



SCOTLAND CANCER
TREATMENT CENTER

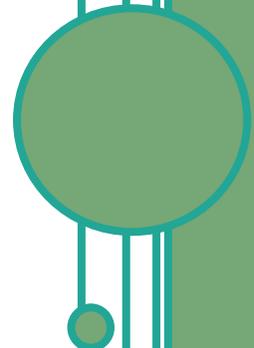
DukeHealth AFFILIATE

2016 Annual Report



Commission
on Cancer[®]
ACCREDITED
PROGRAM

A QUALITY PROGRAM
OF THE AMERICAN
COLLEGE OF SURGEONS



2016 Annual Report

Message from Leadership

It has been a busy year at the Scotland Cancer Treatment Center. We have welcomed both Dr. Padma Kamineni and Dr. Sireesha Datla to our staff of excellent Duke medical oncologists, and we are thrilled to welcome back Dr. Chip Helms to our radiation oncology department as part of the Duke team. We continue to strive to deliver the highest quality of compassionate and evidence-based cancer care for all oncology and hematology diagnoses. We also have solidified our role among the Duke Cancer Network as a leader in clinical research accruals, and Scotland was hand-picked as the site for a trial funded by a Duke Cancer Institute pilot grant to target geriatric oncology patients. This adds to the roster of multiple cutting-edge clinical trials options available for our patients in 2017.

We are proud to announce that in 2016, our cancer center has achieved a 3 year re-accreditation by the American College of Surgeons Commission on Cancer. This represents a huge body of work on the part of our administrators, staff, nurses and physicians, as accreditation is only granted to programs demonstrating the highest quality. We are grateful to our cancer committee members as well as all other service and program leaders in survivorship, navigation, pharmacy, community outreach, nutrition, physical therapy and palliative care, as re-accreditation was truly a team effort and speaks to our comprehensive approach to caring for patients as they battle cancer.

We look forward to the challenges and changes that each year brings, and continue to work to deliver the very best cancer treatment available in a caring environment that is close to home.



Sincerely,

*Ivy Altomare, M.D.
Chair of Oncology
Advisory Committee,
Scotland Cancer
Treatment Center*

Scotland Memorial Hospital – Site by Race Tabulation for 2015 Analytic Cases

SCOTLAND MEMORIAL HOSPITAL
SITE BY RACE TABULATION FOR 2015-ANALYTICAL-CASES

| SITE NAME | NBR | | WHITE | | BLACK | | ASIAN | | ORIENTAL | | AMER INDIAN | | OTHER | |
|----------------------------------------------|------------|------------|------------|-----------|-----------|-----------|----------|----------|----------|----------|-------------|-----------|----------|----------|
| | CASES | (%) | NBR | (%) | NBR | (%) | NBR | (%) | NBR | (%) | NBR | (%) | NBR | (%) |
| OROPHARYNX | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NASOPHARYNX | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PYRIFORM SINUS | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ESOPHAGUS | 3 | 1 | 3 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STOMACH | 4 | 1 | 2 | 50 | 1 | 25 | 0 | 0 | 0 | 0 | 1 | 25 | 0 | 0 |
| COLON | 20 | 7 | 4 | 20 | 11 | 55 | 0 | 0 | 0 | 0 | 4 | 20 | 1 | 5 |
| RECTOSIGMOID JUNCTION | 4 | 1 | 3 | 75 | 1 | 25 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| RECTUM | 9 | 3 | 5 | 56 | 3 | 33 | 0 | 0 | 0 | 0 | 1 | 11 | 0 | 0 |
| ANUS & ANAL CANAL | 1 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LIVER & BILE DUCTS | 6 | 2 | 3 | 50 | 1 | 17 | 0 | 0 | 0 | 0 | 2 | 33 | 0 | 0 |
| GALLBLADDER | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 100 | 0 | 0 |
| OTHER BILIARY TRACT | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PANCREAS | 12 | 4 | 9 | 75 | 2 | 17 | 0 | 0 | 0 | 0 | 1 | 8 | 0 | 0 |
| NASAL CAVITY & MIDDLE EAR | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LARYNX | 3 | 1 | 1 | 33 | 2 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRONCHUS & LUNG | 45 | 16 | 19 | 42 | 12 | 27 | 0 | 0 | 0 | 0 | 13 | 29 | 1 | 2 |
| BLOOD & BONE MARROW | 14 | 5 | 3 | 21 | 7 | 50 | 0 | 0 | 0 | 0 | 4 | 29 | 0 | 0 |
| CONNECTIVE SUBCUTANEOUS OTHER SOFT TISSUE | 1 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BREAST | 54 | 19 | 28 | 52 | 18 | 33 | 0 | 0 | 0 | 0 | 8 | 15 | 0 | 0 |
| CERVIX UTERI | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 100 | 0 | 0 |
| CORPUS UTERI | 10 | 4 | 2 | 20 | 6 | 60 | 0 | 0 | 0 | 0 | 1 | 10 | 1 | 10 |
| UTERUS NOS | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PENIS | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PROSTATE GLAND | 46 | 16 | 17 | 37 | 13 | 28 | 0 | 0 | 0 | 0 | 16 | 35 | 0 | 0 |
| TESTIS | 2 | 1 | 1 | 50 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 50 |
| OTHER & UNSPECIFIED MALE GENITAL ORGANS | 1 | 0 | 0 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KIDNEY | 11 | 4 | 7 | 64 | 2 | 18 | 0 | 0 | 0 | 0 | 1 | 9 | 1 | 9 |
| KIDNEY, RENAL PELVIS | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| URINARY BLADDER | 8 | 3 | 8 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BRAIN | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THYROID GLAND | 2 | 1 | 0 | 0 | 1 | 50 | 0 | 0 | 0 | 0 | 1 | 50 | 0 | 0 |
| ADRENAL GLAND | 1 | 0 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| LYMPH NODES | 8 | 3 | 4 | 50 | 3 | 38 | 0 | 0 | 0 | 0 | 1 | 13 | 0 | 0 |
| UNK PRIMARY | 4 | 1 | 2 | 50 | 1 | 25 | 0 | 0 | 0 | 0 | 1 | 25 | 0 | 0 |
| OVERALL TOTALS | 280 | 100 | 131 | 47 | 87 | 31 | 0 | 0 | 0 | 0 | 57 | 20 | 5 | 2 |

