efforts for colorectal cancer, the one cancer that can be prevented. Our two quality improvement goals for 2014 were to improve the tracking process we use for hemoccult cards given to patients and to increase the number of people screened for colorectal cancer.

Historically, less than half of the hemoccult cards given to patients are returned to the physician's office for testing. We implemented a follow-up plan to increase our return rate and modified the system we use to track these cards. Our efforts were successful, and we were encouraged to explore bringing in a different test that is easier for patients to perform at home. This new laboratory test will be part of our quality initiative for 2015. (See *Finding Patient-Friendly Colorectal Screening Options*, page 4)

Throughout the organization we worked to increase the number of patients who receive some kind of colorectal screening. In the target age group of 50-75, our screening numbers increased from 59 percent (in 2013) to 90 percent (in 2014). This is a significant improvement, and shows how effective a targeted educational effort on the benefits of some form of colorectal screening can be! Unfortunately a large number of our patients still refuse to undergo colorectal screening. In 2015 we will work to improve patient access to screening by increasing the variety of our testing methods.

In 2014 we also increased our social services support for patients undergoing cancer treatment. To ensure that

everyone has the help they need while moving through treatment, our patients now have easy access to a social worker and our Blueprint team. We also created a binder to collect all the information needed by someone undergoing cancer treatment.

The MagView program implemented at the end of 2013 has helped our radiology department track screening mammography in a more systematic way. This program keeps all a patient's information in one location, and allows a much faster turnaround time for notification of results. The time a patient must wait to receive a mammography result notification letter is now less than two days!

Our providers are excellent communicators and have put a lot of time and energy into community education about prevention, early detection, and treatment of cancer. We work closely with our local senior centers to provide education sessions that are open to the public. Topics covered in these community outreach efforts include: skin cancer screenings and education (in several locations); discussions on breast cancer, bladder and prostate cancer, and colorectal cancer. We will continue to provide this education in the upcoming year.

In 2014, 53 new cancer cases were identified, with breast cancer continuing to be the most prominent followed by lung, colon, and prostate. A total of 41 of those 53 cases were discussed at Tumor Board meetings.

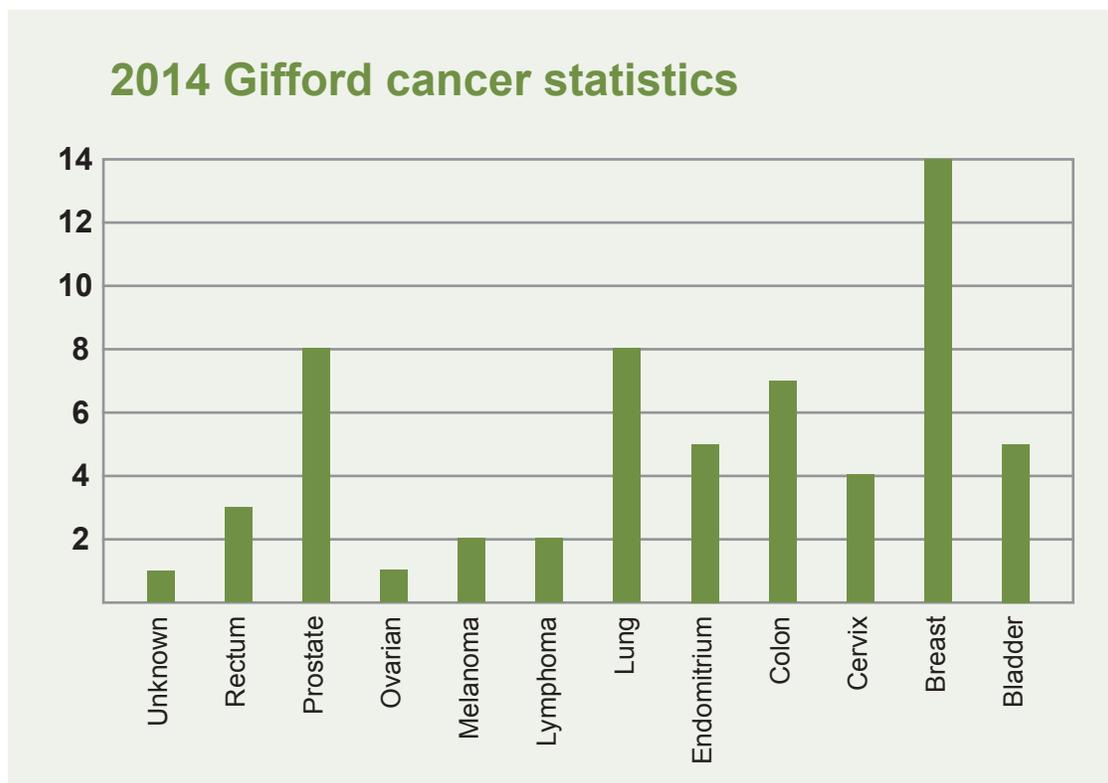
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knew that my mom had had breast cancer, and knew that regular screening was especially important for me."

