Cancer Program
Reporting of Outcomes 2018
*statistical data for 2017
Cover photo: Krish Bhadra, M.D., interventional pulmonologist with CHI Memorial’s Buz Standefer Lung Center, uses fluoronavigational bronchoscopy to aid in the early detection and accurate diagnosis of lung cancer.
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Who We Are

Our Mission
The mission of CHI Memorial and Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Reverence
Integrity
Compassion
Excellence

Cancer Care
CHI Memorial has 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.”
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.

Eight Centers of Excellence
Breast Center of Excellence – The MaryEllen Locher Breast Center
GI Colorectal Center of Excellence
Gynecological Oncology Center of Excellence
Head & Neck Center of Excellence
Network of Hope Melanoma Center of Excellence – Elizabeth R. Smith Melanoma Program
GU and Prostate Center of Excellence
Radiation Center of Excellence – H. Clay Evans Radiation Oncology
Thoracic Center of Excellence – Buz Standefer Lung Center and Chest and Lung Cancer Center

Additional Services
The Joe and Virginia Schmissrauter Center for Cancer Support
Cancer Risk and Genetics Center
Clinical Trials and Research
Hospice and Palliative Care
Mobile Coaches for Breast, Cervical and Lung Cancer Detection
Pelvic Health Center
Survivorship Care

The work of the Rees Skillern Cancer Institute at CHI Memorial is made possible in part thanks to a generous gift by Fred and Bettye Skillern in honor of their son Rees, who lost his battle with cancer in 2012.
Complete Service Listing

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

**GI Colorectal Center of Excellence**
- 3T MRI technology
- capsule endoscopy
- endorectal ultrasound
- ERCP
- optical and virtual colonoscopies
- robotic-assisted surgery

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

**MaryEllen Locher Breast Center**
- bone density tests
- cancer risk counseling
- community outreach
- concurrent reconstructive and plastic surgery
- dedicated breast MRI
- diagnostic 2D mammography
- 3D tomosynthesis mammography
- mobile mammography services in north Georgia and 25 counties in Tennessee
- ultrasound AWBUS diagnostics
- stereotactic ultrasound guided breast biopsies
- second opinion clinic

**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

**Head and Neck Center of Excellence**
- robotic-assisted surgery
- oral cancer screening outreach program

**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

**Holistic Support Services**
- chaplain services
- genetic testing and counseling
- massage and healing touch
- oncology dietitians
- oncology licensed clinical social workers
- patient and family advisory counseling
- RN navigation
- support groups
- survivorship care plans
- spiritual counseling
Rob Headrick, M.D., thoracic surgeon, Barbie Standefer, and Carlos Baleeiro, M.D., pulmonologist, helped celebrate the launch of the Breathe. Easy., a first-of-its-kind mobile lung screening coach designed to catch lung cancer in earlier stages when there is a greater chance for effective treatment.
Modern cancer care requires a collaborative, evidence-based approach to optimize patient survival and quality of life. Multidisciplinary cancer conferences are an opportunity to enhance communication and facilitate treatment planning while adhering to NCCN treatment guidelines. CHI Memorial Rees Skillern Cancer Institute holds 11 routinely scheduled cancer conferences where many specialists come together to share their expertise and experience in order to provide the best treatment plan possible for every patient.

“I think of these discussions less like conferences and more like working groups or planning sessions. It provides an opportunity to discuss the unique circumstances and challenges each person faces, facilitate a diagnosis and elevate patient care,” says Sanford Sharp, M.D., pathologist, cancer committee chairman. “As the team begins to know each other at a deeper level, physicians can focus their attention on adherence to guidelines and practicing in an evidence-based way. It’s not just about one personality or one physician or one approach – we’re all doing this together as one team.”

In addition to determining the most effective treatment approach, the team also includes other members who provide the support, encouragement and ancillary services people need when facing a cancer diagnosis. It’s during these discussions that include nurse navigators, dietitians and genetic experts where potential hurdles are identified – physical, emotional, spiritual or even financial – to provide the highest level of care patients need to thrive.

