2021 Cancer Program
Reporting of Outcomes

*statistical data for 2020*
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.

Leading Cancer Care

The Rees Skillern Cancer Institute at CHI Memorial is the leading provider of adult cancer services in Chattanooga, North Georgia and the surrounding communities – bringing together a team of medical experts with specialized skills, expertise and experience to offer the latest in cancer care.

Our comprehensive cancer program meets the physical, spiritual and emotional needs of people facing cancer and their families. We have consistently maintained accreditation from the American College of Surgeons, Commission on Cancer: program designation, “Comprehensive Community Cancer Program.”

At Rees Skillern Cancer Institute, we believe in sharing the latest treatment, patient demographic and outcome data with the communities we serve – to remain transparent about our services and provide the highest quality of care.
Accreditation Matters

Voluntary accreditation helps determine if an institution meets or exceeds national quality standards for excellence and high-quality patient care. Consistent evidence shows that accreditation programs improve the process of care and clinical outcomes for a wide spectrum of conditions. CHI Memorial Rees Skillern Cancer Institute engages in and encourages accreditation practices to strengthen our organization and ensure we are following the most up-to-date medical guidelines and delivering the highest possible level of care.

Commission on Cancer Accreditation – In 2021, CHI Memorial Rees Skillern Cancer Institute earned another three-year accreditation from the American College of Surgeons, Commission on Cancer – designating CHI Memorial as a Comprehensive Community Cancer Program. The cancer program has consistently maintained accreditation with commendations since its first accreditation in 1992 and seeks to improve survival and quality of life for cancer patients through standard setting which promotes prevention, research, education and monitoring of comprehensive quality care.

ASTRO’s APEX Accreditation – CHI Memorial has successfully met the standards of the American Society for Radiation Oncology (ASTRO)’s APEX Accreditation Program for Excellence. APEX is an accreditation program that validates a radiation oncology facility’s excellence in delivering high-quality patient care. To date, more than 170 U.S. facilities have earned APEX accreditation, and CHI Memorial is one of only three cancer centers in Tennessee to do so.

CMS Star Rating – CHI Memorial is the only health system in the Chattanooga region to receive a five-star rating from the Centers for Medicare and Medicaid Services (CMS), which summarizes five quality measures: mortality, safety of care, readmission, patient experience, and time and effective care. This information is designed to help individuals, family members, and caregivers compare hospitals and easily understand complex quality information. Only 13 percent of the 4,586 hospitals included in the survey received a five-star rating.

NQMBC® & ACR® – The MaryEllen Locher Breast Center is an accredited center, dedicated to the full spectrum of advanced clinical and support services. Accreditation by the National Quality Measures for Breast Centers and the American College of Radiology ensures our processes and treatment plans consistently meets or exceeds all quality standards of care.
# Table of Contents

3  Centers of Excellence and Complete Services Listing  
4  Message from Deb Moore, VP of Oncology Services at CHI Memorial  
5  Meet Our New Team Members  
6  Adaptability – Meeting Changing Needs  
7  2021 Cancer Committee  
8  Rees Skillern Cancer Institute Centers of Excellence  
10  2022 Cancer Conference Schedule  
11  Collaborative Rectal Cancer Care  
12  Code Leukemia Enhances Time-Sensitive Care  
14  White Ribbon Project – Raising Lung Cancer Awareness  
16  Ion Endoluminal System a Game Changer for Lung Bronchoscopy  
20  A Team Effort in Supporting Survivors  
22  Expanding Breast Services  
23  Cancer Screening and Prevention Programs  
25  Cancer Incidence
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**
- oral cancer screening outreach program
- robotic-assisted surgery

**Lung Center of Excellence**
**CHI Memorial Buz Standefer Lung Center**
**CHI Memorial Chest and Lung Cancer Center**
- Breathe. Easy. mobile lung cancer screening program in 14 counties in Tennessee, eight in Georgia and two Northeast Alabama
- cone beam CT
- endo-bronchial ultrasound
- fluoronavigational bronchoscopy
- ION endoluminal system for lung bronchoscopy
- lung biopsies
- lung cancer screening program
- lung nodule clinic
- PET scans
- pulmonary rehab
- respiratory testing
- robotic-assisted surgery

**Breast Center of Excellence**
**MaryEllen Locher Breast Center**
- 2D & 3D mammography screening
- bone density tests
- breast MRI
- cancer risk counseling
- community outreach
- concurrent reconstructive and plastic surgery
- mobile mammography and cervical cancer screening in north Georgia, north Alabama, and 25 counties in Tennessee
- stereotactic and ultrasound guided breast biopsies
- whole-breast ultrasound diagnostics

**Melanoma Center of Excellence**
**Elizabeth R. Smith Melanoma Program**
- community outreach
- skin cancer screening

**Pancreatic & Hepatobiliary Center of Excellence**

**Radiation Center of Excellence**
**H. Clay Evans Johnson Radiation Oncology**
- image-guided radiation therapy (IGRT)
- intensity-modulated radiation therapy (IMRT)
- MammoSite treatments
- Novalis Tx
- TrueBeam STx

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

**Holistic Support Services**
**The Joe and Virginia Schmissrauter Center for Cancer Support**
**High Risk Cancer and Genetics Center**
- clinical trials and research
- hospice care
- oncology dietitians and licensed clinical social workers
- palliative care
- RN navigation
- second opinion services
- spiritual care and chaplaincy services
- survivorship care
  - patient and family advisory counsel
  - support groups and retreats
  - education and support from RNs, dietitians, licensed clinical social workers and chaplains
- coordination with community resources for survivorship including financial counseling through the Chattanooga Tumor Clinic

*statistical data for 2020*
2021 continued to be a challenging year in cancer care, as the world of healthcare continuously evolved in response to the changing COVID-19 pandemic. Although we collectively hoped that we could put COVID behind us, it remained part of the landscape and played a large role in how, where and when we connected with people in our community to provide key services.