A small tumor was detected, and after a biopsy and two consultations with Dr. Ciccarelli, she decided to have mastectomy and reconstructive breast surgery through a program offered at a larger hospital. Dr. Ciccarelli's team made referrals and helped her arrange treatment. When her cancer was found to be more invasive than originally thought, she had to plan for chemotherapy after surgery.

Then, when post-operative complications required a week of inpatient care right before the holidays, she knew she wanted to be close to home and with her family.

"I was able to be at Gifford, just down the street from my home," Caswell said. "The doctors were wonderful—they collaborated with the oncologists who were treating me, sharing blood counts and test results. It was a very smooth process."



## The “Preventable Cancer:” Spreading the word about colorectal screening

The providers in Gifford’s Cancer Program regularly visit senior centers, nursing homes, church meetings, and other community gatherings to offer skin cancer screenings, give free talks on cancer prevention and the importance of early detection, and host educational discussions of breast, bladder, prostate, and colorectal cancer.

In talks like “Everyone’s Got One: A Discussion of the Colon and How to Keep it Healthy,” surgeon Dr. Oliveto Ciccarelli uses humor to help people learn about the importance of colorectal cancer prevention and screening.

“Everyone has these organs, but people are reluctant to talk about problems with their colon or their rectum,” said Ciccarelli. “Men especially find it difficult to discuss these matters, but this is one area where medical science has proven that cancer can be avoided, lives extended, and quality of life improved.”

This is especially true with colorectal cancer, which was a program focus for 2014. Colorectal cancer is called the only “preventable cancer” because it is the one cancer

where regular screenings can help to keep cancer from forming. A colonoscopy detects any slow-growing polyps that may form in the colon so they can be removed before becoming cancerous. Because early colorectal cancer often has no symptoms, screening is even more important because it can detect existing cancer when treatment is most effective.

Still, colorectal cancer is the third most common type of cancer in men and women in the United States. The good news is that deaths from colorectal cancer have decreased as more people take advantage of screening tests like colonoscopies, specialized X-rays, and tests that check for cancer in the stool.

So far, Gifford has had significant success with our efforts to increase colorectal screening rates for our target age group of 50-75 (an increase to 90 percent in 2014 from 59 percent in 2013).

We will continue to spread the word in our community. With colon cancer, it is simple: Regular screening could save your life.



**Gifford Medical Center**

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Randolph, VT 05060  
(802) 728-7000  
[www.giffordmed.org](http://www.giffordmed.org)

**Bethel Health Center**

1823 VT Route 107  
Bethel, VT 05032  
(802) 234-9913

**Chelsea Health Center**

356 VT Route 110  
Chelsea, VT 05038  
(802) 685-4400

**Gifford Health Center at Berlin**

82 East View Lane  
Berlin, VT 05641  
(802) 223-2325

**Gifford Primary Care**

44 South Main Street  
Randolph, VT 05060  
(802) 728-7000

**Kingwood Health Center**

1422 VT Route 66  
Randolph, VT 05060  
(802) 728-7100

**Rochester Health Center**

235 South Main Street  
Rochester, VT 05676  
(802) 767-3704

**Sharon Health Center**

12 Shippee Lane  
Sharon, VT 05065  
(802) 763-8000

**Twin River Health Center**

108 North Main Street  
White River Junction, VT 05001  
(802) 296-7370

**Advance Physical Therapy**

331 Olcott Drive, Unit 2  
Wilder, VT 05001  
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