“Within each conference, individual cases are effectively being peer reviewed to ensure we are all practicing the standard of care and treating patients at the highest level,” says Bertrand Anz, M.D., cancer liaison physician. “It’s a common question patients ask – ‘Should I get a second opinion?’ My answer is that these discussions routinely include several medical oncologists, radiation oncologists and surgeons sitting together in a room who have discussed your case and agree this is the best treatment for you. Patients greatly benefit from what is effectively a second, third and fourth opinion without ever needing to leave their own community.”
2019 Multidisciplinary Cancer Conference Schedule

Start times: All conferences start at 7:00 am.
Exceptions: GU: 7:15 am; GYN: 7:30 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.
2018 Cancer Committee Members

Sanford Sharp, M.D., Cancer Committee Chair, Pathology, Cancer Registry
Quality Coordinator
Bertrand Anz, M.D., Cancer Liaison Physician, Medical Oncologist
John Boxell, M.D., ret., Cancer Program Advisor
Eric Schubert, M.D., Cancer Conference Coordinator
Taylor Rowllett, M.D., Diagnostic Radiologist
J. Taylor Whaley, M.D., Radiation Oncologist
Betsy Washburn, M.D., Breast Surgeon
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
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
Rhonda Edwards, LCSW, ACSW, OSW-C, Psychosocial Services Coordinator,
Mental Health Professional /Clinical Oncology Social Worker
Melissa Roden, RN, CPHQ, Quality Improvement Coordinator
Penny Andrews, RN, FCN, BSN, OCN, Clinical Research Coordinator
Angela Dittmar, Community Outreach Coordinator
Debbie Keith, Community Outreach Coordinator
Mary Ellen Herring, CTR, Tumor Registrar
Jennifer Stilts, CTR, Tumor Registrar
Betsy Kammerdiener, M.Div, BCC, Pastoral Care
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
Practitioner - Breast
Sentha Srinivasan, Ph.D, DABR, DABSNM, 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
Marci Bradley, RN, CMSRN, OCN, Oncology Nurse Navigator - Breast
Terri Henderson, RN, BSN, BC, Oncology Nurse Navigator – Head & Neck and
Melanoma
Mike Fuller, RN, Oncology Nurse Navigator - Urology and Prostate
Betsy Quinn, RN, MA, MSN, OCN, Oncology Nurse Navigator - Lung
Elvie Smith, BSN, CVRN-BC, Outpatient Infusion
Debrah Hagen, LCSW, OSW-C, Clinical Oncology Social Worker
Gerre Schwert, LCSW, OSW-C, Clinical Oncology Social Worker
Alline Ingle, Melanoma Outreach
Greg O’Brien, Marketing Communications Specialist
High Quality, High Value

Medical directors play an important role in developing and implementing clinical practice guidelines that influence the organization and drive improvements for patients on a larger scale. CHI Memorial Rees Skillern Cancer Institute medical directors are highly trained subject matter experts and leaders in their respective fields. They advocate for patient care at the highest level, play a vital role in clinical leadership, and ensure the most advanced treatments and protocols are available to our patients.

“CHI Memorial Rees Skillern Cancer Institute is on par with major academic institutions in terms of the quality of care we provide and the leadership teams who are working together to develop, implement, and adhere to national clinical practice guidelines,” says Deb Moore, VP, oncology services at CHI Memorial. “These medical directors are highly engaged, passionate and dedicated to their work. Patients and their families can have the utmost confidence that we offer the physician expertise, leading edge treatments and support they need for effective cancer care.”

