2019
Cancer Program
Reporting of Outcomes
*statistical data for 2018
Leading Cancer Care
The Rees Skillern Cancer Institute at CHI Memorial is the leading provider of adult cancer services in the Chattanooga area. Our comprehensive program includes eight centers of excellence, each dedicated to a specific type of cancer and supported by interdisciplinary tumor boards, clinical trials and advanced technologies.

We’ve proudly served the Chattanooga, north Georgia and surrounding communities since 1952. The cancer program has consistently maintained accreditation with commendations from the American College of Surgeons, Commission on Cancer: program designation, “Comprehensive Community Cancer Program.”

Mission
As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

ON THE COVER
Krish Bhadra, M.D., interventional pulmonologist, Rob Headrick, M.D., lung cancer surgeon and Davey Daniel, M.D., medical oncologist
Breast surgical oncologists Takeyla Williams, M.D., Betsy Washburn, M.D., and Nicole Walker, M.D.
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*statistical data for 2018*
Rees Skillern Cancer Institute Centers of Excellence

Breast Center of Excellence – The MaryEllen Locher Breast Center
Colorectal Center of Excellence
Head & Neck Center of Excellence
Network of Hope Melanoma Center of Excellence – Elizabeth R. Smith Melanoma Program
Urologic Cancer Center of Excellence
Radiation Center of Excellence – H. Clay Evans Radiation Oncology
Pancreatic & Hepatobiliary Center of Excellence
Thoracic Center of Excellence
  Chest and Lung Cancer Center
  Buz Standefer Lung Center

Additional Services
The Joe and Virginia Schmissrauter Center for Cancer Support
High Risk Cancer and Genetics Center
Survivorship Care
Clinical Trials and Research
Palliative Care
Hospice Care
Tumor Registry
Mobile Coaches for Breast, Cervical and Lung Cancer Screening

Complete Service Listing

CHI Memorial offers a comprehensive range of services to meet all of your cancer care needs and concerns.

Colorectal Center of Excellence
3T MRI technology
capsule endoscopy
endorectal ultrasound
enhanced recovery after surgery (ERAS) protocols
endoscopic retrograde cholangiopancreatography (ERCP)
optical and virtual colonoscopies
robotic-assisted surgery

Gynecological Oncology Services
cervical screening outreach program
robotic-assisted surgery

Head and Neck Center of Excellence
robotic-assisted surgery
oral cancer screening outreach program
MaryEllen Locher Breast Center
- bone density tests
- breast MRI
- cancer risk counseling
- community outreach
- concurrent reconstructive and plastic surgery
- 2D & 3D tomosynthesis screening and diagnostic mammography
- mobile mammography services in north Georgia, north Alabama, and 25 counties in Tennessee
- stereotactic and ultrasound guided breast biopsies
- whole-breast ultrasound diagnostics

Network of Hope Melanoma Center of Excellence
- community outreach
- skin cancer screening

Radiation Center of Excellence
- image-guided radiation therapy (IGRT)
- intensity-modulated radiation therapy (IMRT)
- MammoSite treatments
- Novalis Tx
- TrueBeam STx

Urological Center of Excellence
- partial nephrectomy
- robotic-assisted prostatectomy
- targeted MRI/ultrasound biopsy
- uro navigation

Thoracic Center of Excellence
- cone beam CT
- endo-bronchial ultrasound
- fluoronavigational bronchoscopy
- lung biopsies
- lung cancer screening program
- lung nodule clinic
- mobile lung cancer screening program in 11 counties in Tennessee and eight in Georgia
- PET scans
- pulmonary rehab
- respiratory testing
- robotic-assisted surgery

Holistic Support Services
- chaplain services
- genetic testing and counseling
- oncology dietitians
- oncology licensed clinical social workers
- patient and family advisory counseling
- RN navigation
- second opinion services
- support groups and retreats
- survivorship education and support from RNs, dietitians, licensed clinical social workers and chaplains and coordination with community resources for survivorship including financial counseling through the Chattanooga Tumor Clinic
- spiritual counseling

*statistical data for 2018
Targeted Therapies, Advanced Cancer Care

The Rees Skillern Cancer Institute at CHI Memorial provides the highest standard of care for diagnosing, treating and supporting individuals through cancer treatment and beyond. It’s through a combination of our integrated cancer services and the team of trained experts at the top of their fields that mean we can offer state-of-the-art care and the latest targeted therapies.

Precision medicine is not new to the Rees Skillern Cancer Institute. Our partners have been practicing precision medicine for years. Today the field of genetic testing and targeted therapies continues to expand, meaning more customized solutions are available than ever before. This information also provides physicians with the information they need to make the right decision for each person’s care.

We’re using an individual’s genetic information to specifically tailor cancer therapy – designing a truly personalized treatment plan. In medical oncology, this means access to specialized treatments for specific cancer diagnoses that are effective without the traditional side effects. With the addition of TrueBeam and other advances in radiation, we’re able to zero in on a tumor without damaging the surrounding tissues. These advances matter because they continue to help our patients survive cancer and go on to live a longer and healthier life.

In 2019, Rees Skillern Cancer Institute extended our outreach programs, bringing mobile mammography and additional sites for the MaryEllen Locher Breast Center into the community. We’ve added advanced imaging technologies and worked more closely with the Chattanooga Tumor Clinic to provide greater indigent care. Our lung program reaches more people than ever before as we increase our footprint toward Knoxville, Nashville and into north Georgia and north Alabama. It’s exciting to offer the kind of professional, high-quality care that’s typically not available in smaller communities.

