The Cancer Program at Cookeville Regional Medical Center 2017

Affordable Lung Screenings Save Lives
Therapy Dogs Bring Joy to Cancer Patients

Lynch Syndrome Test Provides Early Warning

catching it EARLY

Lura Hawkins’ annual mammogram at The Women’s Center helped her avoid chemo
CRMC ADDS third LINEAR ACCELERATOR

The Cancer Center at Cookeville Regional Medical Center underwent a significant upgrade to its radiation therapy program this year. We have added a new, state-of-the-art linear accelerator that delivers new levels of precision and accuracy through image guidance. In addition, we upgraded one of our existing linear accelerators, as well, to receive this new technology.

The new image guidance treatment reconstructs 3-D image data during each radiation treatment so that issues related to organ movement are minimized, and we are able to deliver precision treatment. This brings our linear accelerator count to three and increases our ability to provide convenient care close to home.

CRMC PET THERAPY PROGRAM

How the Cookeville Regional Pet Therapy Program Began

“It all started 16 years ago on November 1, 2001. My daughter was a physical therapist at Texas Institute for Rehabilitation and Research in Houston. They do a ton of pet therapy. She got to observing Button and said, ‘I think you’ve got a therapy dog.’

‘Cookeville Regional allowed me to start the Pet Therapy Program over in the CRMC Rehabilitation Center at the beginning. It took about six months to get it up and running. Word spread, and about five years later, The Cancer Center asked us to start coming. That was really what turned the program on, because other people started to see us.

‘We now have five dogs, one for each morning, and we average 10 to 12 patient visits each weekday. If we’re blessed with one or two more therapy dogs, we’ll start doing afternoons.’

MaryDell Sommers
CRMC Pet Therapy Program founder and handler of therapy dog ‘Button’

In Praise of Pet Therapy

“It’s a wonderful program. I think patients have a lot of anxiety or depression about their treatment, and I just think it’s very soothing to them and calming while they’re in treatment. Patients look forward to it. And if the dogs aren’t here for whatever reason, they want to know where they are.”

Kandy McGuire
Cookeville Regional Cancer Center nurse manager

In Memoriam: Phoebe

December 14, 2001 – July 19, 2017

“I’ve had dozens of dogs, and I’ve lost most of them, but Phoebe has been something really special because she wasn’t just mine, she was everybody’s dog.”

Charlie Mays
Phoebe’s owner and handler

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The Cancer Program at Cookeville Regional Medical Center • 2017
SCREENING CAUGHT HER COLON CANCER IN EARLIEST STAGE

TERRI JAEGER OF COOKEVILLE knows the value of cancer screenings. When she noticed pain in her abdomen and blood in her stool, she asked her nurse practitioner to make a referral for a colonoscopy, which she had done at Cookeville Regional.

“Two days later, my doctor at Cookeville Regional called and said it looked like it was cancerous, so he set up a surgery with Middle Tennessee Surgical Specialists,” said Jaeger. “It was like bam-bam-bam — I found out I had it, then I went to see the surgeon, and it wasn’t even a week later that I had the surgery to get rid of it.”

Thankfully, the tumor was only at stage 1, meaning Jaeger was able to avoid having radiation and chemotherapy.

The colon cancer diagnosis came less than a year after Jaeger had been diagnosed with breast cancer — also in stage 1 — which was caught by a mammogram. Because she had had two different types of cancer and was only in her 50s, her physician recommended she have genetic testing to find out if she had a gene mutation that might have predisposed her to cancer.

“They found a genetic variant that might be a problem, but the technology today does not yet tell them what it means,” said Jaeger. “They have my information on file, so if they learn more about it in the future, they’ll let me know. But as of now, I’m relieved to know I don’t have a gene for cancer that they know of.”

Jaeger is especially glad there is a resource like The Cancer Center right here in Cookeville.

“I’m getting such good care here,” she said. “The doctors sit and listen to you, they answer all your questions without you feeling like they’re in a hurry to get to the next patient, and they’re continuing to monitor me closely.”

Today, Jaeger is back to enjoying crocheting and spending time with her infant granddaughter. She is also pursuing an online degree in health service management, which she will finish in 2019.

“My goal is to work with hospice. I like to comfort people, and I’ve been around a lot of people who have had cancer, so I want to help people in their last stages of life.”

And she strongly encourages everyone to get their regularly scheduled colonoscopies.