Despite the risks of COVID, we also know the risks of delaying routine cancer screenings or treatments are real. It’s one reason we are focused on providing the latest technologies that find, stage and treat cancer more effectively and increasing access to free or low-cost screenings for breast, lung and skin cancers. It also means offering additional educational opportunities and finding innovative ways to make our patients feel safe.

Within this report, we recognize the hard work and accomplishments of our dedicated team. It’s been an active and exciting time for physician recruitment, and we’re thrilled to welcome several new fellowship trained specialists in radiation, medical and surgical oncology, urology and neurosurgery to the Rees Skillern Cancer Institute. Their expertise means we can continue to offer the very latest treatment options for more types of cancers here in our community.

One of the biggest accomplishments of 2021 was earning ASTRO’s APEx Accreditation, a program developed by the American Society for Radiation Oncology that validates a radiation oncology facility’s excellence in delivering high quality care. CHI Memorial is one of 170 cancer centers across the country and one of only three in Tennessee to do so.

Accreditation through APEx is voluntary and invites a rigorous multi-step process during which a facility’s practices are evaluated using consensus-based standards. CHI Memorial demonstrated its safety and quality processes and that it adheres to patient-centered care by promoting effective communication, coordinated treatments and strong patient engagement.

This is just one example of how our centers of excellence teams work together to demonstrate our comprehensive, team-based approach – signaling to our patients, referring physicians and entire community that we are committed to excellence and high-quality care. I hope you’ll continue to read about our successes and where we’re headed in the future.

While we know that it’s unlikely we’ll return to a pre-COVID ‘normal,’ these challenging times have given us a new perspective and passion for what we do. As we continuously work to redesign how we deliver efficient and effective care, we will not be deterred in our quest to beat cancer while supporting our patients, their families and caregivers every step of the journey.
Meet our New Team Members

The Rees Skillern Cancer Institute is excited to introduce these professionals joining our team.

**Ranjith Babu, MD**

Dr. Babu is a fellowship trained neurosurgeon who is a member of the Congress of Neurological Surgeons and the American Association of Neurological Surgeons. He earned his medical degree from Duke University School of Medicine in Durham, NC, where he also completed his internship and neurosurgical residency. Dr. Babu then completed a fellowship in Biodesign from Stanford University in Palo Alto, CA. Dr. Babu joined CHI Memorial Stroke and Neuroscience Center in 2021.

**Tru-Khang Dinh, MD, MS**

Dr. Dinh earned his medical degree from Harvard Medical School, Massachusetts Institute of Technology in Cambridge, MA. He completed residency training at the University of Washington, Department of Radiation Oncology in Seattle, WA. Dr. Dinh also earned graduate and undergraduate degrees from Stanford University. He is a radiation oncologist with Tennessee Oncology.

**William Donnellan, MD**

Dr. Donnellan earned his medical degree from the University of Alabama School of Medicine. He completed a residency in medical oncology and fellowship training in hematology at the University of Alabama at Birmingham. He is board certified in medical oncology, hematology and internal medicine and is a blood cancer specialist with Tennessee Oncology.

**Hayden Jahn, MD**

Dr. Jahn earned his medical degree from the University of Tennessee College of Medicine in Memphis, TN. He completed a general surgery internship and urologic surgery residency at Ochsner Health System in New Orleans, LA. He is a member of the American Urological Association. Dr. Jahn is a urologist with CHI Memorial Urology Associates.

**Justin Wilkes, MD**

Dr. Wilkes earned his medical degree from the University of Iowa’s Carver College of Medicine in Iowa City, IA. He completed a general surgery internship and residency at Maine Medical Center in Portland, ME, where he served as chief resident. Dr. Wilkes then completed a complex general surgical oncology fellowship at Moffitt Cancer Center in Tampa, FL. He is board certified in general surgery and complex general surgical oncology. He is a surgical oncologist with CHI Memorial Surgical Associates.
Adaptability.

The quality of being able to adjust to new conditions. The capacity to be modified for a new use or purpose.

Looking back on 2021, our cancer program continued to pivot to meet the needs of our patients. After an extremely difficult 2020 that tested our resolve and pushed our teams to their limits, we had what seemed like naïve optimism that 2021 would return to a sense of normalcy. Instead, we discovered we would have to learn to coexist with COVID.

We believe in the value of early detection in fighting cancer. When people delay routine screenings or skip them altogether for a number of reasons, there are real and potentially serious consequences. That’s why we’ve worked diligently to keep our facilities accessible, by strengthening safety measures for both patients and our team. This enabled us to continue the vital work of diagnosing cancer in its earliest stages and offering the very latest treatments and technologies to fight the disease. We’ve also expanded our outreach into underserved communities, taking critical breast and lung cancer screenings to areas of need.

In this report, you’ll see how our teams came together to face unprecedented challenges. Today our workflow looks different than it once did. Instead of the steady and predictable flow of patients we were accustomed to, we’re learning a new rhythm and a new way.

This year’s cancer annual report underscores the importance of collaboration, innovation, resilience, and yes, adaptability. CHI Memorial’s Rees Skillern Cancer Institute remains dedicated to offering our patients the highest level of cancer care and compassion along their journey.