There is much to look forward to in 2020, including expanding the presence of the MaryEllen Locher Breast Center into north Georgia at CHI Memorial Parkway. It’s another way we’re strategically delivering state-of-the-art oncology services, minimizing the need to travel to receive high-quality care.

Rees Skillern Cancer Institute offers academic level care in a community setting. Every one of our surgeons, radiologists, medical oncologists, pathologists and other professionals bring vast knowledge and experience that’s coupled with a passion for beating cancer. It’s this dedication that helps us meet our goal of providing compassionate, coordinated and comprehensive cancer care.

Deb Moore, vice president, oncology services
Precision medicine refers to a new generation of targeted chemotherapy agents that are tailored to attack specific ‘targets’ inside tumor cells. Designed to help your own immune system beat cancer, these immunotherapies work to destroy rapidly dividing tumor cells while sparing normal tissue. A similar thought process is happening in radiation, where technologies like stereotactic body radiation therapy (SBRT) concentrate treatment dosages to the tumor itself, leading to healthier surrounding tissue, shorter treatment times, and fewer side effects.

“Our medical oncologists are fine tuning the approach to chemotherapy with exciting results for some individuals, making it more tolerable – and more effective – for those who have specific genetic markers. These aren’t miracle drugs, but for select patients, we’ve seen incredible responses,” says Sanford Sharp, M.D., chief of pathology and medical director with Rees Skillern Cancer Institute. “There are a lot of preconceptions about cancer treatment and its side effects based on an earlier era. As we continue to dig deeper into molecular testing for specific cancers, we anticipate there will be more opportunities for individuals to receive a highly-specific immunotherapy regimen.”

**Improvements with Precision Medicine**

Additional external testing requires careful tissue management by our pathologists. We performed a quality study comparing all tissue samples sent out for testing from 2018 – 2019, reviewing policies, ordering practices, communication and tissue management strategies.

Our analysis helped identify a number of strategies for better managing small but precious tumor biopsies. These include dividing biopsies into two tissue blocks, conserving tissue during slide preparation, and specifying the best block for send out in the report. Trial use of a “smart sheet” sent to pathology along with the order is helping track the samples and a shared real-time spreadsheet of all send-outs has been developed. Continued communication with medical oncology is a priority. The study has helped maximize the yield of small tumor biopsies and avoid the need for repeat biopsy.

*Standard 4.7

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**Studies of Quality – Molecular Tissue Samples in Pathology**

The Rees Skillern Cancer Institute’s cancer committee develops studies each year that measure the quality of care and outcomes for those diagnosed with cancer. These studies provide data results as the first step in the quality improvement process, followed by the implementation of a correction or performance improvement.

Requests for molecular testing have rapidly grown along with the number of highly specific immunotherapy treatment options available.
Highly Skilled, Highly Trained

Rees Skillern Cancer Institute Medical Directors

CHI Memorial Rees Skillern Cancer Institute medical directors play a critical role in developing, shaping and implementing the clinical practice guidelines that drive quality improvements and help us continually elevate our level of care. As highly trained subject matter experts and leaders in their field of expertise, they play a vital role in clinical leadership – ensuring advanced treatments are available – while also advocating for each person at the highest level.

As engaged, passionate and dedicated professionals, our leadership team works together to develop, implement and adhere to the highest levels of care set forth in national clinical practice guidelines. We define ourselves by the ability to provide exceptional physician expertise, advanced cancer treatments and the support that begins in diagnosis and extends into survivorship.

Ted Arrowsmith, M.D.
Medical Oncology
Medical School, Residency, Medical Oncology Fellowship — Vanderbilt University, Nashville, TN

J. Rob Headrick, M.D.
Thoracic Cancer
Medical School — University of Tennessee, Memphis, TN
Residency — University of Tennessee, Chattanooga, TN
Fellowship, Thoracic Surgery — Mayo Graduate School of Medicine, Rochester, MN

Peter Hunt, M.D.
Head, Neck & Melanoma
Medical School — Vanderbilt University, Nashville, TN
Residency — Baylor College of Medicine, Houston, TX
Fellowship, Head & Neck Oncology & Microvascular Reconstruction Surgery — Vanderbilt Medical Center, Nashville, TN

Benjamin Nadeau, M.D., medical oncologist
Davey Daniel, M.D., medical oncologist
R. Hunter Jennings, M.D.
**Pancreatic & Hepatobiliary Cancer**
Medical School, Residency & Fellowship, Liver Transplantation & Surgical Critical Care — Emory University School of Medicine, Atlanta, GA

Jeffrey Mullins, M.D.
**Urologic Cancer**
Medical School — West Virginia University School of Medicine, Morgantown, WV
Residency — Johns Hopkins Hospital, Baltimore, MD
Research Fellowship, Urology & Fellowship, Endourology — Johns Hopkins Hospital, Baltimore, MD

Eric Nelson, M.D.
**Colorectal Cancer**
Medical School — Loma Linda University, Loma Linda, CA
Residency — University of California, Davis, CA
Fellowship, Colorectal Surgery — UT College of Medicine, Chattanooga, TN

Taylor Rowlett, M.D.
**Radiology**
Medical School — University of Louisville School of Medicine, Louisville, KY
Residency — Medical University of South Carolina, Charleston, SC
Fellowship — Nuclear Medicine and Breast Imaging, Medical University of South Carolina, Charleston, SC

Sanford Sharp, M.D.
**High Risk Genetics**
Medical School — Vanderbilt University, Nashville, TN
Residency, Internal Medicine — University of Michigan Hospitals and Health Centers, Ann Arbor, MI
Residency, Anatomic & Clinical Pathology — University of Missouri, Columbia, MO & Vanderbilt University, Nashville, TN