“If you don’t, you’re going to be sorry,” said Jaeger, “because mine was done and the cancer was caught early and my survival rate was raised higher than what it would have been if I hadn’t.”
OPTION
OFFERING MORE CONVENIENT COLONOSCOPY

CRMG GASTROENTEROLOGY SPECIALISTS NOW
who has met certain health criteria to skip
Open access colonoscopy allows a patient
screening should take place before age 50.
high risk of developing colorectal cancer, the
starting at age 50. For adults at increased or
help prevent or detect cancer early, it is
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without an initial office visit.
now offer an “open access colonoscopy”
GASTROENTEROLOGISTS

CONVENIENCE

at your

CRMG GASTROENTEROLOGY SPECIALISTS NOW
OFFERING MORE CONVENIENT COLONOSCOPY
OPTION

COOKEVILLE REGIONAL MEDICAL GROUP’S GASTROENTEROLOGISTS
now offer an “open access colonoscopy” program for the convenience of their patients. Open access colonoscopy is designed to allow healthy, age-appropriate patients to get a screening colonoscopy without an initial office visit.

According to the American Cancer Society, colorectal cancer is the second leading cause of cancer deaths when numbers for both men and women are combined. To help prevent or detect cancer early, it is important to get a screening colonoscopy starting at age 50. For adults at increased or high risk of developing colorectal cancer, the screening should take place before age 50.

Open access colonoscopy allows a patient who has met certain health criteria to skip the initial office visit and be scheduled directly for a colonoscopy.

Patients may be referred to the program by their primary care provider, or if their insurance does not require a referral, the patient may call the office directly to schedule a colonoscopy exam.

The patient will then fill out a brief medical history questionnaire to determine if the patient is a candidate for the open access program. The questionnaire is available online at crmchealth.org/age50.

Once the questionnaire is reviewed by a clinician, qualified patients will then be scheduled directly for a colonoscopy. If not qualified for the open access program, the patient will be scheduled to see a gastroenterologist in the office prior to scheduling the colonoscopy.

For more information, please visit www.crmchealth.org/age50 or call the gastroenterology office of Cookeville Regional Medical Group at (931) 783-2616.

Colon Cancer Signs and Symptoms

According to the American Cancer Society, the following symptoms may indicate colon cancer:

- A change in bowel habits, such as diarrhea, constipation, or narrowing of the stool, that lasts for more than a few days
- A feeling that you need to have a bowel movement that is not relieved by doing so
- Rectal bleeding
- Dark stools or blood in the stool
- Cramping or abdominal pain
- Weakness and fatigue
- Unintended weight loss

Many of these symptoms can be caused by conditions other than cancer, such as inflammatory bowel disease, hemorrhoids, infection or irritable bowel syndrome. In fact, these symptoms usually do not indicate cancer. However, if you have any of these symptoms, it is important to see your doctor to find out the cause.

An even better approach would be to get regular colonoscopies to detect colon cancer before you become symptomatic, because colon cancer symptoms usually only appear after the cancer has grown or spread. Also, if colon cancer is present, it’s easier to treat when it’s found before it produces symptoms, and colon cancer can even be prevented when polyps are removed before they become cancerous.


GENETIC TESTING FOR LYNCH SYNDROME PROVIDES IMPORTANT EARLY WARNING

IF MORE THAN ONE PERSON IN YOUR FAMILY has had colorectal cancer, or if you or anyone in your family has had this or another one of a specific group of cancers (listed below) before age 50, it might be a good idea to have genetic testing for Lynch syndrome.

Lynch syndrome, often called hereditary nonpolyposis colorectal cancer (HNPPC), is an inherited disorder that increases the risk of many types of cancer, particularly cancers of the colon and rectum, which are collectively referred to as colorectal cancer.

People with Lynch syndrome also have an increased risk of cancers of the stomach, small intestine, liver, gallbladder ducts, upper urinary tract, brain and skin. Additionally, women with this disorder have a high risk of endometrial or ovarian cancer.

“Lynch syndrome is a genetic mutation, or genetic mess-up, in the body that can cause people to have an increased risk of cancer, especially colon and endometrial cancer,” said Brandi Dietz, RN, clinical research coordinator at Cookeville Regional Medical Center.