Sanford Sharp, MD
Chairman, Cancer Committee
2021 Cancer Committee

Bertrand Anz, MD
medical oncologist

John Boxell, MD, ret.
cancer program advisor

Stephanie David, MD
conference coordinator, pathologist

John Fortney, MD
radiation oncologist

Rob Headrick, MD
thoracic surgeon

Peter Hunt, MD
head & neck surgeon

Hunter Jennings, MD
colorectal, pancreatic
and hepatobiliary surgeon

Michael Lacombe, MD
diagnostic radiologist

Jeffrey K. Mullins, MD
director urologic oncology, surgeon

Ben Nadeau, MD
medical oncologist

Irina Perjar, MD
conference coordinator, pathologist

Gregory Phelps, MD
palliative care

Taylor Rowlett, MD
diagnostic radiologist

Sanford Sharp, MD
cancer committee chair, pathologist,
cancer registry quality coordinator

Betsy Washburn, MD
cancer liaison physician,
breast surgeon

J. Taylor Whaley, MD
radiation oncologist

Keaona Adkinson, RN
outpatient infusion services coordinator

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

Marc Bradley, RN, CMSRN, OCN
oncology nurse navigator – breast

Clarissa Boyer, RN, BSN, CBCN
survivorship program coordinator
& nurse navigator

Nicole Brown, MPA
manager, community benefits and diversity

Allen Chandler, PA-C
palliative care

April Chapman, BSHIM
lung program coordinator

Robin Darling, RD, LDN
registered dietitian

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

Scotty Evans
American Cancer Society representative

Tiffany Finch, GCA, LPN
genetics professional

Karen Frank, DNP, RN, CPPS, MSHA
quality improvement coordinator

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

Tracy B. Gose, PT, DPT, CMP, CSCS
physical therapist

Lori Hammon, RN, BSHA, CPHQ
quality improvement coordinator

Tina Harris, MS, NP-C, AOCNP
managing director, Chattanooga Tumor Clinic

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

Brittany Hennessee, RT(R)(M)
director of breast services, MEL breast center

Mary Ellen Herring, CTR
tumor registrar, cancer registry
quality coordinator

Sharon Hopper, RDN, LDN
registered dietitian

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

Ginger Whisman, BS, CCRC
clinical research coordinator

Melissa Harrington White, PT DPT CCI
director of rehabilitation services and
nutrition and weight management

* statistical data for 2020
Rees Skillern Cancer Institute
Centers of Excellence
Medical Directors & Nurse Navigators

CHI Memorial Rees Skillern Cancer Institute is led by an esteemed group of physicians who are highly trained subject matter experts and leaders in their fields of expertise. As engaged, passionate and dedicated professionals, our leadership team – which includes medical directors and nurse navigators who are tasked with providing each patient personalized support through their cancer journey – work together to develop, implement and adhere to the highest levels of care set forth in national clinical practice guidelines. We use advanced technology, leading-edge research, community engagement, education and outstanding care to drive quality improvements, advocate for each person at the highest level, and continually elevate our level of care.

Breast Center of Excellence

Betsy Washburn, MD
breast cancer

Lanett Varnell, MD
breast imaging

Marci Bradley, RN, CMSRN, OCN

Radiation Center of Excellence

Taylor Whaley, MD

Colorectal Center of Excellence

Eric Nelson, MD

Kim Shank, BSN, RN, OCN

Head and Neck Center of Excellence

Peter Hunt, MD

Terri Henderson, RN, BSN, OCN, BC
Melanoma Center of Excellence

Justin Wilkes, MD
Terri Henderson, RN, BSN, OCN, BC

Urologic Cancer Center of Excellence

Jeffrey Mullins, MD
Mike Fuller, RN, OCN

Pancreatic & Hepatobiliary Center of Excellence

Hunter Jennings, MD
Sherry Sanders, BSN, RN-BC, OCN

Lung Center of Excellence

Krish Bhadra, MD
Rob Headrick, MD
Betsy Quinn, MA, MSN, RN, OCN

Medical Directors who Support Every Center of Excellence

Ted Arrowsmith, MD  medical oncology
Taylor Rowlett, MD  radiology
Sanford Sharp, MD  high risk genetics

*statistical data for 2020
Rees Skillern Cancer Institute
2022 Cancer Conference Schedule

Start times: Conferences start at 7:00 am.
Exceptions: Neuro: 7:30 am; Interstitial Lung: 11:45 am; Genetics 12:30 pm.

Location: Conferences may be attended either in-person at the MaryEllen Locher Conference Room, 4th Floor, or remotely through Zoom. Exception: GI Pathology & Genetics conferences are in Plaza Bldg, Suite 307 CRC Conference Room and/or Zoom.

Please contact Multidisciplinary Conference Coordinator Jeremy Posey with any conference related issues.

Email: Jeremy.Posey@CommonSpirit.org    P: (423) 495-2262    Fax: (423) 495-6158

CHI Memorial
Rees Skillern Cancer Institute
Advanced Collaboration and Care for Rectal Cancer

Rectal cancer represents approximately one-third of all colorectal cancers and is the second leading cause of cancer death according to the Centers for Disease Control. CHI Memorial’s Gastrointestinal-Colorectal Center of Excellence offers patients extensive screening, diagnostic and treatment options – including advanced technologies and multidisciplinary care to effectively fight this disease.

“One thing I really appreciate about the CHI Memorial pathology department is their desire to collaborate with the surgical team to optimize the accuracy of specimen assessment during rectal cancer procedures,” says Eric Nelson, MD, colorectal surgeon and medical director of CHI Memorial’s colorectal cancer program. “The pathologists are always willing to come to the operating room to review the specimen, and after having examined it, frequently bring it back to collaborate on margin assessment. This ensures optimal staging information guiding future treatment and surveillance.”

Surgery is commonly used to treat rectal cancer, often in combination with other therapies. The Enhanced Recovery After Surgery (ERAS) program is another advancement that improves patient experience and recovery after surgery for rectal cancer. The program was piloted with colorectal surgeries through a collaborative team of surgeons, anesthesiologists, nurses and care providers from pre-testing through patient discharge.