Lanett Varnell, M.D.
**Breast Imaging**
Medical School — University of South Alabama College of Medicine, Mobile, AL
Residency, Diagnostic Radiology — Baptist Medical Centers, Birmingham, AL

Betsy Washburn, M.D.
**Breast Cancer**
Medical School & Residency — Medical College of Georgia, Augusta, GA
Fellowship, Breast Surgery — William Beaumont Hospital, Royal Oak, MI

J. Taylor Whaley, M.D.
**Radiation Oncology**
Medical School — University of Tennessee, Memphis, TN
Residency — University of Pennsylvania, Philadelphia, PA

*statistical data for 2018*
2019 Cancer Committee

Sanford Sharp, M.D., cancer committee chair, pathology, cancer registry quality coordinator

Betsy Washburn, M.D., cancer liaison physician, breast surgeon representative

John Boxell, M.D., ret., cancer program advisor

Eric Schubert, M.D., cancer conference coordinator

Irina Perjar, M.D., cancer conference coordinator

Bertrand Anz, M.D., medical oncologist

Taylor Rowlett, M.D., diagnostic radiologist

Michael Lacombe, M.D., diagnostic radiologist

J. Taylor Whaley, M.D., radiation oncologist

John Fortney, M.D., radiation oncologist

Jeffrey K. Mullins, M.D., director urologic oncology, surgeon

Peter Hunt, M.D., head & neck surgeon

Rob Headrick, M.D., thoracic surgeon

Hunter Jennings, M.D., colorectal surgeon

Gregory Phelps, M.D., palliative care

Allen Chandler, PA-C, palliative care

Deb Moore, RN, MSN/MBA, vp oncology services, cancer program administrator

Kim Shank, BSN, RN, OCN, oncology clinical services director, oncology nurse, colorectal nurse navigator

Catherine Marcum, APN, AGACNP-BC, AGN-BC, genetics professional

Madison Thomason, MS, LCGC, genetics professional

Rhonda Edwards, LCSW, ACSW, OSW-C, psychosocial services coordinator, mental health professional / clinical oncology social worker

Jessica Stanley, MSN, FNP-BC, RN, quality improvement coordinator

Penny Andrews, RN, FCN, BSN, OCN, clinical research coordinator

Debbie Keith, community outreach coordinator

Mary Ellen Herring, CTR, tumor registrar

Jennifer Stilts, CTR, tumor registrar

Betsy Kammerdiener, M.Div, BCC, director, mission integration

Sharon Hopper, RDN, LDN, registered dietitian

Nick Lockhart, PharmD, BCPS, pharmacy

Jennifer Scollard, PT, DPT, rehabilitation services

Amy Fields, American Cancer Society representative

Casey Waddle, NP-C, survivorship clinic representative, oncology nurse navigator - breast

Sentha Srinivasan, PhD, DBAR, director of radiation oncology & lead physicist

Deborah Phinizy, RT (R)(M), RDMS, director of breast services, mel breast center

Hannah Walker, BSN, RN, OCN, oncology nursing unit director

Terri Henderson, RN, BSN, BC, oncology nurse navigator – head & neck and melanoma

Mike Fuller, RN, OCN, oncology nurse navigator - urology and prostate

Betsy Quinn, MA, MSN, RN, OCN, oncology nurse navigator - lung

Greg O’Brien, senior market development representative

Tina Harris, MS, NP-C, AOCNP, managing director, Chattanooga Tumor Clinic
Rees Skillern Cancer Institute
2020 Cancer Conference Schedule

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Start times: All conferences start at 7:00 am. Exceptions: GU: 7:15 am; Interstitial Lung: 11:45 am.
Location: All conferences held in the MaryEllen Locher Conference Room, 4th Floor. Exceptions: Heme/Lymph & GI Path in Plaza Bldg, Suite 307.

Please contact Conference Coordinator Jeremy Posey at (423) 495-2262 with questions, fax# (423) 495-6158.

CHI Memorial
Rees Skillern Cancer Institute

* 11/04/2019 *

*statistical data for 2018*
The standard of care for breast cancer is changing constantly and is drastically different than just five years ago.

It’s one of the reasons why specialized breast cancer care – that includes breast surgeons, radiation oncologists, medical oncologists, pathologists, nurse navigators, and social workers who use a multidisciplinary and comprehensive approach – makes such a difference in improving outcomes and patient experience. Because there are varied treatment options including surgery, chemotherapy, radiation and hormone therapy, specialization and coordination of care is even more critical.

“To be effective, you need to know the changes to the National Comprehensive Cancer Network guidelines in real time. New drugs are introduced frequently, and our medical oncologists are on the forefront of their field, offering access to the latest drugs and clinical trials for those who qualify,” says Nicole Walker, M.D., breast surgeon at MaryEllen Locher Breast Center. “Because each of these core specialties in breast cancer treatment – surgery, radiation, medical oncology – are focused on the latest recommendations, we come together with distinct viewpoints that shape the course of cancer treatment for each woman individually.”

From a surgical standpoint, the fellowship trained breast surgeons at Rees Skillern Cancer Institute are using the latest approaches, including nipple sparing techniques and working with plastic surgeons on breast reductions for women who are having a lumpectomy to remove their cancer. The newest imaging technologies like breast magnetic resonance imaging combined with experts who follow cutting edge recommendations mean women don’t need to leave Chattanooga to receive high-quality, advanced care.

