

# Cancer Program

2015 Annual Report



Gifford

Caring for you... for life.

## Cancer Committee



Front row (l to r): Rebecca O’Berry; Jeff Bath, MD; Pam Caron; Mario Potvin, MD; Bethany Silloway; Ovleto Ciccarelli, MD; Sarah Roberts.  
Back row (l to r): Joe Nolet; Susan Peterson; Cristine Maloney, MD; Ann Gray; Brittany Kelton; Richard Graham, MD; Daniel Fram, MD; Eswar Tipirneni, MD; Jessica Spencer, RN; Betina Barrett-Gallant; Andrew Erickson, MD; Cathy Palmer, MD.

## Members

Andrew Erickson, MD, General Surgery, *Chair*

Betina Barrett-Gallant, *cancer program registrar*

Jeff Bath, MD, *radiology*

Pam Caron, *ancillary services director*

Ovleto Ciccarelli, MD, *general surgery*

Paula Despault, *care management*

Katherine Devitt, MD, *pathology*

Milton Fowler, MD, *internal medicine*

Pam Fournier, RN, OCN, *radiation oncology nurse, Central Vermont Medical Center*

Daniel Fram, MD, *radiation oncology, Central Vermont Medical Center*

Richard Graham, MD, *urology*

Ann Gray, CTR, *certified tumor registrar*

Marjorie Gewirz, PA-C, *surgery*

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*

Sheila Miller, RN, OCN, *oncology nurse*

Elisabeth Nigrini, MD, *OB/GYN*

Joe Nolet, LNA, *general surgery*

Rebecca O’Berry, *surgery division vice president, Cancer Program administrator*

Cathy Palmer, MD, *pathology, Fletcher Allen Health Care*

Sean Patrick, *information systems director*

Susan Peterson, RN, *quality/infection prevention*

Bethany Silloway, *specialties clinics manager*

Jessica Spencer, RN, *oncology nurse*

Thomas Sroka, MD, *radiation oncology, Dartmouth-Hitchcock Medical Center*

Eswar Tipirneni, MD, *oncology*

Sean Tubens, MD, *OB/GYN*

Susan Tubens, PA-C, *primary care*

Bassem Zaki, MD, *radiation oncology, Dartmouth-Hitchcock Medical Center*

## Program overview

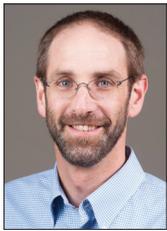
Established in 1959, Gifford's Cancer Program is accredited by the American College of Surgeons Commission on Cancer. A dedicated cancer committee meets regularly to provide leadership for the program, including setting program goals and objectives, driving quality improvements and best outcomes for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

- Cancer care from an experienced oncologist
- Compassionate and specially certified oncology nurses
- Planning options for cancer treatment following a diagnosis
- Outpatient chemotherapy
- Treatments for some hematology conditions, such as anemia



Oncologist Dr. Eswar Tipirneni with a patient

The medical center is home to advanced diagnostic technology, including stereotactic breast biopsies; a breast care coordinator providing education and outreach; a 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 healthcare providers to bring screenings to the forefront.



## A Message from the Cancer Committee Chair

By Dr. Andrew Erickson, General Surgery

Cancer is a complicated and chronic illness that requires sophisticated screening, diagnostic, and treatment expertise. Care can last for months at a time and may be administered at separate locations, bringing additional stress and disruption to patients already coping with difficult challenges.

Gifford's high-quality cancer care allows people to receive treatment locally, from providers and staff they know, close to the support of family and friends. We offer a full range of advanced cancer care services—from screening and diagnosis through end-of-life care.

Our services include stereotactic breast biopsy, sentinel lymph node mapping, the technology and expertise needed to perform low-invasive advanced laparoscopic surgery, and chemotherapy. Experienced professional and support staff help patients through all aspects of treatment, seeing patients in a small and patient friendly environment. But local care does not mean compromised oncologic outcomes—when necessary we collaborate with larger cancer centers so our patients can take advantage of the most current treatments and research expertise available.

Our cancer committee, which includes specialists from Gifford, Central Vermont Medical Center, Dartmouth-Hitchcock Medical Center, and UVM Medical Center,

meets regularly to review cancer cases from a variety of disciplinary perspectives. This helps our providers to have a complete view of the most current treatment plans based on national protocols and standards.

We work with providers at other healthcare systems to provide comprehensive treatment appropriate to each individual situation. Local follow-up care can be seamlessly integrated into a treatment plan to limit patient travel.

