early screening catches LUNG CANCER

Low-dose CT screening detects JOSEPH PRYOR’S lung cancer right here at CRMC.
We provide chemotherapy, radiation and continuity of care, as well as a caring staff. She says she believes that what sets the Cancer Center apart from other cancer treatment programs is the care that we give our patients, our nurses, our doctors, our staff. “And here, you’re not just another patient or a number. We build rapport with our patients and build a bond so that we become like family to them.”

McGuire says she’s excited about what’s on the horizon for cancer care and what The Cancer Center at Cookeville Regional will be able to offer. “The newest drugs that are out — the immunotherapies and the biologics — are being approved all the time for different disease sites, and the treatments are usually better tolerated than some of the older treatments we’ve had, said McGuire.

"Cancer treatment is ever changing, and we are always looking at ways to better serve our patients. The future is bright," said McGuire.

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**New Service Helps Those Seeking Information About Their Health**

Cookeville Regional is proud to now offer genetic counseling to provide patients with the answers and the help they need for making important health care decisions.

While Cookeville Regional has long offered genetic testing, this is the first time the hospital has had a full-time, board-certified and licensed genetic counselor — Ashley Cohen, M.S., LGCC — on staff and available to meet with anyone who has a physician referral.

Cohen is happy to simply talk with patients who are concerned about a family history of a certain type of cancer or other disease to help them determine if genetic counseling might be a good option.

“When I meet with my patients, I assess their family history to see if they could be at risk to have a genetic disease,” said Cohen. “If I think that genetic testing might be beneficial for them, we talk through the genetic testing process, what the results might mean for them, and what they might mean for family members.”

However, even when a patient’s family history does show the possibility of a broken gene, genetic testing is never required and is only done if the patient decides that they wish to know what a test might reveal.

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**Who Should Consider Having a Genetic Risk Assessment?**

People are advised to meet with a genetic counselor to perform a risk assessment if they have any of the following risk factors:

- Personal or family history of cancer diagnosed at young ages (<50 years old)
- Same type of cancer in multiple relatives on the same side of the family
- Strong family history of multiple types of cancers
- Personal history of >10 colon polyps
- Personal or family history of rare cancers (i.e. ovarian, stomach, pancreatic, kidney cancers, etc.)
- Personal or family history of a genetic mutation already detected by prior genetic testing

For patients who do decide to proceed with testing, Cohen helps them interpret the results and decide what should come next.

“If the first thing we do is talk about what the results mean for the patients themselves,” said Cohen. “How does it impact their medical management? Do they need additional cancer treatment or treatments targeted to specific genes? What type of surgery might be most recommended for them, what preventative screenings would they need, and should they start getting those early?”

After the patient’s needs are addressed, Cohen shares what the results might mean for current and future family members.

“If a patient has a broken gene, there is a 50-percent chance that their children could have it,” said Cohen. “If a patient has a broken gene, we know that it either came from their mother or father. Once we know which side of the family the broken gene was inherited from, we can then test the patient’s maternal or paternal relatives.”

Cohen also helps patients navigate insurance and other ways to make genetic testing affordable.

“Most of the time, testing is a very affordable option because insurance companies do a very good job of covering it,” said Cohen. “There are also different programs that the testing laboratories have that can reduce the cost for patients.”

While Cohen mostly sees patients who have a history of cancer or a strong family history of cancer, she can also discuss and provide testing for patients with a wide range of other issues, including cardiac patients, prenatal patients, patients with eye conditions such as retinitis pigmentosa, patients who were adopted and therefore don’t know their family history, and many more.

If you are interested in genetic testing, speak with your physician about a referral. If you have any questions or would like to speak with a genetic counselor, please contact Ashley Cohen, M.S., LGCC, at (931) 783-2476 or amcohen@crmchealth.org.

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**COUNSELING**

Ashley Cohen discusses genetic test results with a patient.

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**Supportive Services**

Cookeville Regional Medical Center provides language assistance services free of charge. CRMC provides language assistance services and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cookeville Regional Medical Center does not exclude people or treat them differently because they have or are at risk for an communicable disease of race, color, national origin, age, disability, or sex.