In the United States, about 140,000 new cases of colorectal cancer are diagnosed each year. Approximately 3 to 5 percent of these cancers are caused by Lynch syndrome. Lynch syndrome cancer risk is inherited in an autosomal dominant pattern, meaning it can be inherited from either parent. Variations in the MLH1, MSH2, MSH6, PMS2 or EPCAM gene increase the risk of developing the cancers associated with Lynch syndrome.

“You should be tested if any first- or second-degree relative (parent, grandparent, aunt, uncle or first cousin) has had colon, endometrial or ovarian cancer under the age of 50, or if there’s a strong history of these types of cancer in your family,” said Dietz.

Although mutations in these genes predispose individuals to cancer, not all people who carry these mutations develop cancerous tumors. According to the American Cancer Society, the lifetime risk of colorectal cancer in people with Lynch syndrome can range from 10 to 80 percent, depending on which gene is causing the syndrome.

The genetic test for Lynch syndrome involves a simple blood draw, and results are available within two to four weeks. CRMC staff calls to inform the patient of the results, and genetic counseling is scheduled, if needed.

“Finding out you’re affected can also spur family members to get tested and, if results are positive, to get an early start on prevention.

“If you have children, they would need to get tested when they’re over 18,” said Dietz. “Then your parents would need to get tested to find out which one is the carrier, and then relatives — aunts, siblings, nieces, nephews — need to be tested if there is a positive in the family.”

If you believe you or your family might be affected by Lynch syndrome, talk to your doctor about obtaining a referral for genetic testing.

Source: American Cancer Society (cancer.org/cancer/colon-cancer/si...-and-symptoms-of-colon-cancer.html); National Institutes of Health (ghub.nih.gov/condition/lynch-syndrome#resources); Lynch Syndrome International (lisyndcancer.com)
IN THE FALL OF 2013, Lura Hawkins, a math teacher at Avery Trace Middle School in Cookeville, had just had her annual mammogram at The Women’s Center at Cookeville Regional when she got a call back the next day telling her there was something there.

“They tried to reassure me on the phone,” said Hawkins. “They felt like it was just a shadow, nothing really to be concerned with, but they did want me to come back in.”

The next day, she went back to The Women’s Center at Cookeville Regional, where they did further imaging studies and an ultrasound and determined that a biopsy would be needed.

“At that moment, I really felt inside of my spirit that it was not going to be good,” said Hawkins. The biopsy revealed that she had invasive ductal carcinoma ER+/PR+ cancer in her left breast. Although they had several options for care, Hawkins and her husband, Jeff, decided to stay close to home.

“Cookeville, that they had the best course of treatment for me, and I trusted in what they were telling me,” said Hawkins. After further testing, Hawkins and her doctors decided a mastectomy would be the best course to take.

“IT was 43 at the time I was diagnosed, and the emotions were just a huge range of anger, fear, disbelief. I guess really it was fear more than anything,” said Hawkins, whose sons were 12 and 16 at the time. “I wondered if I was going to be around to see them get married and see them graduate, because you don’t know.”

Hawkins had her mastectomy and first reconstructive surgery at the same time in December 2013, with later follow-up surgeries to complete the reconstruction process. She has now been cancer-free for four years.

“I really attribute my good outcome to the fact that the mammogram found it so early,” said Hawkins. “Because it was found at stage 1, it had not spread to my lymph nodes, and I was not going to need chemotherapy.”

In addition to support from her family and church, Hawkins felt greatly helped by Cookeville Regional’s breast health nurse navigator.

“She walked alongside me; she went to doctors’ appointments with me; she helped me make decisions; she was even there the day of my surgery; and I really am very thankful for the support that I got from her as we journeyed through this cancer,” she said.

Hawkins continues to see her oncologist, Dr. Venamadhav Kodu, for regular follow-up visits, first at two-month intervals, then every six months, and now just once a year. Dr. Kodu recommended genetic testing to offer more insight into Hawkins’ likelihood to develop cancer again in the future.

“I’m thankful my test didn’t come back positive for the breast cancer gene, but that’s why we chose to do it, so that my doctors would have all the information that they needed to develop the best course of treatment for me,” said Hawkins.

She offers this advice to women who are putting off getting a mammogram:

“I can’t stress enough how important it is to get your yearly mammogram. I didn’t have to do the chemotherapy, and I believe it’s because that mammogram discovered the tumor early and we were able to get it out of my body,” said Hawkins. “I continue to go and have my other breast checked.”