The work of our committee encourages and fosters this multidisciplinary collaboration and integration. Our regular meetings help us to build referral networks and improve communication as we share information about medical facts and the subtleties of patient care.

This year we continued to build on previous work to improve the patient experience through enhanced patient navigator support services, exploring new screening options (like more convenient colon cancer screening tests), continuing community outreach on cancer prevention, and streamlining behind-the-scene processes and data collection methods. Our goal is to reduce stress and improve patients' lives by providing and coordinating cancer care that allows them to stay as close to home as possible.



## Quality improvement initiatives

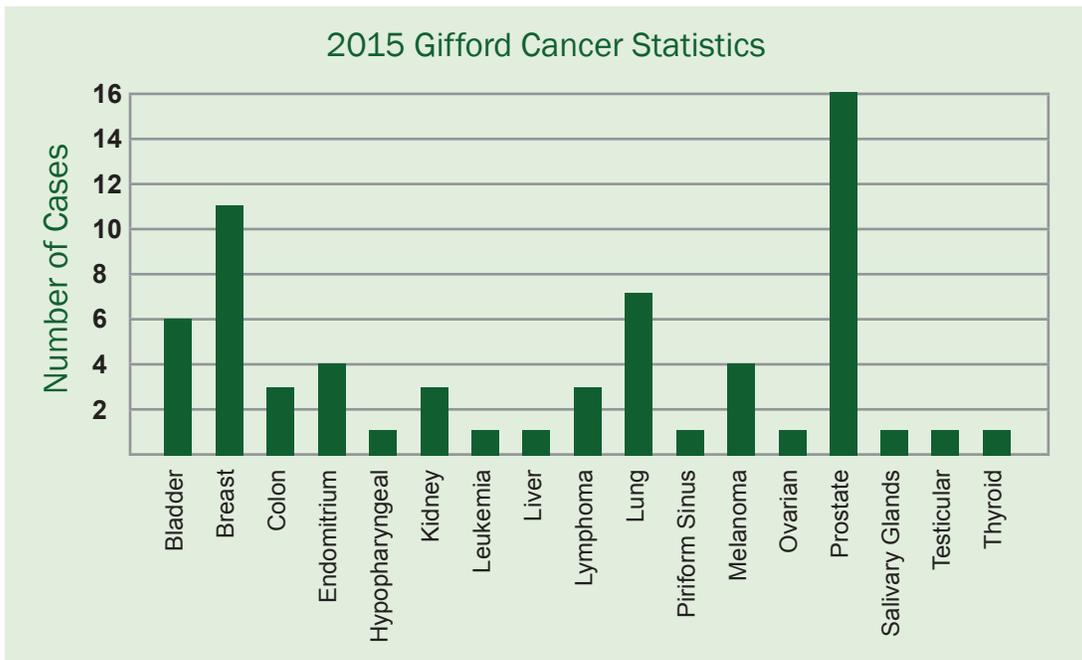
By Rebecca O'Berry, vice president of surgery and operations

Each year the Cancer Program team creates a list of goals and quality improvement studies and projects that maintain the high level of care provided to our cancer patients while meeting the requirements of our accreditation with the Commission on Cancer. Unlike prior years we did not have one central focus this year, deciding instead to focus on several different areas.

- Our clinical goal for the program was a continued focus on colorectal cancer prevention by providing a new type of screening test. In the past we found that many patients who take home hemocult cards do not return them for screening results. The test needs to be performed over the course of three days and has other constraints that patients find cumbersome. We changed to a test that is easier to use and we are hopeful more patients will return these FIT cards for test results.
- With the implementation of our new Electronic Medical Records (EMR) we modified the way we find cases to discuss at Tumor Boards. We have implemented several new strategies to ensure the majority of cases are identified and brought to the team for discussion. We've found these changes, which involve retrieving cases from several different areas within the organization, to be very positive.
- For our quality improvement studies we looked at information regarding the time from abnormal

breast imaging (mammogram or ultrasound) to time of biopsy. We hope to reduce patient anxiety by achieving a very quick turnaround time. Our goal is to have a patient back in for biopsy within ten business days. In 2014 our average was roughly 9-12 days. In 2015 we have been able to bring that average down to 6 days, with the lowest turnaround time being 4 days.

- Another quality improvement goal was to automate orders and results of hemocult cards in the new EMR. This has historically been handled in the clinic setting but is now handled through the lab. This has streamlined the process to match other laboratory testing.
- Our quality studies focused on pulling HPV data on boys and girls in the appropriate age range who receive the entire series of three HPV doses. After reviewing our organization's information and comparing it to national data, we found that we are right in the middle of national averages. We are very good at getting the first dose administered to both boys and girls, and pretty good with the second dose, but (as with the national trend) we are not very good at getting the third dose administered to either boys or girls. For our 2016 year we will be working with the Pediatric and Family Practice teams to increase these averages.