CRMC provides language assistance services to persons with limited English proficiency. If you need assistance, please call (1-931-783-2750) ext. 1-931-528-5241 

Spanish: Atención: Si usted habla español, puede obtener los servicios de soporte de idiomas de forma gratuita llamando al 1-931-783-2750 ext. 1-931-528-5241.

Arabic: (254) 528-931-1 ext. 271 (المتصلين الذين يتحدثون اللغة العربية يمكنهم الاتصال بقسم الدعم الإلهامي من خلال الرقم 1-931-528-5241)

**DO YOU QUALIFY FOR LUNG SCREENING?**

**WHAT TO EXPECT AT GENETIC TESTING?**

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**NEW SERVICE HELPS THOSE SEEKING INFORMATION ABOUT THEIR HEALTH**

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**REACH US**

CRMC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cookeville Regional Medical Center does not exclude people or treat them differently because they have or are at risk for an communicable disease of race, color, national origin, age, disability, or sex.

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**WHO SHOULD CONSIDER HAVING A GENETIC RISK ASSESSMENT?**

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**ASSESSMENT?**

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**A GENETIC RISK ASSESSMENT?**

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**ASSISTANCE?**

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**COUNSELING**

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JOSEPH PRYOR OF COOKEVILLE, a former smoker for 42 years, was used to getting a chest X-ray to check for lung cancer during his annual visits to his primary care doctor.

"Then I saw an advertisement about how low-dose CT (LDCT) lung screenings are a lot more accurate than chest X-rays for seeing any kind of early abnormalities," said Pryor. "So, when I had my regular visit this year, I asked if my doctor would order me a CT scan."

Pryor had his LDCT scan at Cookeville Regional in early fall, and it found a suspicious nodule in his lung. Beth Slatten, R.N., BSN, Cookeville Regional’s lung health nurse navigator, contacted him and immediately began helping.

"That same day, I called my doctor’s office and spoke with the nurse regarding these findings," said Slatten. "With a 2.1cm nodule, we needed to move quickly."

She worked to expedite the transmission of the results to Pryor’s doctor’s office and encouraged his doctor to order a PET scan prior to seeing a pulmonologist. That scan confirmed that the nodule was likely cancerous and that a nearby lymph node on his trachea was enlarged, indicating the need for a bronchoscopy with a biopsy.

"Beth was able to move up the appointment date for my bronchoscopy significantly, and she followed up and made sure everything was speeded up as much as possible," said Pryor.

The biopsies showed that both the lung mass and the nearby lymph node were cancerous. And again, Slatten was there to help and to walk Pryor through each step.

"She gave me a booklet of information and told me that things were going to get hectic and fast-moving because Dr. Rupanagudi, the pulmonologist who did my bronchoscopy and biopsies, suggested cancer treatment," said Pryor.

Slatten was able to get Pryor scheduled to see oncologist Dr. Robin Jacob just two days after his diagnosis to discuss his options for care.

"When Dr. Jacob assured me that I would receive the same treatment here as anywhere in the U.S. and that the National Comprehensive Cancer Network (NCCN) guidelines are followed here, just like they are everywhere, I thought, what's the use in going out of town?" said Pryor. "You've got board-certified, fully trained specialists here. I like road trips, but I wouldn't want to drive to Nashville every morning to get radiation treatment. So I said, ‘Let’s get started.’"

Because the low-dose CT scan found his cancer at an earlier stage than it might have been found with an X-ray, and because his nurse navigator worked behind the scenes to expedite his care, Pryor’s physicians were able to begin treating his cancer quickly in hopes of curing it.

"You couldn’t ask for any better treatment," said Pryor. "Everybody at the Cancer Center cares. They ask questions, and they ask you if you have any questions. They genuinely care about the patients here. I would recommend that anybody go see them first."

And now, he strongly encourages other former smokers to get the low-dose CT scan if they qualify. "The low-dose CT scan found the cancer where the X-ray I don’t think would have seen it," said Pryor. "I would just tell others, especially if you’ve been a smoker, don’t give up until your doctor consents to getting a low-dose CT scan instead of a chest X-ray."
HPV VACCINE ELIMINATES RISK FOR CERVICAL AND MANY OTHER CANCERS

Most people with HPV never develop symptoms or health problems, and nine out of 10 HPV infections go away by themselves within two years.