“I believe God led me to the doctors here in Cookeville.”

Lura Hawkins
Cancer survivor

Cookeville Regional Medical Center has once again received a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Cookeville Regional is now among an elite group of institutions nationwide providing excellent breast care. This achievement makes Cookeville Regional’s breast program the only accredited breast center in the Upper Cumberland.

“We strive to be recognized as leaders in providing the best breast care, and by receiving this accreditation once again, we can assure our patients we are committed to them in their battle against breast disease,” said Lisa Baggi, director of The Cancer Center at Cookeville Regional.

Accreditation by the NAPBC is only given to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance.
CANCER OUTCOMES

THE CANCER PROGRAM AT COOKEVILLE REGIONAL ensures the highest standards of cancer care by continually monitoring compliance with certain measures to promote improvements in care delivery. Cookeville Regional met or exceeded the estimated performance rate set by the Commission on Cancer (CoC) in the measures shown below.

**Breast**

**Radiation Therapy** is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive lymph nodes (MASRT)

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<th>Measure</th>
<th>2014</th>
<th>2015</th>
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<td>CoC Benchmark</td>
<td>90%</td>
<td>100%</td>
<td>100%</td>
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**Lung**

**Radiation** is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (BCSRT)

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<tr>
<td>CoC Benchmark</td>
<td>90%</td>
<td>99%</td>
<td>92.3%</td>
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**Colon**

**Image- or Palpation-Guided Needle Biopsy** to the primary site is performed to establish diagnosis of breast cancer (nBx)

**Systemic Chemotherapy** is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathological lymph node-positive (pN1) and (pN2) NSCLC [LCT]

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<th>Measure</th>
<th>2014</th>
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<td>CoC Benchmark</td>
<td>80%</td>
<td>94%</td>
<td>92.90%</td>
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**Reporting on Quality Measures**

**DO YOU QUALIFY FOR A LUNG SCREENING?**

IN AN EFFORT TO PROVIDE access to screening for people at high risk for developing lung cancer, CRMC offers low-dose CT (LDCT) scan lung screenings. The screening is quick and easy and results in a minimal amount of radiation exposure. The exam takes less than 10 seconds; no medications are given and no needles are used. The cost is $99.

You may qualify for a LDCT lung screening at Cookeville Regional Medical Center if you fall into one of these categories:

**CATEGORY 1**
- You are between 55 and 77 years old,
- Are currently a smoker or have quit within the past 15 years, and
- Have smoked at least a pack of cigarettes a day for 20+ years.

**CATEGORY 2**
- You are between 50 and 77 years old,
- Have smoked at least a pack of cigarettes a day for 20+ years, and
- Have one additional lung cancer risk factor* (not to include secondhand smoke exposure).

**SCHEDULING A SCREENING**

To be scheduled for the screening, you will need to meet certain criteria to qualify. Talk with your primary care provider to see if you qualify. You will need to fill out a questionnaire that is available at crmchealth.org/lungscreening. Your physician or other primary care provider will be required to fill out and sign the provider order, also found at crmchealth.org/lungscreening. To expedite the process, you may take the completed questionnaire and order form to your provider, who will then complete it to be sent to CRMC when scheduling the low-dose CT scan.

CRMC will file your insurance. Many commercial insurances, as well as Medicare Part B, cover the cost of the scan once per year for patients who qualify. Because insurance may require preauthorization, it may be several days before your scan is scheduled, but we will work with you and your provider to schedule it as quickly and conveniently as possible. If your insurance does not cover the screening or if you do not have insurance, the cost will be $99.

If you have questions, please call the lung nurse navigator at 931-783-4996. Early detection saves lives!

* Risk factors include having cancer in the past, emphysema, pulmonary fibrosis, a family history of lung cancer and exposure to certain substances (including asbestos, arsenic, beryllium, cadmium, chromium, diesel fumes, nickel, radon, silica and uranium).
ONE OF COOKEVILLE REGIONAL MEDICAL CENTER’S NEWEST PHYSICIANS is looking to take a personalized approach to cancer care.

Dr. Thomas Summers, a specialist in medical oncology and hematology, joined the hospital and Cancer Center team in January 2017.

Originally from New York, Summers was raised on Long Island. He began his journey into medicine after his undergraduate history of advanced malignancies into more of a chronic disease,” he added.