“ERAS or ‘fast track’ programs focus on perioperative management of patients with the goal of modifying the physiological and psychological response to major surgery. This leads to reduction in complications, improvement in cardiopulmonary function, and return of bowel function,” says Dr. Nelson. “The biggest benefit of this program has been the shortening of a patient’s average length of stay from 5-6 days to 2-3 days. When combined with minimally invasive laparoscopic or robotic surgery, many patients can go home the next day. These processes have also helped reduce overall complication rates for non-emergent inpatient abdominal surgeries – allowing patients to return to their normal activities more quickly.”

The Value of Multidisciplinary Care

Dr. Nelson notes that the collaboration between specialists in rectal cancer care begins well before entering the operating room. Major developments in imaging, surgical techniques, systemic therapies and radiation have created a complex environment, which requires a more personalized approach. CHI Memorial’s multidisciplinary tumor board reviews and implements the ever changing treatment protocols for combining radiation therapy, chemotherapy and surgery in an optimal sequence.

“For some individuals with rectal cancer, treatment begins with surgery, while in other cases, we consider neoadjuvant treatment that allows for optimal tumor shrinkage. In every situation, we are evaluating the height and size of the tumor, the depth of invasion, as well as the grade and tumor specific genetic profile,” Dr. Nelson shares.

“As the treatment for rectal and many other types of cancers continue to evolve, it requires a different level of communication and planning from every member of the patient care team. Our highest priority is effectively addressing the cancer, while keeping in mind the very real implications our decisions have on a person’s survival and quality of life.”

* statistical data for 2020
CODE Leukemia Enhances Time-Sensitive Care

The diagnosis of acute leukemia is a medical emergency – one that should be addressed with the same urgency as a heart attack or stroke. That’s why CHI Memorial implemented the Code Leukemia protocol as part of the organization’s growing hematologic malignancies program. Code Leukemia indicates the nature of a patient’s medical emergency – and is a specific pathway for individuals who have received an acute leukemia diagnosis to expedite their intake process and prevent delays in their evaluation and treatment.

“It takes a special set of resources and commitment from a hospital to create a coordinated effort that’s dedicated to blood cancers. It requires many specialties working together – like the ER, ICU, pathology, oncology, nursing and more – to create protocols for caring for complicated patients who are very sick, especially when first diagnosed,” says Will Donnellan, MD, fellowship trained hematologist/oncologist with Tennessee Oncology. “The Code Leukemia protocol is one way we’re elevating the level of care we provide – and ensuring patients can receive the best possible care close to home.”

Acute leukemia is a medical emergency because oftentimes patients present with dangerously high levels of white blood cells that can precipitate respiratory and neurological distress. The early signs and symptoms of acute leukemia include fatigue, shortness of breath, unexplained fever or weight loss, loss of appetite, bone pain, bruising or bleeding. Many cases of acute leukemia are found when blood work is being done for another reason – and the clock is already ticking.

Code Leukemia sets the specific process for admitting patients from tertiary medical centers, CHI Memorial’s emergency room or directly from a primary care office where the provider is suspicious of leukemia. If a physician or transfer center contacts the patient intake center with a possible acute leukemia diagnosis, a hospitalist or intensivist and leukemia specialist on the team are notified and conferenced simultaneously to review the request. If the leukemia specialist determines the patient meets criteria for a Code Leukemia, the patient is immediately accepted for admission. The goal is for patients to be admitted within two hours of initiation of Code Leukemia and seen by a leukemia specialist shortly after their arrival.

Within just several months of launching the Code Leukemia process, the team is already meeting that goal.

“Some patients who are not started on proper treatment urgently can deteriorate in a matter of hours, and we want to make sure these treatments are immediately available to the people who need them the most,” says Dr. Donnellan. “We are the only comprehensive leukemia program in the city. Unfortunately, many remain unaware of this and patients are still being transferred out of the region for their leukemia care. Just the delay that is involved in transferring patients to a different city can result in an unsatisfactory outcome. Furthermore, not only can patients receive state-of-the-art care close to home, but they can avoid the psychologic and economic burden that comes with receiving treatment in an unfamiliar place far away from their family and social support system.”

A Renewed Emphasis on Blood Cancer Care

While the renewed emphasis on CHI Memorial’s malignant hematology program is relatively new, CHI Memorial has long provided exceptional inpatient oncology care for leukemia and other blood cancers.

“This program is improving the quality of care available in this region – through care delivered by skilled providers who are familiar with these diseases, the latest treatment options, and an understanding of the unique complications that can arise,” Dr. Donnellan says. “It’s also the next step in formalizing treatment pathways that will act as a platform to deliver even more sophisticated therapies in the future, such as CAR T-cell therapy which is now FDA approved for various blood cancers.”

“Our goal in cancer services at CHI Memorial is to decrease and beat cancer – and we strive to improve outcomes by increasing access for these critical services. For blood cancers, this access means getting patients into our system and treated in a rapid time period,” says Deb Moore, vice president, oncology services. “This wouldn’t be possible without the collaboration of our teams inside the hospital and with physicians throughout the community. Dr. Donnellan has been an excellent leader for our blood cancer program, and we are blessed to have Tennessee Oncology as our partners in this endeavor.”

* statistical data for 2020
Anyone With Lungs Can Get Lung Cancer

That’s the simple message behind CHI Memorial’s emphasis on the importance of lung cancer screening. Early detection of lung cancer has a substantial impact on whether a person will be a lung cancer patient or a lung cancer survivor. CHI Memorial’s Breathe. Easy. Mobile Lung Coach continues to reach out to underserved communities to provide vital lung screenings and find lung cancer earlier when treatment is more effective.