“If people have persistent infections, it may still not show up with any symptoms or hallmarks of the disease, but they still may have the disease,” said Dr. Meier. “And the longer you have that infection, the more likely it is to cause problems in the form of a cancer.”

HPV infection can cause cancers of the cervix, vagina and vulva in women; cancers of the penis in men; and cancers of the anus and back of the throat, including the base of the tongue and tonsils (oropharynx), in both women and men.

“Head and neck cancer is one of the cancers that we don’t normally think about when we think about HPV-related cancers, but it’s actually one of the most common,” said Dr. Meier. “There are almost as many males as females with head and neck cancer, and it’s caused by the same virus that causes cervical cancer.”

Every year in the United States, HPV causes 33,700 cancers in men and women. HPV vaccination can prevent most of the cancers (about 31,200) from ever developing.

“About 65 percent of cervical cancers are caused by HPV, and about 70 percent of oropharyngeal (head and neck) cancers are,” said Dr. Meier. “That means it’s essentially the cause of oropharyngeal cancer. So, conceivably, with oropharyngeal cancer, where you have upwards of 18,000 new cases a year, if you cut that by 90 percent, that’s a significant improvement in survival for the whole population.”

It’s important to act quickly, as the vaccine is not as effective, or is possibly not effective at all, after age 26 for women and 21 for men.

“The currently available, FDA-approved vaccines need to be given before people are exposed to HPV to be effective,” said Dr. Meier. “So right now, we recommend that boys and girls between ages 11 and 12 get vaccinated.”

For children ages 11-12, two shots are given six to 12 months apart. If your child is older than 14 years, three shots will need to be given over six months.

“Remember, HPV infection has no treatment, but a vaccine can prevent it,” said Dr. Meier. “Treatment with these vaccines can prevent a very morbid and very aggressive form of cancer, and you would probably rather that your children not have that kind of cancer in the future.”

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 test is $59.

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). 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).

The Cancer Program at Cookeville Regional Medical Center • 2018

Scheduling a Screening

TO BE SCHEDULED FOR THE SCREENING, you will need to meet certain criteria (shown at left) 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/lung-cancer-screening. Your physician or other primary care provider will be required to fill out and sign the provider order, also found at crmchealth.org/lung-cancer-screening. 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 a preauthorization, it may be several days before your scan is scheduled, but CRMC 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!
CANCER PREVENTION – SIX TIPS TO REDUCE YOUR RISK

ACCORDING TO RESEARCH RECENTLY RELEASED BY THE AMERICAN CANCER SOCIETY, nearly half of all cancer cases and deaths in the U.S. are preventable with lifestyle changes and early detection.

Dr. Venusmadhav Kotla, an oncologist at The Cancer Center at Cookeville Regional, shares six things you can do to help prevent cancer or at least catch it early.

1. Stop Smoking
   The first and greatest risk of preventable cancer is smoking.
   "Smoking-related cancers account for almost 30 percent of all cancer deaths, so that’s easily the biggest opportunity from a cancer prevention standpoint," said Kotla.
   If you need help quitting, Cookeville Regional offers a free Quit 4 Life smoking cessation class that meets each week. For more information, call (931) 261-4309.

2. Prevent UV Exposure
   More than 90 percent of all skin cancers are caused by exposure to ultraviolet rays. That means you can easily prevent this type of cancer by avoiding tanning beds, reducing your time in the sun and reducing exposure to the sun by covering up with long sleeves and hats and wearing sunscreen.
   "Get a sunscreen of at least 15 SPF that blocks both UVA and UVB rays and has been endorsed by the American Academy of Dermatology (AAD)," said Dr. Kotla. "Apply sunscreen 15 to 30 minutes before you go into the sun, and don’t rub it in too much, or it will lose effectiveness. Be sure to apply to overlooked parts of the body, like the ears, backs of the hands and neck."

3. Get the HPV Vaccine
   In recent years, researchers have discovered that the human papillomavirus (HPV) is responsible for virtually all cases of cervical cancer as well as 95 percent of anal cancers and about 70 percent of oropharyngeal (head and neck) cancers.
   "We now have a very good preventative vaccine called Gardasil," said Dr. Kotla. "Since you start early with that, there is clearly potential benefit for a decreased incidence of these types of cancers, and I think that’s a huge opportunity."