"I’m optimistic that, as our understanding of the molecular drivers of cancers continues to improve, we will be talking about cures and remission more and more,” he said. Outside of work, he enjoys the outdoors in the summer months — a factor, he says, in choosing Tennessee. He also likes to travel and spend time with family.

He moved to Cookeville from Ohio, where he served as medical director of hematology/oncology at Southern Ohio Medical Center. Previously, he was on staff at Cleveland Clinic Florida.

“Dr. Thomas Summers is a medical oncologist and hematologist at Cookeville Regional Medical Center,” said Summers. “He is board certified in internal medicine and medical oncology. He completed his fellowship in medical oncology/hematology at UMDNJ and is board certified in internal medicine and medical oncology.

In his time at CRMC, he’s been seeing inpatients and outpatients, performing consultations and offering comprehensive management.

“The good news is we really have a much better understanding of how cancers evade our immune system, and now there is an increasing number of drugs that can interact with our body’s immune system and enhance its ability to target the cancer,” Summers said. “This is part of what is now referred to as a personalized approach to treating someone’s cancer. These approaches can prolong and improve quality of life, without the usual side effects of nonspecific chemotherapy. This is the present and future of cancer care, and it’s very exciting to be a part of.”

Dr. Thomas Summers is a medical oncologist with Cookeville Regional Medical Center. His office is located in the hospital's Cancer Center at 1 Medical Center Boulevard. For more information, call (931) 783-2497.

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2017 CANCER COMMITTEE

JOINS CRMC

Dr. Thomas Summers

Oncology and hematology specialist

Following active duty, he resided training in internal medicine at the University of Medicine and Dentistry of New Jersey (UMDNJ). It was during his years as a medical resident that he became drawn to the challenges in his specialty.

“There’s a lot of decision-making involved, and there is a close bond with patients,” he said.

He completed his fellowship in medical oncology/hematology at UMDNJ and is board-certified in internal medicine and medical oncology.

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“In some cases, we have turned the natural history of advanced malignancies into more of a chronic disease,” he added.

“I’m optimistic that, as our understanding of the molecular drivers of cancers continues to improve, we will be talking about cures and remission more and more,” he said.

Outside of work, he enjoys the outdoors in the summer months — a factor, he says, in choosing Tennessee. He also likes to travel and spend time with family.

He moved to Cookeville from Ohio, where he served as medical director of hematology/oncology at Southern Ohio Medical Center. Previously, he was on staff at Cleveland Clinic Florida.

“The hospital administration has been very receptive and helpful in my transition to Cookeville,” Summers said. “I have practiced in Appalachia for the past seven years, and I enjoy the relationships with patients in this part of the county. I have worked in larger institutions, and I am confident patients can get comprehensive cancer care right here.

"Cookeville has all the amenities of a bigger city," he added. "I look forward to practicing here and hope to make this my home for many years to come."

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Cancer Committee members are, from left, in front, Venusha Datt-Smith, MD; Thomas Summers, DO; second row, Buffy Key; Edie Knapp; Amy Ellis; Lisa Bagci; Jonas Sidrys, MD; VenuMadhav Kotla, MD; Radiation Oncologist; Brandi Dietz, RN; Wanda Richardson; Brandi Dietz, Linda Mosley; third row, Lauren Pippin; Khronda Crouch; Beth Slatter, Shona Davis-Smith, MS, OTR/L; Medical Physicist; King Turnbull, MS, DABR; Medical Physicist; Shona Davis-Smith; Kandy McGuire; Jennifer Jones-Bertram; and Melahn Finley.

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<td>CLEO011A2405/Summers</td>
<td>A Prospective Observational Cohort Study of Patients with Castration-Resistant Prostate Cancer (CRPC).</td>
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</table>

### 2016 CRMC Cancer Cases

#### 2016 Diagnosis Numbers by County

<table>
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<tr>
<th>County</th>
<th>Total Cases</th>
<th>Lung/Bronchus</th>
<th>Breast</th>
<th>Colorectal</th>
<th>Blood/Bone Marrow</th>
<th>Urinary Bladder</th>
<th>Prostate</th>
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</table>