## Connection and Support when you need it Most



In the spring of 2011 Kelly Kelly found a lump in her breast and immediately scheduled an appointment at Gifford. She met with Brittany Kelton, a registered radiologic technologist and certified navigator in breast imaging, who has been specifically trained to help women navigate the stressful period between the detection of suspicious growth and diagnosis and treatment. Kelton was there to answer questions, schedule appointments, and to make sure she understood the tests and procedures ahead. But equally important was the compassionate emotional support she offered, acknowledging Kelly's fears and helping her to find ways to cope with her anxiety.

"Brittany was right there in the room with me when I had the biopsy, and then she was with me when the doctor told me I had cancer," she said. "It was really helpful having her there when I heard. She was very calm, but I knew she cared about me. It was the day before my daughter's 15th birthday and we were both crying."

**"We're going to get through this together..."**

Life changes dramatically after you've received a cancer diagnosis: suddenly there are tests to take and choices to consider and decisions to be made in a short amount of time. We want to help with the anxiety and stress women experience around breast cancer. Some recent efforts include streamlining tracking systems, shortening the time women wait for mammogram screening and biopsy results, and increasing one-on-one support through our patient navigator program.

Kelton tells her patients: I'm your new best friend and we're going to get through this together.

"People are often frightened and confused initially—it's hard to absorb information in this state. I support them emotionally so they can be calm and comfortable and know what's going on," she said. "When someone

hears that they have cancer they need to be able to go home, digest what has happened, and not have to think about who they need to call tomorrow for appointments. I can take on things like scheduling and coordinating procedures. I think patients really appreciate having one person they can rely on, someone they can turn to for support, or bring questions or concerns to."

Kelton started as Gifford's first patient navigator in 2010. As a radiologic technologist she had already been seeing patients for ultrasound, x-ray, and mammography appointments. In her new role she became a key support person for those called back for additional testing when an abnormality was detected in those first screenings. This year she completed her training and received national certification as a Patient Navigator-Breast Imaging.

### New software helps shorten waiting time, streamline process

With a full-time certified patient navigator in place, we completed implementation of an electronic mammography reporting and tracking software program (MagView), a tool that has helped us streamline our process and improve turnaround time for mammography screening notifications.

Kelton says the software, which keeps a patient's records all in one place throughout their treatment, is especially helpful in identifying women who may qualify for BRCA1, BRCA2 or other genetic tests.

"I can get qualifying patients the information they need to decide whether testing is right for them," she said. "This can really make a difference for some women, and we can get them the early care they might need."

Waiting to have a biopsy after an abnormal mammogram or ultrasound can be very stressful for women: without a diagnosis it can be difficult to make

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plans or manage anxiety. MagView has helped us to significantly reduce this waiting period (from 9-12 days in 2014 to 4-6 in 2015).

### Supporting cancer survivors after treatment

After her breast cancer diagnosis in 2011 Kelly Kelly started treatment at Gifford, coming every week for 16 weeks, and then every third week for almost a year.

“I was at Gifford at 9 a.m. every Thursday for what seemed like forever!” she said. “I was so happy to be able to get my care only 20 minutes from home.”

We are exploring ways to use the improved patient tracking software to make it easier for women like Kelly to keep up with cancer screening after they

have completed treatment. Committee member Dr. Ovieto Ciccarelli reviewed clinical data for mammary carcinoma treatment in Gifford’s service area and reported to the committee. He recommended using the new tracking software to make sure breast cancer survivors are scheduled for appropriate follow-up screenings based on their cancer type, and establishing a strong follow up process for these women.

The close relationships patients establish with their patient navigator will help with this follow-up process. Even though they seldom see each other now, Kelly’s connection to Brittany didn’t end when she moved on to receive care from the Oncology nursing staff. On her recent 5-year follow up visit she stopped in to see Brittany as well, catching up on news and taking a moment to reflect on how life has changed since the day they first met.

## Community outreach

In 2015 Gifford providers brought information on cancer awareness and the importance of preventive screenings out into the community through various channels including:

- Gifford held tobacco cessation workshops in various locations throughout the year. We had 39 participants, and 20 successfully completed the program and quit smoking.