4. Get Regular Screenings
   The vaccination is only effective before a certain age, depending on gender, so it’s important to get yourself — or your children — treated early. (For more information about HPV vaccination, see the article on page 6).

5. Watch Your Diet
   "High fat intake, red meat, excess processed food intake and alcohol use — these are all considered risk factors for cancer, as obesity," said Dr. Kotla.
   That’s why it’s very important to eat a high-quality diet that consists mainly of fruits, vegetables, beans and whole grains. Not only are these whole foods free of the risk factors mentioned above, but they’ll also up your fiber intake and help you lose weight, eliminating obesity from your personal risk for developing cancer.

6. Get Tested for Hepatitis C
   Researchers have found that hepatitis C is one of the leading causes of liver cancer. Surprisingly, hepatitis C doesn’t have any symptoms, so millions of people can have this chronic infection and never know it until the liver shows signs of damage.
   Furthermore, baby boomers — those born between 1945 and 1965 — are at the highest risk for chronic Hep C infection.
   "There are recommendations now that we can test baby boomers for hepatitis C antibodies or hepatitis C RNA levels," said Dr. Kotla. "If you detect it early and get on a treatment plan, you are preventing the later risk of liver cancer that sometimes turns out to be significant."

WELLNESS PROGRAM CATCHES CANCER THROUGH SCREENINGS, EDUCATION

COOKEVILLE REGIONAL’S WORKPLACE WELLNESS PROGRAM, led by Community Wellness Manager Woods Richardson, provides a variety of health-related services for business and industry throughout the Upper Cumberland.

One of the program’s primary offerings is workplace health fairs, where a variety of cost-effective screenings are offered to employees of around 15 companies and organizations each year. While the screenings test for everything from cholesterol to blood type to A1C and B12 levels, some of the tests performed or scheduled during these events have been successful in detecting cancer.

One screening, a blood test for prostate-specific antigen (PSA) in men, can indicate possible cancer if levels are high. Richardson tracks participants’ PSA levels from year to year so participants can have an idea of how they are progressing over time.

"We have more than 30 men we’re following," said Richardson. "When I send their health fair results to them, I include the PSA history and can also send their doctor a copy."

While the health fairs do not provide low-dose lung CT screenings or mammograms on site, participants can see if they qualify and can make appointments to get them done at Cookeville Regional.

"From January through June this year, we had 200 low-dose lung CT screenings," said Richardson. "Twenty-two were suspicious and sent for PET scans or biopsies, and of those, two tested positive for cancer."

Women who are uninsured are connected with the Save a Life program, which helps them get free mammograms through the Go Pink Fund.

"For the free mammograms, we screened 122 participants in the first half of this year," said Richardson. "We did not have any positive findings, but we have performed biopsies on some to make sure."

Besides these cancer-specific screenings, some of the other tests offered can sometimes catch cancer, as well.

"We may see a spot that’s questionable on an abdominal aorta screening and make a note of it, and then we get them to look further," said Richardson. "And if we find things that are going away with their thyroid levels, we can look further and maybe schedule an ultrasound. We occasionally detect thyroid cancer this way."

Besides screenings, another major component of the health fairs is education.

"We have no idea what to do," said Richardson. "Everyone who gets bloodwork done gets a packet where we outline the signs and symptoms of different types of cancer and give them information about smoking cessation and our lung cancer screenings and the qualifying criteria."

Richardson also leads workplace lunch-and-learn talks where physicians speak on various health topics including cancer detection and prevention, and she leads in-house workplace smoking cessation classes for companies that are interested.

"Early detection — it’s the key to everything," said Richardson.

To coordinate a wellness event for your organization or for more information concerning CRMC’s Workplace Wellness services, contact Richardson at (931) 783-2743 or wrichardson@crmchealth.org.
“I was scared to go because I didn’t want to find something bad.”

Regina Groce
Cancer Survivor

The report showed that Groce had HER2-positive, stage 2a breast cancer. An MRI showed that the cancer had spread to four lymph nodes near the original tumor, so Groce was scheduled for eight chemotherapy treatments and 28 radiation treatments.