NOTE: ASIAN INCLUDES- ASIAN INDIAN, PAKISTANI, AND OTHER ASIAN
ORIENTAL INCLUDES- CHINESE, JAPANESE, FILIPINO, KOREAN, AND VIETNAMESE
OTHER INCLUDES- ALL RACES NOT LISTED ABOVE AND/OR UNKNOWN

2016 Physician Review – CoC Standard 4.6
PRIMARY SITE: 2015 COLON CASES, STAGE 0-III, Resectable.

| Diagnostic evaluation per NCCN guidelines | | | | Evaluation 1st Course of Treatment | | | | | | | | |
|-----------------------------------------------------------|----------------------|-----------------------------------|--------------------|------------------------------------|---------------------|-------------------|-----------|-----------------------|--------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------|--|
| Colonoscopy performed | CT Chest/ Abd/Pelvis | Preop CEA | CBC Platelets LFTs | SURGERY | | CHEMO | Stage GRP | Colonoscopy performed | Measure: Follow-up: Surveillance for cancer recurrence | Average Performance: 49% after 14 months, Ideal Benchmark: >90% | Treatment concordant with NCCN guideline | |
| YES | YES | - | YES | 03/25/2015 | Segmental Resection | 05/2015 – 11/2015 | II | 08/08/2016 | Yes | 9 Months | Yes | |
| YES | YES | 1.0 | YES | 10/26/2015 | Segmental Resection | - | I | 06/13/2016 | Yes | 8 Months | Yes | |
| YES | YES | - | YES | 03/20/2015 | Hemicolectomy | 05/2015 – 10/2015 | IIIC | 04/08/2016 | Yes | 13 Months | Yes | |
| Patient presented bowel obstruction | YES | 2.9 | YES | 10/16/2015 | Hemicolectomy | 12/2015 – 06/2016 | IIIB | 08/15/2016 | Yes | 10 Months | Yes | |
| YES | YES | 4.7 | YES | 08/24/2015 | Hemicolectomy | No tx due to age | II | 04/01/2016 | Yes | 8 Months | Yes | |
| YES | Yes | 3.3 | YES | 05/27/2015 | Hemicolectomy | 07/2015 – 12/2015 | II | 08/08/2016 | Yes | 8 Months | Yes | |
| Patient presented with high grade colon obstruction to ED | YES | Not done due to emergency surgery | YES | 08/27/2015 | Hemicolectomy | - | II | 07/13/2016 | Yes | 11 Months | Yes | |
| YES | YES | 2.5 | YES | 06/03/2015 | Polypectomy | - | 0 | 03/21/2016 | Yes | 9 Months | Yes | |
| YES | YES | 76.1 | YES | 02/11/2015 | Hemicolectomy | 03/2015 – 10/2015 | III | 01/29/2016 | Yes | 11 Months | Yes | |
| YES | YES | 1.1 | YES | 06/10/2015 | Hemicolectomy | - | I | 12/02/2016 | Yes | 18 Months | Yes | |

Physician Reviewer: Dr. Altomare Date Reviewed: 12/12/2016 % of appropriate dx evaluation: 80% % appropriate treatment: 100%

See Summation Below:

We would like to share the results of one of our 2016 physician review on 2015 Colon cases, Stage 0-III, Resectable. We are always striving to examine and improve upon our processes to optimize delivery and ensure patient satisfaction, and in compliance with the standards set forth by the Commission on Cancer (CoC). In 2016 we focused on colon cancer Stage 0-III, Resectable, and to monitor our program's compliance with evidence based guidelines, and we reviewed our percentage of patients with colon cancer who received appropriate work-up, treatment and surveillance colonoscopies.

The review of diagnostic evaluation revealed that pre-op colonoscopies were not performed for two out of ten patients. Further review of these two patients revealed that both presented with bowel obstructions and went for immediate surgery. Three of the ten patients did not received pre-op CEA. One of those patients presented with high grade colon obstruction and required emergency surgery. All patients appropriately received CT scans and lab work.

The review of first course treatment confirmed that all patients received appropriate treatment. Surveillance colonoscopies were also reviewed and all patients were compliant with NCCN guidelines.

Education with the surgeons regarding pre-op CEA when applicable will be on-going.