“Unfortunately, we’re losing one person every two hours to lung cancer, but the great thing is – there’s something we can do about it. We can’t change who will develop this disease, but we can talk more openly about it to help remove the stigma and offer fast, easy lung cancer screening to those in need,” says Rob Headrick, MD, lung cancer specialist with CHI Memorial Chest and Lung Cancer Center. “We need to shift our focus to advocacy and finding cancers earlier when there’s a 90 percent chance of survival.”

Those who are at highest risk for lung cancer and are ideal candidates for lung cancer screenings include anyone age 50 and older who has smoked for 20 years (one pack per day). Medicare, Medicaid and commercial insurance will cover most screenings, and a referral is required.

Dr. Headrick notes that lung cancer is not just a smoker’s disease, and anyone with lungs can develop lung cancer due to the environment, social habits and/or their genetic makeup. Lung cancer is part of our lives and the life of the community,
White ribbons were displayed at recent Breathe. Easy screening events and are meant to convey you are not alone in lung cancer. There are people fighting for you, and we’re all on the same team. Learn more at thewhiteribbonproject.org.

and 20 percent of people with lung cancer have never smoked. “It’s one of the biggest misconceptions about lung cancer – you don’t have to be a smoker to develop the disease,” he says.

During Lung Cancer Awareness Month in November 2021, CHI Memorial participated in several awareness events including the White Ribbon Project which promotes awareness about lung cancer by focusing on changing public perception of this disease. In addition to raising awareness, it’s also designed to show support for the individuals diagnosed, their caregivers, researchers, healthcare professionals, friends and family who are impacted by lung cancer.

Chris Draft, former NFL football player, president and CEO of the Chris Draft Family Foundation and board member for the White Ribbon Project, joined Dr. Headrick and CHI Memorial’s team in promoting lung screening in the Chattanooga area. Chris’ wife was diagnosed with and died from lung cancer at the age of 38, despite never having smoked and being in great physical condition. As her caregiver and in the years that followed, Chris dedicated his time and energy to the mission of spreading a message he believes can help save countless lives.

“The goal we want to meet with lung cancer awareness month is not to just make people aware of lung cancer, but to really make them aware that they can do something about it – that there is hope,” Draft says. “And with that hope, we have survivors.”

BREATHE. EASY.

Breathe. Easy. in 2022!

The Breathe Easy mobile lung CT coach serves 14 counties in Tennessee, eight counties in North Georgia, and two counties in Northeast Alabama. To register for a low-dose CT lung screening or to schedule the Breathe. Easy. coach for an event, call 423.495.5864 (LUNG).

* statistical data for 2020
“Dr. Bhadra and colleagues are leading the way. The work of Bhadra and colleagues is pointing us in the right direction.”

Roberto Casal, MD, The University of Texas MD Anderson Cancer Center, Houston, TX
The percentage of patients diagnosed at stage 1 lung cancer is increasing, while the percentage of stage IV lung cancer diagnoses are decreasing. CT screening, mobile lung screening and best practice minimally invasive procedures such as cone beam CT navigational bronchoscopy allow patients to be diagnosed earlier.
“This technology is changing how we diagnose lung cancers first by allowing me to see the inside of the lining of the lung all the way to the visceral pleura – to locations within the lung where we’ve never had visualization before. The system’s unmatched stability and precision mean it doesn’t migrate or move with respiratory motion and allows diagnostic maneuvers in tight corners,” says Dr. Bhadra. “Essentially every lung nodule is now within reach, and the application of this technology may open doors for future therapeutics.”

During bronchoscopy with Ion, the interventional pulmonologist uses the controller to navigate to the target along a planned path. The catheter can articulate 180 degrees in any direction to pass through small, difficult-to-navigate airways and around tight bends to reach all 18 segments of the lung. Ion’s peripheral vision probe provides direct vision during navigation. Once the pulmonary nodule is reached, the catheter locks in place. A flexible biopsy needle passes through the catheter, even when positioned in tortuous airways. After advancing around tight-radius bends of the catheter, the needle deploys into the target location on a straight path.

“CHI Memorial offers the most advanced interventional pulmonary program in the region and provides technologies that are unavailable in most facilities in the United States. We want people to know that when they choose to seek care at CHI Memorial for lung issues, they have access to a higher level of care, more precise staging of lung cancer and advanced, minimally invasive treatment options to help them fight lung cancer and win,” Dr. Bhadra says. “As a team, we are invested in better cancer care solutions and continually increasing access to the highest quality care.”
Dr. Bhadra has completed 208 consecutive ION cases since the technology was adopted in 2021. The ION endoluminal system offers more reach, more stability and more precision – leading to high tool-in-lesion and center strike rates for difficult to reach lung lesions when compared with manual techniques. Obtaining these viable tissue samples during the first procedure helps facilitate a diagnosis and avoid the need for subsequent biopsies.