Genetic testing showed that Groce carries the BRCA gene, which predisposes a patient to breast and ovarian cancer, so she had a double mastectomy and hysterectomy. Groce says that if Cookeville Regional had not offered genetic testing, she probably would not have learned about her risk for other types of cancer.

“She was always there if I had questions, and if I was scared, I would text her,” said Groce. “You don’t know what’s going to happen, but she’s helped me so much with all of this. Everyone needs an Amy.”

“It’s okay to be scared, but not to be scared because you don’t know what’s coming,” said Ellis. “That’s the whole goal of the cancer navigator program — to help reduce that anxiety.”

Now, more than a year later, Groce is back to living her life.

“We caught it early. We caught it in a curable stage. But if I hadn’t waited, we could have caught it earlier,” said Groce. “I would definitely preach doing breast self-exams now. And go to your doctor if you find something, because it’s a lot scarier to wait, and they have all these options now to save your life.”

Regina Groce, in front, with two members of her team at the CRMC Cancer Center, breast health nurse navigator Amy Ellis, RN, BSN, CBCN.

“Notice anything unusual?”

BREAST CANCER SURVIVOR SAYS DON’T WAIT TO GET IT CHECKED OUT

REGINA GROCE OF BAXTER, a BRCA-positive breast cancer survivor, has a message for women everywhere: If you notice anything unusual, don’t wait to get it checked out.

“I found a lump in my breast, and I waited four to five months to go to the doctor because I thought, ‘It’s caffeine related, it’s nothing big.’ But in the back of my mind, it was, ‘What if it’s bad?’ I was scared to go because I didn’t want to find something bad, but when I picked up boxes at work, I could feel it pressing through.”

When she finally saw her doctor, an ultrasound showed what appeared to be a non-cancerous tumor. Her doctor told her to come back in a month if the lump stayed the same size or grew. A month later, the tumor had increased to the size of a golf ball, so her doctor referred her to general surgeon Dr. Scott Copeland to remove it.

“Five days later, Amy Ellis, R.N., BSN, CBCN (Cookeville Regional’s breast health nurse navigator) called me, and she said, ‘Do you have a minute?’ I was driving, so I pulled over. She said the pathology report was not what they expected. I don’t remember much after that. I know my life report was not what they expected. I don’t want to find something bad.”

“I was scared to go because I didn’t want to find something bad.”

Regina Groce in the Cancer Center healing garden

Regina Groce, left, talks about her breast cancer diagnosis with CRMC Breast Health Nurse Navigator Amy Ellis, RN, BSN, CBCN.

“Knowing your genetic risk changes your surgical decisions and surveillance plan,” said Ellis. “So, someone who’s BRCA positive who chose to keep their breasts would have a mammogram alternating with an MRI every six months, as opposed to yearly. The rationale behind that is that there’s an increased chance over the general population that you’re going to get a cancer, and we just want to find it as early as we can.”

Groce said that having a nurse navigator to help her through the whole experience was priceless.

“When we caught it early. When we caught it in a curable stage. But if I hadn’t waited, we could have caught it earlier,” said Groce. “I would definitely preach doing breast self-exams now. And go to your doctor if you find something, because it’s a lot scarier to wait, and they have all these options now to save your life.”

Regina Groce, in front, with two members of her team at the CRMC Cancer Center, breast health nurse navigator Amy Ellis, left, and radiation therapist Thomas Clark.

“I was scared to go because I didn’t want to find something bad.”

Regina Groce
Cancer Survivor

The Cancer Program at Cookeville Regional Medical Center 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).

CoC Benchmark 2017 2017 2017 2017

95% 90% 4/5 * 1 not recommended due to other comorbidities

TAMOXIFEN OR THIRD-GENERATION AROMATASE INHIBITOR is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-II illness receptor positive breast cancer (HT).

CoC Benchmark 2017 2017 2017 2017

90% 85% 50/56 * 4 of the patients refused HT. 2 HT delayed for reasons beyond our control

image OR PUNCTURE-GUIDED NEEDLE BIOPSY to the primary site is performed to establish diagnosis of breast cancer (nBx).