#### 2016 Diagnosis Numbers by Site

<table>
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<tr>
<th>Site Category</th>
<th>Total Cases</th>
<th>Lung/Bronchus</th>
<th>Breast</th>
<th>Colorectal</th>
<th>Blood/Bone Marrow</th>
<th>Urinary Bladder</th>
<th>Prostate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bronchus/Lung</td>
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<td>Colorectal</td>
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<tr>
<td>Blood/Bone Marrow</td>
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<td>Urinary Bladder</td>
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</table>

### Guideline Study Results

Each calendar year, the CRMC Cancer Program completes an in-depth analysis to assess and verify that our patients are evaluated and treated according to evidence-based national treatment guidelines. In 2016, Dr. Grant Rohman performed an evaluation on stage 3 and 4 oropharynx cancers. It showed 91 percent of our stage 3 and 4 oropharynx cancers were evaluated and treated by the National Comprehensive Cancer Network (NCCN) guidelines. In 2017, Dr. Vennumallad Korda performed an evaluation on stage 4 invasive breast cancers. It showed 100 percent of our stage 4 breast cancer patients were evaluated and treated by the NCCN guidelines.
RESOURCES  
contact information

- Cookeville Regional Medical Center  
  (931) 528-2541 • crmchealth.org

- Cookeville Regional Cancer Center  
  1-866-258-5416 • (931) 783-2497

- Breast Health Nurse Navigator  
  (931) 783-2922

- Lung Health Nurse Navigator  
  (931) 783-4996

- Clinical Trials  
  (931) 783-2476

- Cancer Support Groups  
  Oncology Social Work Staff  
  (931) 783-2026

- American Cancer Society  
  National Office  
  (800) 227-2345 • cancer.org

- Quit 4 Life  
  Smoking Cessation Class  
  (931) 261-4305

- Susan G. Komen for the Cure  
  Upper Cumberland Chapter  
  (931) 303-0096 • komenuppercumberland.org

- American Cancer Society  
  National Office  
  (877) 465-6636 • komen.org

- National Cancer Institute  
  (800) 422-6237 • cancer.gov

- Cookeville Regional Tumor Registry  
  (931) 783-2292

SUPPORTIVE  services offered

AFTER DIAGNOSIS AND TREATMENT, sometimes a patient needs support from others who are knowledgeable of their needs and can answer questions and give guidance. CRMC offers a wide range of support groups and employs a full-time breast health nurse navigator, lung navigator, social workers and a registered dietitian dedicated to patients in The Cancer Center. For more information about Cookeville Regional’s support groups and their meeting times, call (931) 783-2026 or visit crmchealth.org/find-care/centers-excellence/cancer-center/support-groups.

Breast Health Nurse Navigator  
Lung Health Navigator  
Oncology Dietitian  
Oncology Social Workers  
Pastoral Services  
Reference Library  
Hospice  
Susan G. Komen for the Cure  
A nonprofit that provides education and support for patients diagnosed with breast cancer.

Women’s Wednesday Programs  
Offered by the Community Wellness Department that discuss cancer and a variety of topics relevant to the Upper Cumberland.

Prostate Cancer Support Group  
A support group that helps local prostate cancer patients and their caregivers.

Look Good...Feel Better  
A program sponsored by the American Cancer Society and other agencies that focuses on appearance-related changes due to cancer treatment.

Health Fairs  
Cancer screening and prevention programs offered at several health fairs each year.

Circle of Hope  
A support group for patients who are diagnosed with any type of cancer, and their families.

Reach to Recovery  
A program that helps patients cope with breast cancer by arranging visits between survivors and newly diagnosed patients.

Breast Cancer Support Group  
An emotional and educational support group for women with breast cancer.

Journey® to Breast Health  
A program to help women navigate the path to health and healing.

Quit 4 Life  
Free smoking-cessation classes that meet weekly and are highly successful at helping people quit smoking.

Workplace Wellness Smoking Cessation Classes  
Classes offered through the workplace to help employees who want to break the habit.

Let’s Quit  
Classes for adolescents that discuss the importance of not smoking and the dangers of secondhand smoke.

Multiple Myeloma Support Group  
A monthly support group for patients with multiple myeloma.

Grief Share Support Group  
A group for adults hurting from the death of a loved one.

GO PINK  
A program, offered by the Putnam County and White County YMCAs, that provides exercise, nutrition information and lymphedema education, as well as encouragement and support for breast cancer survivors.

myCRMHealth  
CRMC’s free online tool that allows you to have access to your personal health records – secure and convenient! Sign up by visiting myCRMHealth.org.