“We see a lot of people for second opinions at different stages of treatment, and it’s sometimes shockingly different from how they would have been taken care of at CHI Memorial. Not everyone adheres to the standard of care,” says Betsy Washburn, M.D., breast surgeon at MaryEllen Locher Breast Center. “When women come to us, they can expect the latest imaging techniques, advanced treatment that’s personalized to their tumor and individual health concerns, and a support structure designed to guide them through every stage of cancer treatment and beyond.”
Leading Expertise

CHI Memorial boasts an all-female breast surgery team – and the only fellowship trained breast surgeons in the region. When it comes to differentiators in breast cancer care, seeking a fellowship trained breast surgeon is important for these reasons.

- Fellowship trained physicians are specialists who have spent years educating themselves on a small aspect of medicine to become an expert in the field. This training provides a unique perspective on issues within a sub-region of the body.

- After completing undergraduate studies, four years of medical school, a required five-year residency, some physicians choose to seek fellowship training for an additional one to four years, depending on the specialty.

- Those leading the fellowship programs are regarded as the most skilled and highly respected physicians in their field, so fellows learn from the best in the industry.

- Fellowship trained physicians or surgeons have shown great dedication to their education and have achieved the highest level of training. Although not required, the focused knowledge gained through fellowship training offers an added level of insight, experience and expertise that benefit those who are facing a cancer diagnosis.
A Multidisciplinary Approach to Treating Urologic Cancer

Cancer treatment in general, and urologic cancer specifically, is increasingly focused on the multidisciplinary team approach. Rees Skillern Cancer Institute offers the latest imaging technologies and procedures that provide hope for individuals who suffer from prostate, kidney, bladder and testicular cancers. Early detection through better imaging is a key factor in helping physicians detect cancerous growths more quickly and allows for more targeted and successful treatment.

“When it comes to surgery, the current trend is to make our procedures less and less invasive. Certainly, robotic surgery falls into that space, with unique tools to improve outcomes and make surgical treatment more effective,” says Jeffery Mullins, M.D., urologist with CHI Memorial Urology Associates. “We’re also using targeted therapies to bolster a person’s own immune system to fight cancer. It’s playing a major role in kidney and bladder cancer and will likely be coming to prostate cancer as well.”

“Immunotherapy drug combinations and targeted therapies are typically the first option to treat kidney cancers that can’t be removed surgically or have spread outside the kidney. This is important because chemotherapy hasn’t traditionally been effective in treating this type of cancer. For bladder cancer, neoadjuvant chemotherapy isn’t new, but there is greater understanding of its benefits and acceptance to it within the medical community,” says John House, M.D., urologist with CHI Memorial Urology Associates. “For patients who need more than surgery for a urologic cancer, it’s important to work together and discuss these complicated situations like we do at our bi-monthly tumor conferences.”

Advanced Detection Capabilities

With the improvement of cancer detection technologies like MRI targeted biopsy and UroNav Fusion Biopsy for prostate cancer, physicians are performing fewer unnecessary biopsies and detecting less indolent cancers while focusing on significant disease. What’s more, genetic testing available at Rees Skillern Cancer Institute is used to provide further information men with prostate cancer need to make appropriate treatment decisions.

“If an MRI shows favorable results for lower risk progression and a man is still concerned, we can proceed with genetic testing to help us understand the genetic signature and to see if there’s a further risk of progression,” says Lee Jackson, M.D., robotic urologist.
CHI Memorial Urology Associates was formed in 2019, bringing together highly trained urologists experienced in both the medical and surgical treatment of a range of urologic conditions including prostate, kidney, bladder and testicular cancer.

prostate cancer surgeon with CHI Memorial Robotics for Prostate Cancer. “When the genetic probability of progression is low, it’s a convincing and compelling argument for carefully watching and waiting. If the genetic profile shows a higher risk of progression – even when the cancer is in an early stage – it’s reasonable to consider definitive treatment for these individuals.”

Treating the Whole Person
The Urologic Cancer Center of Excellence at Rees Skillern Cancer Institute treats the individual, not the disease process. Medical and surgical oncologists, radiation oncologists and others work together to create a treatment plan that fits an individual’s needs, providing leading edge techniques that are also minimally invasive. By building a team around each individual, we offer the right approach that helps them have a successful cancer journey.

“At the Rees Skillern Cancer Institute, there is a culture of compassion and intense commitment to the work we’re doing that’s supported by a great depth of talent and the strength of medical professionals providing care,” says Dr. Jackson. “The idea of ‘patient first’ is pervasive and part of the fabric of the organization itself; and because each person is different and their cancer is different, having this diverse group come together means they receive highly personalized recommendations and highly specialized care.”

Prostate Cancer Screening Initiative
In June 2019, Rees Skillern Cancer Institute teamed up with Remote Area Medical, nonprofit provider of free mobile clinics, to provide prostate cancer screening for uninsured, underinsured and underserved people in Cleveland, Tennessee. CHI Memorial used the AUA Prostate Screening Tool, and 54 men requested prostate cancer screening. Twelve met criteria for PSA testing and four gave consent. A translator was used for all appropriate patients (16 in total), with eight of those patients refusing a PSA draw. Fifty two of the 54 assessed were uninsured. No patient consultations have been scheduled.