CoC Benchmark 2017 2017 2017 2017

90% 94% 78/83 above the EPR

BRCA1 is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer (BCRT).

CoC Benchmark 2017 2017 2017 2017

90% 95% 36/38 above the EPR

Lung

SYSTEMIC CHEMOTHERAPY is administered within 6 months of the diagnosis of resected colon cancer, or is recommended for surgically resected cases with pathological lymph node-positive (pN+) and (pN2) NSCLC (LCT).

CoC Benchmark 2017 2017 2017 2017

85% 100% 2/2 above the EPR

SURGERY is not the first course of treatment for pN2,M0 lung cases (LNoSurg).

CoC Benchmark 2017 2017 2017 2017

95% 100% 15/15 above the EPR

Colon

AT LEAST 12 REGIONAL LYMPH NODES are removed and pathologically examined for removal colon cancer (CoC).

CoC Benchmark 2017 2017 2017 2017

85% 94% 20/31 above the EPR
THE CANCER CENTER AT COOKEVILLE REGIONAL IS PROUD TO HAVE WELCOMED TWO NEW ONCOLOGISTS — Dr. Robin Jacob and Dr. Jason Meier — to its staff in 2018.

**DR. ROBIN JACOB**, a specialist in hematology and oncology, joined the cancer program in February. He earned his M.D. at T.D. Medical College in Alappuzha, India, and completed his residency at Nassau University Medical Center in East Meadow, New York. He did his hematology/oncology fellowship at Howard University Hospital in Washington, D.C., and then worked at Nashville General Hospital for nearly four years before joining the cancer care team at Cookeville Regional.

**“We are helping the patients through the most difficult times in their lives emotionally, physically and financially,” said Dr. Jacob. “We have social workers that help the patients, dieticians to take care of their dietary needs, and people in this department who help the patient with the treatment and to obtain financial assistance from the drug companies or other resources to get them their medicines. It’s a well-oiled machine here, and so far, I have had a great experience with the whole cancer team.”**

**DR. JASON MEIER**, a specialist in hematology and oncology, joined the cancer program in August. Dr. Meier completed his medical training and earned his Ph.D. in molecular biology at the University of Louisville School of Medicine in Louisville, Kentucky.

He did his residency in internal medicine at Indiana University in Indianapolis, and completed his fellowship in hematology and oncology at Vanderbilt University in Nashville.

Dr. Meier is board certified in internal medicine and is especially interested in the treatment of chronic lymphocytic leukemia, and he holds patents on some drugs that he hopes will one day be useful in the treatment of cancer.

He says he joined Cookeville Regional because he was impressed that the Cancer Center offers such a large range of services in a pleasant, small-town setting.

**“We have all of the accoutrements here at Cookeville Regional Medical Center,”** said Jason Meier, M.D., Oncologist

"My wife and I like the small-town feel of Cookeville," said Dr. Jacob. "We both grew up in a small town in India. We have three kids, and we thought this would be an excellent place for our kids and for us."

He says he especially appreciates the teamwork approach among the providers and staff at The Cancer Center, as well as the fact that the program is centered on the whole patient.

"We are helping the patients through the most difficult times in their lives emotionally, physically and financially," said Dr. Jacob. "We have social workers that help the patients, dieticians to take care of their dietary needs, and people in this department who help the patient with the treatment and to obtain financial assistance from the drug companies or other resources to get them their medicines. It’s a well-oiled machine here, and so far, I have had a great experience with the whole cancer team."
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### 2017 CRMC CANCER CASES

#### PRIMARY SITE

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#### 2017 DIAGNOSIS NUMBERS BY COUNTY

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#### 2017 DIAGNOSIS NUMBERS BY SITE

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<th>20-29</th>
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#### 2016 GUIDELINE STUDY REVIEW BY DR. THOMAS SUMMERS

Each calendar year, The Cancer Program at Cookeville Regional Medical Center completes an in-depth analysis and verify that our patients are evaluated and treated according to evidence-based national treatment guidelines.

In 2016, Dr. Thomas Summers reviewed all stage 1 and 3 rectal cancers treated at CRMC.

We assessed whether our patients' cases were reviewed in a multidisciplinary manner, clinically and pathologically staged and treated in accordance with the national standards as defined by the American College of Surgeons National Accreditation Program on Rectal Cancers.