### Break the habit



- A presentation at the Woodstock Senior Center on ways to prevent skin cancer, the different treatments for skin cancers, and what to look for when you are monitoring your skin for changes by Nikki Gewirz, NCCPA-certified Physician Assistant.
- Dr. Richard Graham talked about different treatment options for incontinence (males and female) and different ways to change behaviors to benefit bladder health by at the Woodstock Sr. Center
- Continuing Medical Education presentation by Melissa Scalera, MD: “Pap smears and More-cancer staging, screening, colposcopy and other treatments”
- Dr. Ovieto Ciccarelli was the guest on “Mammo Monday” a breast cancer radio interview where he



Urologist Dr. Richard Graham and physician assistant Nikki Gewirz

answered questions about types of breast cancer, treatment, and the importance of breast cancer screening for early detection.

- Royalton Community Radio is an independent, community-based radio station that reaches homes in Gifford’s service area. Throughout the year Gifford providers appeared on the “On Call” show, discussing health topics that included:
  - Colon cancer for March-National Colorectal Cancer month
  - Skin cancer-screening, treatment options
  - Prostate cancer prevention
  - Screening for Colorectal Cancer
  - Breast cancer-screenings, treatment, prevention

## Rare Cancer, Collaborative Care

After dropping a piece of firewood on his foot, a patient was referred to Gifford Podiatry surgeon Paul Smith because his injured toe would not heal. Smith removed nail fragments from the damaged nail bed but several months later the toe looked even worse. Perplexed, Smith did a biopsy and found that the patient had a malignant melanoma.

“I have never encountered a case like this—and there are very few cases described in the literature,” Smith said. “This cancer could have gone on undetected for years if the patient hadn’t dropped that piece of wood. There was no family history that would have suggested screening him for cancer.”

Each month the cancer program regularly brings together specialists from various disciplines to discuss specific cases and to develop individualized care plans. This multidisciplinary approach ensures the most current national protocols and standards are brought to every aspect of a patient’s care.

Even patients with rare forms of cancer can receive excellent care at Gifford, taking advantage of our sophisticated diagnostic technology and surgical expertise. They have access to the clinical trials and cutting-edge research performed at Dartmouth and UVM while receiving follow up locally, in a small and familiar environment with the providers they already know and trust.

This melanoma patient’s cancer team seamlessly integrated the cutting-edge cancer research and expertise available at Dartmouth Medical Center (DHMC) when diagnosing and developing his treatment plan. After receiving the positive pathology report, Smith consulted with Gifford oncologist Eswar Tipirneni and surgeon Andrew Erickson to plan diagnosis and treatment. A



Dr. Andrew Erickson performing a laproscopic surgery.

sentinel lymph node biopsy was performed at Gifford and the patient then went to DHMC for a PET scan. When the melanoma was found to have spread, a DHMC cancer surgeon confirmed the cancer team’s decision to remove the lymph nodes.

Two surgeries were needed to remove the melanoma, and they were performed back-to-back, in the same operating room at Gifford: Smith amputated the toe, and then Erickson removed the lymph nodes using minimally invasive laparoscopic surgery.

“We offer a range of high quality cancer care services, from screening and diagnosis through end-of-life care,” said Erickson. “But when we can’t do something, we collaborate with other institutions so people can get the best care available, as much of it as possible close to home.”

## Focus on Colorectal Cancer Prevention

An ongoing interest of our cancer program is to find ways to encourage regular and timely cancer screening. One area of particular focus in recent years has been colorectal screening, which is effective not only in early detection, but can actually prevent cancer from forming.

In 2014 Gifford explored new types of colorectal screening test kits in an effort to make it easier for patients to use and return their test samples. Few people were returning the hemoccult cards we had been using, and we wondered if the three-day testing process and other constraints might be contributing to our low returned sample numbers.

This year we replaced the guaiac-based test we had been using with Fecal Immunochemical Test (FIT) cards, which are more reliable and much easier to use: it requires only one patient stool specimen and has no dietary or medication restrictions.

Patients were given take-home containers and self-addressed stamped mailers to use to send specimens back for processing.

Returned tests rose from an average of 8 per month to 74 per month with the new FIT cards and process. An additional benefit was the ability to track patients who had not returned their sample within the Electronic Medical Record.



**Gifford Medical Center**

44 South Main Street  
Randolph, VT 05060  
(802) 728-7000  
[www.giffordhealthcare.org](http://www.giffordhealthcare.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-Primary Care**

2418 Airport Road, Suite 1  
Berlin, VT 05641  
(802) 224-3200

**Gifford Health Center at Berlin-Specialty Care**

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**

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Wilder, VT 05001  
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