Barriers to screening and follow up include patients’ reported fear of sharing their personal information with outside professional entities despite HIPPA protection discussion and education as well as lack of medical insurance.
Personalized medicine, the use of immunotherapy, and a high level of coordination between lung cancer specialists at Rees Skillern Cancer Institute is changing outcomes for individuals diagnosed with lung cancer. Groundbreaking clinical trials are available – including those designed to target locally advanced lung cancer and those assessing the effectiveness and safety of neoadjuvant durvalumab alone or in combination with novel agents for individuals with resectable, early stage non-small cell lung cancer. CHI Memorial is one of 25 sites around the world participating in the NeoCOAST trial, and 13 people have been randomized in Chattanooga and received immunotherapy one month before surgery.

“These clinical trials in the early stage setting also give a unique opportunity to understand which combinations of these new drugs work best. The other major advancement is our understanding that lung cancer is not one cancer, but really a large number of cancers that you can separate by what gene is driving that cancer,” says Davey Daniel, M.D., medical oncologist with Tennessee Oncology.

“For patients with more advanced lung cancer, we universally perform genetic profiling to determine if we can target the tumor with a drug designed specifically for that mutation. Twenty five percent of the time, these tests helps us select a targeted drug where the response rate and duration of response are much better than with traditional chemotherapy options.”

In addition to the expansion of immuno-oncology that has dramatically lengthened survival for those with advanced lung cancer, early detection through lung screenings and improved staging of cancers with advanced technology are also improving cure rates and survival.

“With a sharper focus on early detection than ever before, we’re profiling individuals at greater risk and keeping a closer watch on them. When we find cancer in its early stages, cure rates are exceptional. What’s more, with the ability to investigate very small, hard to reach lesions deep within the lung, we get better information about how to most effectively treat the cancer without excessive trauma to the body.”

*Standard 4.2
Catholic Health Initiatives designated CHI Memorial Rees Skillern Cancer Institute’s lung cancer program the first lung Center of Excellence within the health system. This 3-year lung accreditation program was designed to provide the roadmap for creating high quality, comprehensive lung programs and contains 26 standards to meet for accreditation.

Comprehensive Care Is Essential

Lung cancer is a complex disease that requires a multifaceted approach to treat it effectively, and that starts with early detection and diagnosis. Rees Skillern Cancer Institute offers the latest diagnostic and therapeutic techniques, including fluronavigational and cone beam CT bronchoscopy, which promise accurate navigation to peripheral lung lesions and the ability to find cancers earlier than ever before.

“Cone Beam CT offers real time 3D imaging that helps us target lesions deep within the lung, providing a greater level of confidence in the diagnostic yield of biopsies of peripheral lung lesions,” says Krish Bhadra, M.D., interventional pulmonologist at the Buz Standefer Lung Center. “In the Chattanooga region, these advanced, minimally invasive techniques and technologies are available only at CHI Memorial. They’re changing the way we think about accurate detection, cancer staging and surgery – all vital components of effective lung cancer care.”

“You can’t achieve the best outcome without a team approach – it’s too complicated and changes are coming very quickly. Constant communication, expertise at the highest levels and individualized care for every patient are central to winning the fight against lung cancer,” says Dr. Headrick. “It takes all of us sitting at a table and bringing the best of our areas of expertise together to carve out a plan that leads to success for people facing a lung cancer diagnosis. That’s what we have at Rees Skillern Cancer Institute.”

Nationally Recognized – Again

CHI Memorial is among the elite hospitals in the nation to receive U.S. News and World Report’s ‘high performing’ rating in lung cancer surgery.

Cancer Prevention

The CDC reported that more than 3.6 million youth, including 1 in 5 high school students and 1 in 20 middle school students, used e-cigarettes in the past month during 2018. Rees Skillern Cancer Institute offered cancer prevention education related to the dangers of vaping and e-cigarettes to our multiple myeloma support group in November 2019.

Eleven participants were given quick facts on the risk of e-cigarettes for kids, teens and young adults, information on how they work, the marketing of these products, how e-cigarette usage can lead to future cigarette smoking, and the potential long-term health effects of e-cigarettes. All participants answered the post-test questions correctly.

*Standard 4.1

*statistical data for 2018
Beating cancer is a huge victory. As more and more people are living and thriving through cancer treatment and beyond, there is a growing number of survivors and their families who will have ongoing needs. Beyond accreditation standards, survivorship care offers essential information people need to lead healthy and active lives. That’s why CHI Memorial Rees Skillern Cancer Institute’s survivorship program is evolving and growing to meet the anticipated needs of the people we serve.

“Whether it’s the lingering physical side effects from the treatment they received, transitioning back to work, or the emotional or financial toll that fighting cancer can have on people with cancer and their families, our survivorship program is designed to help people live better while effectively managing any problems related to cancer therapy,” says Kim Shank, oncology clinical services director and GI-colorectal nurse navigator.

CHI Memorial offers an individualized survivorship care plan that is a detailed record of a person’s cancer history, including their complete diagnosis, treatment plan and ongoing healthcare needs. It also lists recommendations for appropriate follow up care based on diagnoses and any possible long-term health side effects. This is both a benefit to individuals themselves and primary care physicians who will be managing their care. What’s more, dietary and exercise recommendations are provided that outline the guidelines for cancer prevention.

“We plan to further expand our survivorship offerings because we recognize that people’s needs are changing,” says Shank. “As cancer treatment becomes more effective, more and more people are needing different kinds of support – whether that be one-to-one counseling, support groups or online forums to ask questions and share information.”
Continuity of Care

As you would expect, those going through cancer treatment become very connected to the multiple physicians and healthcare professionals they encounter on their journey. They also develop relationships with the people around them who may be going through similar experiences. The treatment itself can be a very emotional experience. Once treatment ends, some people experience a sense of loss, concern, or hesitation about what to do next.