Table 1: Patient and Case Characteristics

<table>
<thead>
<tr>
<th>Total Patients</th>
<th>208</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>102 (49%)</td>
</tr>
<tr>
<td>Female</td>
<td>106 (51%)</td>
</tr>
<tr>
<td>Age (years)</td>
<td>65±11</td>
</tr>
<tr>
<td>Height (m)</td>
<td>1.7±0.1</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>83±22</td>
</tr>
<tr>
<td>BMI</td>
<td>28±7</td>
</tr>
<tr>
<td>Caucasian</td>
<td>188 (90.4%)</td>
</tr>
<tr>
<td>African American</td>
<td>19 (9.1%)</td>
</tr>
<tr>
<td>Native American</td>
<td>1 (0.5%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Lung Lesions</th>
<th>221</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUL</td>
<td>63 (29%)</td>
</tr>
<tr>
<td>RML</td>
<td>16 (7%)</td>
</tr>
<tr>
<td>RLL</td>
<td>36 (16%)</td>
</tr>
<tr>
<td>LUL</td>
<td>69 (31%)</td>
</tr>
<tr>
<td>LLL</td>
<td>37 (17%)</td>
</tr>
<tr>
<td>Nodule Size (Median)</td>
<td>17</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Katsis Diagnostic Yield</th>
<th>95%</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total Complications</th>
<th>4 (2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumothorax</td>
<td>3 (1.5%)</td>
</tr>
<tr>
<td>Chest Tube placement</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Moderate Bleeding</td>
<td>1 (0.5%)</td>
</tr>
</tbody>
</table>


*statistical data for 2020*
A cancer diagnosis can be daunting. Cancer treatments can take a physical and emotional toll on a person’s body. But what happens when it’s time to think about life after cancer? Supporting survivors and helping them in this transition into the next phase of their lives is the focus of CHI Memorial’s Survivorship Committee.

The Commission on Cancer offers guidelines for this multidisciplinary committee that includes representation from physicians, cancer survivors, clinical nursing staff, chaplaincy, dietitians and other support staff and is led by Clarissa Boyer, BSN, RN, CBCN, breast nurse navigator.

“When this group was established in September 2020, we identified the areas where our organization does well in supporting survivors and also looked for specific ways to enhance the survivorship journey from every perspective on the team,” Boyer says. “Each year we focus on providing added services or find ways to enhance and tweak our programs to provide additional value, support and care to improve a cancer survivor’s quality of life.”

- Rehab services to help restore strength, flexibility and function. CHI Memorial’s Pre-Surgery Rehabilitation Program helps prepare patients physically for primary cancer treatment, identify impairments and provide targeted interventions to improve pulmonary function, decrease post-operative complications, decrease length of hospital stay and improve functional capacity or tolerance to chemotherapy. Individuals with any type of cancer are eligible for pre-habilitation; or they may take advantage of the cancer rehabilitation services available throughout the course of their treatment and beyond.

- Survivorship support groups, led by licensed clinical social workers. These support groups, currently held over video conferencing, are multifactorial and touch on many different aspects of cancer treatment – including sharing personal experiences, discussing ongoing and later developing side effects, offering emotional support for the complex feelings that cancer survivors may have after treatment, and addressing the real fears of recurrence.
Dedicated spiritual care resources for oncology patients. CHI Memorial’s new chaplain residency program provides a chaplain resident who visits patients in the inpatient and outpatient cancer treatment areas at the Chattanooga campus. Nurse navigators or any member of the cancer treatment team can make referrals for patients who they think may benefit from spiritual support. Survivors can also reach out to the center for cancer support to be connected with chaplaincy services.

“When it comes to supporting cancer survivors, we want to be very intentional in the programs we provide and the way we interact with individuals and families who have gone through a very difficult experience,” says Boyer. “This committee gives voice to the ways different people are impacted, and ensures we are continuously evaluating whether our efforts are meeting needs appropriately and making a tangible difference in people’s lives.”

Cancer Support Groups

Breast Cancer
1st Wednesday of each month - 11:30 a.m. - 12:30 p.m.

Grief Group
2nd Tuesday of each month - 3:30 - 4:30 p.m.

Leukemia/Lymphoma
Every other Thursday - 3:30 - 4:30 p.m.

Survivorship
1st Wednesday of each month - 3:30 - 4:30 p.m.
Expanding Breast Services in Chattanooga and Beyond

Mammograms for Incarcerated Women

Every woman’s health is important, no matter their life circumstances. CHI Memorial has partnered with various correctional facilities in Tennessee to provide mobile 3D mammography services to women who are incarcerated in 10 correctional facilities across the state. This effort is part of the mobile coach’s outreach to 27 counties that are within a 100-mile radius of Chattanooga, including North Georgia and several counties of need. The mobile coach provides high quality and timely breast cancer detection services to underserved communities that do not otherwise have adequate access to these lifesaving technologies.

Putting Men at Ease

Breast cancer is rare in men, but it does happen. Those diagnosed with breast cancer – or who are referred for testing related to breast concerns – often feel embarrassment and apprehension because breast cancer is predominantly a woman’s disease. Although pink ribbons and feminine details are part of most breast centers’ designs, the MaryEllen Locher Breast Center’s Man Cave is a total departure. With dark walls and furniture, a large screen TV, and a masculine edge, our goal is to help men feel more at ease seeking care at our facility.

High Risk Breast Clinic

Determining which women are at high risk for developing breast cancer is not always straightforward. That’s why CHI Memorial’s Breast Care Associates in association with MaryEllen Locher Breast Center offers a high-risk clinic to screen women with a strong family history of breast and ovarian cancer, determine if genetic testing is appropriate, and establish screening schedules based on personal health history.

“The field of genetic testing is exploding – playing an even stronger role not only in identifying breast cancer risk, but in risk stratification for many other cancers including ovarian, pancreatic, colon, and prostate cancer,” says Nicole Walker, MD, surgical breast oncologist with CHI Memorial Breast Care Associates. “In addition to the BRCA gene, we check for 84 different genetic mutations that help us address increased risk for breast cancer, as well as increased risk for many other types of cancers. The number of identified mutations continues to grow along with our understanding of how they impact a person’s risk. The information gleaned helps us proactively address a woman’s risk factors and determine an optimal screening schedule – with the goal of finding breast cancer in its earliest stages.”