All cases reviewed were diagnosed, treated and staged according to the national guidelines. Patients treated at CRMC met or exceeded national performance measures' standards.

### 2017 COMMUNITY OUTREACH

#### COOKEVILLE REGIONAL MEDICAL CENTER hosts a number of outreach programs each year for the community with a focus on prevention, screening and education. Based on 2016 Cancer Cases at CRMC, emphasis was placed on the following categories:

- **Respiratory System**
  - **Smoking Cessation Classes**
    - Offered free to corporate wellness partners in 2014; implemented lung health nurse navigator program in 2015; lung health nurse navigators coordinated 245 screenings performed; 10 positive findings; and 40 receiving recommended six-month follow-ups.

- **Breast Cancer**
  - **Pink Ribbons of Hope Mammogram Project**
    - Offers free mammograms to those who are uninsured or underinsured. Annually 310 participants, 39 callbacks, even with follow-ups, three biopsies, one positive finding.

- **Mama for Moms Event**
  - Held in honor of Mother's Day to promote the importance of mammograms. Annually 14 participants, with one DEXA screening only and one scheduled for biopsy.

- **Prostate Cancer**
  - **Prostate-Specific Antigen (PSA) Testing**
    - Offered free PSA screening to the community and Corporate Wellness partners. There were 50 participants, PSA screenings done, 32 callbacks, with all recommended for follow-up with an M.D. or urologist. Eight were new findings.

#### 2017 CRMC CANCER CASES

<table>
<thead>
<tr>
<th>Disease</th>
<th>Trial Category</th>
<th>Protocol</th>
<th>Schema</th>
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<tbody>
<tr>
<td>Breast</td>
<td>After Adjuvant Treatment</td>
<td>Treatment</td>
<td>Alliance ATU0255/tauqip</td>
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<tr>
<td>Lung</td>
<td>Metastatic Disease</td>
<td>Treatment</td>
<td>BP-15031-H4/tauqip</td>
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<tr>
<td>Multiple Myeloma</td>
<td>New Diagnosis</td>
<td>Treatment</td>
<td>ELOX/tauqip</td>
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<tr>
<td>C.I.L.</td>
<td>Any Time in the Disease Process</td>
<td>Observational</td>
<td>PCX-1045-CA/tauqip</td>
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#### 2017 CURRENT CLINICAL TRIALS AT CRMC

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<tr>
<th>Disease</th>
<th>Trial Category</th>
<th>Protocol</th>
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<td>Treatment</td>
<td>ELOX/tauqip</td>
</tr>
</tbody>
</table>

#### 2017 ONLINE REGISTRY FOR ALL CANCER PATIENTS

- **Online registry for all cancer patients.**
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
- Cancer Support Groups
  Oncology Social Work Staff
  (931) 783-2026
- Susan G. Komen for the Cure
  Susan G. Komen Treatment Assistance Program
  1-877-465-6636 or helpline@komen.org
  National Office
  Susan G. Komen Central Tennessee
  Upper Cumberland Office
  Karla Clarke
  (931) 303-0096 or kclark@komencentraltennessee.org
- National Cancer Institute
  (800) 422-6237 • cancer.gov
- Cookeville Regional Tumor Registry
  (931) 783-2292
- Clinical Trials
  (931) 783-2476
- American Cancer Society
  National Office
  (800) 227-2345 • cancer.org
- Quit 4 Life
  Smoking Cessation Class
  (931) 261-4305
- Susan G. Komen Treatment Assistance Program
  An assistance program that helps breast cancer patients with what they need most. From oral medications to elder/child care to transportation, supplies and more.
- Women’s Wednesday Programs
  offered by the Community Wellness Department that discuss cancer and a variety of topics relevant to the Upper Cumberland.

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.

Breast Health Nurse Navigator
Lung Health Navigator
Oncology Dietitian
Oncology Social Workers
Pastoral Services
Reference Library
Hospice
Susan G. Komen Treatment Assistance Program
An assistance program that helps breast cancer patients with what they need most. From oral medications to elder/child care to transportation, supplies and more.

Topics relevant to the Upper Cumberland.

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.