“A key element of our program is to help people feel safe by educating them about the proper timelines for screening, when they need to follow up with their physicians, and providing reassurance as they transition to their new normal,” says Shank. “More than just a written care plan, this is where a robust survivorship program can stand in the gap, providing the continuity that’s needed to help them feel secure and ready to move forward with their lives.”

Celebrating Survivorship

CHI Memorial and the Rees Skillern Cancer Institute hosted a Survivors’ Celebration on National Cancer Survivor Day in 2018.

Using evidence-based materials available through the National Cancer Survivors Day, American College of Surgeons Commission on Cancer Survivorship, and National Comprehensive Cancer Network (NCCN), the day was designed to be a celebration for those who have survived, inspire those recently diagnosed, and to support families. It’s also an opportunity to reach out to the community.

CHI Memorial partnered with Tennessee Oncology, University Surgical Associates, Buzz Standefer Lung Center, CHI Memorial Chest and Lung Cancer Center and other oncology practices to invite participants who were offered educational materials related to cancer support services and survivorship, as well as current guidelines for wellness after cancer. Arts, crafts and giveaways added to the joy and fun of the day.

During the ceremony, three survivors shared their stories, followed by a physician who spoke specifically about their particular cancer. The event concluded with a chaplain’s own survivor story and a candlelit vigil. More than 100 people attended the celebration.
End of life conversations can be difficult for many people. An advance directive, or detailed instructions about the type and nature of medical care you want or don’t want, is a legal document that clearly states your perspective on end of life care. It takes the pressure off family during stressful times and ensures your wishes are carried out in the event you can’t make those decisions for yourself. What’s more, it assigns a person you trust the ability to make choices for you and protect you from unwanted medical interventions.

“Planning for and having end of life discussions is complicated for a lot of us – it can be uncomfortable to think about death. But sharing with your family or trusted friends about how you want to handle difficult healthcare scenarios paints a very clear picture for your loved ones and for healthcare professionals about your wishes,” says Betsy Kammerdiener, director of mission integration at CHI Memorial. “Families who have not talked about end of life questions with their loved ones face agonizing decisions that could have been avoided with proper planning. Having an advance directive that clearly communicates your perspective provides so much comfort to your family in those difficult moments.”

The team at Rees Skillern Cancer Institute recognized the advantages for everyone completing an advance directive and has implemented a tracking system to educate and prompt people to complete this important plan. When someone is assigned to a nurse navigator after a cancer diagnosis, a referral is made to a chaplain to reach out for an initial conversation about advanced care planning. This connection offers information, resources and provides additional emotional support as they navigate a cancer diagnosis, treatment and life into survivorship.

“When it’s done thoughtfully, an advance directive represents connections between people and conversations about what’s most important in your life and in death,” says Kammerdiener. “It’s a step and method of protection I recommend to everyone.”

Advance Directives Provide Peace of Mind

Betsy Kammerdiener, director of mission integration

Advance Directive Contacts

- 66.1% do not have an advance directive
- 33.05% have an advance directive
- .85% no indicator

*Standard 4.8
Cancer Screening and Prevention Programs

Commission on Cancer standards 4.1 and 4.2 address cancer prevention programs and screenings by encouraging participation in community events or occasions to provide education and screenings for the well-being of all members of our community, covering north Georgia and 25 counties in Tennessee, either in the community or on-site at the hospital or centers.

Our aim is to increase cancer awareness through cancer signs and symptoms education, pointing individuals to available resources and addressing common barriers to care. These barriers include diverse misconceptions about the benefit of screenings, attitude, negligence, fear, lack of awareness or resources, or not enough paid time off work. Each outreach program offered by Rees Skillern Cancer Institute provides one-on-one engagement, clinically accurate literature, relevant educational giveaways and effective communication tools. What’s more, our mobile health coaches bring necessary screenings to underserved populations, while creating a foundation of trust within our community.
MaryEllen Locher Breast Center

4.1 Breast Cancer Outreach

<table>
<thead>
<tr>
<th>Educational Outreach</th>
<th>Estimated Encounters</th>
<th>People Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>63 events</td>
<td>3,787</td>
<td>11,738</td>
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</table>

4.2 Mobile Mammography

<table>
<thead>
<tr>
<th>Private/Commercial</th>
<th>Public Programs</th>
<th>Counties Visited</th>
<th>Communities Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>158</td>
<td>298</td>
<td>16</td>
<td>211</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile Mammograms</th>
<th>Mammograms for Uninsured Women</th>
<th>Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,340</td>
<td>737</td>
<td>70</td>
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<table>
<thead>
<tr>
<th>Mobile Breast Cancer Diagnoses</th>
<th>Stage 2</th>
<th>Stage 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>(2)</td>
<td>(1)</td>
</tr>
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Mobile Cervical, Pap and CBE Exams

<table>
<thead>
<tr>
<th>Programs</th>
<th>Center Patients</th>
<th>Exams Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2</td>
<td>23</td>
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Lung Disease Outreach and Smoking Cessation