Male Breast Cancer at CHI Memorial

<table>
<thead>
<tr>
<th>Year of DX</th>
<th># Cancers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2</td>
</tr>
<tr>
<td>2012</td>
<td>4</td>
</tr>
<tr>
<td>2013</td>
<td>4</td>
</tr>
<tr>
<td>2014</td>
<td>4</td>
</tr>
<tr>
<td>2015</td>
<td>3</td>
</tr>
<tr>
<td>2016</td>
<td>1</td>
</tr>
<tr>
<td>2018</td>
<td>5</td>
</tr>
<tr>
<td>2019</td>
<td>5</td>
</tr>
<tr>
<td>2020</td>
<td>2</td>
</tr>
<tr>
<td>2021</td>
<td>4</td>
</tr>
<tr>
<td>Grand Total</td>
<td>34</td>
</tr>
</tbody>
</table>

Jessica McCann, RT (R) (M), mammographer; Brittany Hennessee, BS, RT(R)(M), director of breast services; Beth Stubblefield, RT (R)(M), mammographer; Jackie Ernst, lead mobile coach driver; Clarissa Boyer, BSN, RN, CBCN, nurse navigator; Yovonnersia Powell, outreach coordinator; Marci Bradley, BSN, RN, CMSRN, OCN, clinical coordinator and breast nurse navigator.
MaryEllen Locher Breast Center

2020 Mobile Mammography Findings

<table>
<thead>
<tr>
<th>Month of Screening</th>
<th>Total#</th>
<th>Benign Findings</th>
<th>Patients Needing Additional Imaging</th>
<th>Cancers Diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>In Situ</td>
</tr>
<tr>
<td>January</td>
<td>387</td>
<td>368</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>February</td>
<td>320</td>
<td>312</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>139</td>
<td>134</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>June</td>
<td>150</td>
<td>142</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>July</td>
<td>125</td>
<td>113</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>August</td>
<td>85</td>
<td>80</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>September</td>
<td>316</td>
<td>301</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>October</td>
<td>432</td>
<td>415</td>
<td>17</td>
<td>3</td>
</tr>
<tr>
<td>November</td>
<td>262</td>
<td>251</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>357</td>
<td>331</td>
<td>26</td>
<td>2</td>
</tr>
<tr>
<td>Totals</td>
<td>2573</td>
<td>2447</td>
<td>126</td>
<td>3</td>
</tr>
</tbody>
</table>

Elizabeth R. Smith Melanoma Program

Skin Disease and Melanoma

- 1,500 people reached
- 2,000 educational materials provided
- 1,000 CHI Memorial branded items distributed
- 101 skin cancers navigated (basal, squamous and merkel cell)
- 58 melanoma diagnoses

Oral, Head and Neck Cancer Outreach

- 580 people reached
- 580 educational materials provided
- 1,160 CHI Memorial branded items distributed
- 209 head and neck cancer patients navigated for 2021

*statistical data for 2020
Lung Disease Outreach and Smoking Cessation

2020 Low Dose CT Lung Screening

<table>
<thead>
<tr>
<th>Month of Screening</th>
<th>Total # Screenings Performed</th>
<th># Performed on Mobile Coach</th>
<th>Suspicious Findings (Lung Rad 4's)</th>
<th>Cancers Diagnosed</th>
<th>Cancers Found on mobile coach</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Stage 1</td>
<td>Stage 2</td>
<td>Stage 3</td>
</tr>
<tr>
<td>January</td>
<td>218</td>
<td>97</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>February</td>
<td>242</td>
<td>93</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>March</td>
<td>132</td>
<td>55</td>
<td>5</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>April</td>
<td>38</td>
<td>32</td>
<td>4</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>May</td>
<td>181</td>
<td>53</td>
<td>3</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>June</td>
<td>244</td>
<td>92</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>July</td>
<td>254</td>
<td>114</td>
<td>11</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>August</td>
<td>280</td>
<td>94</td>
<td>15</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>September</td>
<td>256</td>
<td>100</td>
<td>9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>October</td>
<td>303</td>
<td>128</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>November</td>
<td>234</td>
<td>108</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>December</td>
<td>221</td>
<td>70</td>
<td>4</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>2603</td>
<td>1036</td>
<td>88</td>
<td>20</td>
<td>4</td>
</tr>
</tbody>
</table>

Low Dose CT Lung Screenings Growth 2015 - 2021

<table>
<thead>
<tr>
<th>Year of Screening</th>
<th>Number of Patients Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>478</td>
</tr>
<tr>
<td>2016</td>
<td>711</td>
</tr>
<tr>
<td>2017</td>
<td>876</td>
</tr>
<tr>
<td>2018</td>
<td>2108</td>
</tr>
<tr>
<td>2019</td>
<td>1889</td>
</tr>
<tr>
<td>2020</td>
<td>2295</td>
</tr>
<tr>
<td>2021</td>
<td>2603</td>
</tr>
<tr>
<td>2022</td>
<td>3020</td>
</tr>
</tbody>
</table>
Cancer Incidence at CHI Memorial Rees Skillern Cancer Institute.