<table>
<thead>
<tr>
<th>Lung Screenings</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>33</td>
<td>56</td>
<td>59</td>
<td>93</td>
</tr>
<tr>
<td>February</td>
<td>23</td>
<td>47</td>
<td>49</td>
<td>115</td>
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<tr>
<td>March</td>
<td>41</td>
<td>45</td>
<td>53</td>
<td>157</td>
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<tr>
<td>April</td>
<td>20</td>
<td>54</td>
<td>74</td>
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</tr>
<tr>
<td>May</td>
<td>39</td>
<td>61</td>
<td>74</td>
<td>154</td>
</tr>
<tr>
<td>June</td>
<td>45</td>
<td>92</td>
<td>55</td>
<td>148</td>
</tr>
<tr>
<td>July</td>
<td>52</td>
<td>68</td>
<td>63</td>
<td>161</td>
</tr>
<tr>
<td>August</td>
<td>41</td>
<td>68</td>
<td>88</td>
<td>227</td>
</tr>
<tr>
<td>September</td>
<td>35</td>
<td>51</td>
<td>78</td>
<td>174</td>
</tr>
<tr>
<td>October</td>
<td>47</td>
<td>62</td>
<td>94</td>
<td>151</td>
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<tr>
<td>November</td>
<td>36</td>
<td>50</td>
<td>90</td>
<td>175</td>
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<tr>
<td>December</td>
<td>66</td>
<td>57</td>
<td>99</td>
<td>118</td>
</tr>
<tr>
<td>Total</td>
<td>478</td>
<td>711</td>
<td>876</td>
<td>1889</td>
</tr>
</tbody>
</table>

1889 lung screenings, including 586 mobile screens
18 cancers diagnosed
(10) at Stage I  (0) at Stage II  (5) at Stage III  (3) at Stage IV

Smoking Cessation

41 people completed Freedom from Smoking classes at CHI Memorial Chattanooga, CHI Memorial Family Practice Associates – Ooltewah, CHI Memorial Community Health – Hixson, CHI Memorial Family Practice Associates – LaFayette.

Special projects included promotion and implementation of smoking cessation classes at satellite clinics.
Elizabeth R. Smith Melanoma Program

4.1 Skin Disease Outreach

44 opportunities to distribute information, sunscreen  
11,245 people reached

4.2 Mole Patrol

4 events on mobile coach  
82 screenings completed  
9 follow up appointments  
10 biopsies:  
4 basal cell carcinomas  
2 squamous cell  
2 pre-melanomas  
2 benign findings
Oral, Head and Neck

4.1 Outreach
Rees Skillern Cancer Institute held an educational seminar for parents on the dangers of HPV and its potential to cause throat cancer. Twenty-six parents attended the event which included a lecture, educational video, discussion of vaccines and a question and answer session. A pre- and post-test was given with 44% of the questions correctly answers prior to the seminar and 88% correctly answer post-seminar.

The oral, head and neck cancer multidisciplinary team continued to focus on alignment with the Chattanooga Tumor Clinic to assist uninsured or underinsured individuals and to increase awareness about the signs, symptoms and available treatment options.

Nutrition and Wellness
Nutrition in relation to cancer prevention, treatment and survivorship:

| 6 Livestrong events | 65 participants | 549 relaxation massages |
## Cancer Incidence

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<th></th>
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<tbody>
<tr>
<td>Breast</td>
<td>465</td>
<td>382</td>
<td>388</td>
<td>453</td>
<td>439</td>
<td>435</td>
<td>445</td>
<td>378</td>
<td>390</td>
<td>415</td>
</tr>
<tr>
<td>Lung</td>
<td>373</td>
<td>425</td>
<td>382</td>
<td>347</td>
<td>384</td>
<td>418</td>
<td>412</td>
<td>383</td>
<td>439</td>
<td>416</td>
</tr>
<tr>
<td>Prostate</td>
<td>477</td>
<td>348</td>
<td>413</td>
<td>400</td>
<td>349</td>
<td>307</td>
<td>367</td>
<td>342</td>
<td>330</td>
<td>310</td>
</tr>
<tr>
<td>Skin (Melanoma)</td>
<td>319</td>
<td>231</td>
<td>268</td>
<td>282</td>
<td>313</td>
<td>216</td>
<td>218</td>
<td>154</td>
<td>277</td>
<td>286</td>
</tr>
<tr>
<td>Colorectal</td>
<td>274</td>
<td>256</td>
<td>238</td>
<td>234</td>
<td>241</td>
<td>196</td>
<td>191</td>
<td>177</td>
<td>191</td>
<td>206</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>252</td>
<td>275</td>
<td>185</td>
<td>220</td>
<td>220</td>
<td>235</td>
<td>223</td>
<td>202</td>
<td>213</td>
<td>208</td>
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<tr>
<td>Lymphoma</td>
<td>106</td>
<td>124</td>
<td>113</td>
<td>98</td>
<td>120</td>
<td>106</td>
<td>104</td>
<td>113</td>
<td>115</td>
<td>78</td>
</tr>
<tr>
<td>Bladder</td>
<td>132</td>
<td>107</td>
<td>98</td>
<td>93</td>
<td>123</td>
<td>108</td>
<td>102</td>
<td>133</td>
<td>133</td>
<td>121</td>
</tr>
<tr>
<td>Pancreas</td>
<td>58</td>
<td>45</td>
<td>57</td>
<td>67</td>
<td>56</td>
<td>75</td>
<td>69</td>
<td>53</td>
<td>75</td>
<td>65</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>67</td>
<td>35</td>
<td>29</td>
<td>49</td>
<td>63</td>
<td>61</td>
<td>61</td>
<td>58</td>
<td>61</td>
<td>53</td>
</tr>
</tbody>
</table>
2018 Top Cancer Sites

- Lung: 16%
- Breast: 16%
- Prostate: 12%
- Urinary: 10%
- Melanoma: 11%
- Head & Neck: 7%
- GYN: 4%
- Colorectal: 8%
- Other: 13%
- Lymphoma: 3%

*statistical data for 2018*
2018 Stage of Disease at Diagnosis

### Lung
- Stage 1: 32%
- Stage 2: 9%
- Stage 3: 21%
- Stage 4: 31%
- Other: 7%

### Melanoma
- Stage 0: 19%
- Stage 1: 43%
- Stage 2: 11%
- Stage 3: 7%
- Stage 4: 3%
- Other: 17%

### Breast
- Stage 0: 14%
- Stage 1: 60%
- Stage 2: 12%
- Stage 3: 6%
- Other: 5%

### Prostate
- Stage 0: 46%
- Stage 1: 11%
- Stage 2: 29%
- Stage 3: 15%
- Stage 4: 7%

### Colon
- Stage 0: 19%
- Stage 1: 19%
- Stage 2: 26%
- Stage 3: 25%
- Stage 4: 20%

### Bladder
- Stage 0: 46%
- Stage 1: 20%
- Stage 2: 12%
- Stage 3: 11%
- Stage 4: 2%
- Other: 9%
2018 Tumor Site Origins

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>421</td>
<td>16.1</td>
</tr>
<tr>
<td>Lung</td>
<td>420</td>
<td>16.1</td>
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<tr>
<td>Prostate</td>
<td>320</td>
<td>12.3</td>
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<tr>
<td>Melanoma</td>
<td>288</td>
<td>11.0</td>
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<tr>
<td>Colorectal</td>
<td>219</td>
<td>8.4</td>
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<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>125</td>
<td>4.8</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>111</td>
<td>4.2</td>
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<tr>
<td>Oral Cavity/Pharynx/Tonsil</td>
<td>103</td>
<td>3.9</td>
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<tr>
<td>Lymphoma</td>
<td>72</td>
<td>2.8</td>
</tr>
<tr>
<td>Pancreas</td>
<td>65</td>
<td>2.5</td>
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<tr>
<td>Corpus Uteri</td>
<td>53</td>
<td>2.0</td>
</tr>
<tr>
<td>Leukemia</td>
<td>42</td>
<td>1.6</td>
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<tr>
<td>Thyroid</td>
<td>42</td>
<td>1.6</td>
</tr>
<tr>
<td>Larynx</td>
<td>29</td>
<td>1.1</td>
</tr>
<tr>
<td>Stomach</td>
<td>29</td>
<td>1.1</td>
</tr>
<tr>
<td>Esophagus</td>
<td>28</td>
<td>1.1</td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>24</td>
<td>0.9</td>
</tr>
<tr>
<td>Myeloma</td>
<td>23</td>
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<tr>
<td>Ovary</td>
<td>16</td>
<td>0.6</td>
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<tr>
<td>All Other</td>
<td>182</td>
<td>7.0</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>2612</strong></td>
<td><strong>100.0</strong></td>
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</tbody>
</table>

*Bridget Barnick, RN and Krish Bhadra, M.D., interventional pulmonologist*

*statistical data for 2018*
## 2018 Residence by County at Time of Diagnosis

<table>
<thead>
<tr>
<th>County at Diagnosis</th>
<th>Total</th>
<th>Percent</th>
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<tbody>
<tr>
<td>TN-Hamilton</td>
<td>1,329</td>
<td>50.86%</td>
</tr>
<tr>
<td>GA-Walker</td>
<td>300</td>
<td>11.48%</td>
</tr>
<tr>
<td>TN-Bradley</td>
<td>180</td>
<td>6.89%</td>
</tr>
<tr>
<td>GA-Catoosa</td>
<td>176</td>
<td>6.74%</td>
</tr>
<tr>
<td>TN-Marion</td>
<td>99</td>
<td>3.79%</td>
</tr>
<tr>
<td>TN-Rhea</td>
<td>86</td>
<td>3.29%</td>
</tr>
<tr>
<td>GA-Dade</td>
<td>68</td>
<td>2.60%</td>
</tr>
<tr>
<td>GA-Whitfield</td>
<td>58</td>
<td>2.22%</td>
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<tr>
<td>AL-Jackson</td>
<td>35</td>
<td>1.34%</td>
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<tr>
<td>TN-Mcminn</td>
<td>33</td>
<td>1.26%</td>
</tr>
<tr>
<td>GA-Murray</td>
<td>27</td>
<td>1.03%</td>
</tr>
<tr>
<td>TN-Grundy</td>
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<td>TN-Polk</td>
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<tr>
<td>TN-County unknown</td>
<td>22</td>
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<tr>
<td>TN-Sequatchie</td>
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<td>AL-De Kalb</td>
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<td>TN-Bledsoe</td>
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<tr>
<td>TN-Meigs</td>
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<tr>
<td>GA-Gordon</td>
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<tr>
<td>TN-Henderson</td>
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</tr>
<tr>
<td>GA-Chattaoga</td>
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<td>0.23%</td>
</tr>
<tr>
<td>TN-Franklin</td>
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<td>0.23%</td>
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<tr>
<td>Other</td>
<td>55</td>
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<tr>
<td>Total</td>
<td>2,613</td>
<td>100.00%</td>
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CHI Memorial’s Nurse Navigators Make a Difference

L to R: Sherie Sanders, BSN, RN-BC (breast); Betsy Quinn, MSN, RN, MA, OCN (lung, heme/lymph, esophageal); Clarissa Boyer, BSN, RN, CBCN (breast); Mike Fuller, RN, OCN (urologic); Terri Henderson, BSN, RN, OCN (head and neck/melanoma); Shana Whiteford, MSN, RN, OCN (breast). Not pictured: Marci Bradley, BSN, RN, CMSRN, OCN (breast); Kim Shank, BSN, RN, OCN (GI-colorectal).