Cancer Incidence by Year of Diagnosis 2011-2020

CHI Memorial 2020 Cancer Distribution by Body System

- Breast: 16.8%
- Digestive System: 18.9%
- Male Genital System: 12.3%
- Female Genital System: 5.7%
- Skin: 4.3%
- Oral Cavity & Pharynx: 3.4%
- Lymphoma: 3.9%
- Endocrine System: 2.1%
- Respiratory System: 17.1%
- Leukemia: 1.5%
- Others: 3.3%

* statistical data for 2020
### 2020 Tumor Site Origins (Analytic Cases)

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>358</td>
<td>16.8%</td>
</tr>
<tr>
<td>Lung</td>
<td>336</td>
<td>15.8%</td>
</tr>
<tr>
<td>Prostate</td>
<td>252</td>
<td>11.8%</td>
</tr>
<tr>
<td>Colon</td>
<td>130</td>
<td>6.1%</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>123</td>
<td>5.8%</td>
</tr>
<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>98</td>
<td>4.6%</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>83</td>
<td>3.9%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>83</td>
<td>3.9%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>79</td>
<td>3.7%</td>
</tr>
<tr>
<td>Rectum / Rectosigmoid</td>
<td>70</td>
<td>3.3%</td>
</tr>
<tr>
<td>Corpus Uteris / Uterus, NOS</td>
<td>60</td>
<td>2.8%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>41</td>
<td>1.9%</td>
</tr>
<tr>
<td>Leukemia</td>
<td>32</td>
<td>1.5%</td>
</tr>
<tr>
<td>Tongue</td>
<td>29</td>
<td>1.4%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>28</td>
<td>1.3%</td>
</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>25</td>
<td>1.2%</td>
</tr>
<tr>
<td>Larynx</td>
<td>25</td>
<td>1.2%</td>
</tr>
<tr>
<td>Ovary</td>
<td>24</td>
<td>1.1%</td>
</tr>
<tr>
<td>Stomach</td>
<td>23</td>
<td>1.1%</td>
</tr>
<tr>
<td>Cranial Nerves / Other Nervous System</td>
<td>21</td>
<td>1.0%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>18</td>
<td>0.8%</td>
</tr>
<tr>
<td>Tonsil</td>
<td>18</td>
<td>0.8%</td>
</tr>
<tr>
<td>Anus</td>
<td>16</td>
<td>0.8%</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>15</td>
<td>0.7%</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>10</td>
<td>0.5%</td>
</tr>
<tr>
<td>Soft Tissue</td>
<td>8</td>
<td>0.4%</td>
</tr>
<tr>
<td>Testis</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Ureter &amp; Other Urinary</td>
<td>7</td>
<td>0.3%</td>
</tr>
<tr>
<td>Gum &amp; Other Mouth</td>
<td>6</td>
<td>0.3%</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>6</td>
<td>0.3%</td>
</tr>
<tr>
<td>All Other</td>
<td>101</td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2132</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
2020 Stage of Disease at Diagnosis

Lung
- Stage 1: 36%
- Stage 2: 25%
- Stage 3: 23%
- Stage 4: 25%
- Other: 7%

Colon
- Stage 1: 25%
- Stage 2: 31%
- Stage 3: 22%
- Stage 4: 18%
- Other: 4%

Prostate
- Stage 1: 10%
- Stage 2: 25%
- Stage 3: 26%
- Stage 4: 11%
- Other: 28%

Melanoma
- Stage 1: 51%
- Stage 2: 14%
- Stage 3: 8%
- Stage 4: 6%
- Other: 5%

Kidney
- Stage 1: 67%
- Stage 2: 2%
- Stage 3: 16%
- Stage 4: 6%
- Other: 9%

Breast
- Stage 1: 62%
- Stage 2: 9%
- Stage 3: 8%
- Stage 4: 5%
- In Situ: 12%

Bladder
- Stage 1: 31%
- Stage 2: 11%
- Stage 3: 12%
- Stage 4: 2%
- Other: 4%

*statistical data for 2020*
### Residence by County at Time of Diagnosis 2020

<table>
<thead>
<tr>
<th>County at Diagnosis</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TN-Hamilton</td>
<td>1,072</td>
<td>50.28%</td>
</tr>
<tr>
<td>GA-Walker</td>
<td>234</td>
<td>10.98%</td>
</tr>
<tr>
<td>GA-Catoosa</td>
<td>161</td>
<td>7.55%</td>
</tr>
<tr>
<td>TN-Bradley</td>
<td>143</td>
<td>6.71%</td>
</tr>
<tr>
<td>TN-Rhea</td>
<td>97</td>
<td>4.55%</td>
</tr>
<tr>
<td>TN-Marion</td>
<td>69</td>
<td>3.24%</td>
</tr>
<tr>
<td>GA-Whitfield</td>
<td>63</td>
<td>2.95%</td>
</tr>
<tr>
<td>GA-Dade</td>
<td>57</td>
<td>2.67%</td>
</tr>
<tr>
<td>AL-Jackson</td>
<td>38</td>
<td>1.78%</td>
</tr>
<tr>
<td>TN-Meigs</td>
<td>27</td>
<td>1.27%</td>
</tr>
<tr>
<td>TN-Mcminn</td>
<td>21</td>
<td>0.98%</td>
</tr>
<tr>
<td>TN-Sequatchie</td>
<td>21</td>
<td>0.98%</td>
</tr>
<tr>
<td>TN-Grundy</td>
<td>20</td>
<td>0.94%</td>
</tr>
<tr>
<td>TN-Polk</td>
<td>20</td>
<td>0.94%</td>
</tr>
<tr>
<td>AL-De Kalb</td>
<td>14</td>
<td>0.66%</td>
</tr>
<tr>
<td>GA-Murray</td>
<td>14</td>
<td>0.66%</td>
</tr>
<tr>
<td>TN-Bledsoe</td>
<td>11</td>
<td>0.52%</td>
</tr>
<tr>
<td>TN-Henderson</td>
<td>9</td>
<td>0.42%</td>
</tr>
<tr>
<td>GA-Chattooga</td>
<td>4</td>
<td>0.19%</td>
</tr>
<tr>
<td>GA-Gordon</td>
<td>4</td>
<td>0.19%</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>1.59%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,132</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Distribution by Age at Time of Diagnosis in 2020 for Analytic Cases

![Bar chart showing distribution by age at diagnosis](chart.png)