Rees Skillern Cancer Institute Medical Directors

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

Mark Brzezienski, M.D. | Plastic & Reconstructive Surgery
Medical School: Jefferson Medical College, Philadelphia, PA
Residency: Albany Medical Center, Albany, NY
Fellowship, Orthopaedic Hand Surgery: Philadelphia Hand Center of Thomas Jefferson University, Philadelphia, PA

Jacob Dowden, M.D. | Pancreatic & Hepatobiliary Cancer Co-Director
Medical School: Louisiana State University, Baton Rouge, LA
Residency: UT College of Medicine, Chattanooga, TN
Fellowship, Transplant & Hepatopancreatobiliary Surgery: Medical University of South Carolina, Charleston, SC
MEET YOUR TEAM

Rees Skillern Cancer Institute Medical Directors (continued)

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

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

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

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, Missouri & Vanderbilt University, Nashville, TN

R. Hunter Jennings, M.D.
Pancreatic & Hepatobiliary Cancer Co-Director
Medical School, Residency & Fellowship, Liver Transplantation & Surgical Critical Care: Emory University School of Medicine, Atlanta, GA

Jessie 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

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 & and Fellowship, Endourology: Johns Hopkins Hospital, Baltimore, MD

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

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

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

*statistical data for 2017*
WHAT WE DO

Nurse Navigation Supports Patients, Families and Physicians

The Academy of Oncology Nurse & Patient Navigators defines a nurse navigator as “a medical professional whose clinical expertise and training guides patients and their caregivers to make informed decisions, collaborating with a multidisciplinary team to allow for timely cancer screening, diagnosis, treatment, and increased supportive care across the cancer continuum.”

Simply put, nurse navigators address the global needs of people with cancer and their families by guiding them through the healthcare system and helping overcome barriers to effective cancer care. They also provide a great value and serve as central point of contact for all physicians who are involved in treatment – including the primary care physician who will resume routine patient care after cancer treatment is complete.

“The navigator oversees the big picture for each patient – we’re there to keep the primary care physician in the loop and who they can call to get a quick synopsis of what’s happening with an individual’s care,” says Kim Shank, RN, oncology clinical services director and GI-colorectal nurse navigator at CHI Memorial. “From the point of abnormality through treatment and into survivorship, we can provide information about how patients are tolerating and responding to treatment and progressing in their cancer journey. We’re an easy place to get answers to those very important questions.”

During active cancer treatment, the medical oncologist will often address patient issues that are normally handled through primary care. For patients with other chronic health issues like hypertension, diabetes and rheumatoid arthritis, patients need to maintain an active relationship with their personal physician. Now more than ever before, patients are more quickly released to primary care once they are cancer free.

“Primary care physicians are an integral part of our team. It’s an important part of the journey for our patients to help ease the transition back to their physician from active cancer care,” says Shank. “That’s where we can be a great resource; communicating the recommended guidelines for follow up care, the potential long-term effects of chemotherapy and radiation associated with each type of cancer, and the continued monitoring that will be lifelong.”

CHI Memorial’s Nurse Navigators

Mercedes Bradley – breast
Clarissa Boyer – breast
Betsy Quinn – lung, heme/lymph, esophageal
Mike Fuller – GU/prostate
Kim Shank – GI-colorectal
Terri Henderson – head and neck/melanoma
Amber Shirk – breast
The following CP3R measures as outlined by the American College of Surgeons (ACoS) Commission on Cancer (COC) are designed to ensure our program is following national guidelines and meeting national benchmarks. CHI Memorial is proud to have met or exceeded all of the required rates or defined confidence interval for all measures. We only had 2 measures below the required rate but in each of those measure, we were well within the confidence interval ranges. Regarding the BCSRT, we had 110 cases eligible for this criteria. Out of those, thirteen were non-concordant. Of the thirteen, the majority were due to patient refusals. Going forward we will continue to educate our patients on the importance of post-op radiation therapy but ultimately the patient has the final say in their treatment. For the G15RLN measure, only three cases fit the eligibility criteria. Of those three, two cases were non-concordant. In each case, lymph nodes were removed; however, not enough to satisfy the standard measure. This has been brought to the attention of the cancer committee, which includes surgeons and pathologists, and all are now aware. Each patient’s situation is unique and occasionally there are extenuating circumstances where standard guidelines may not be the best option. We are thankful though, for the opportunity to see how we compare to other facilities and national benchmarks and continuously strive to be the best program we can be.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Required Rate</th>
<th>CHI Memorial</th>
<th>Description of ACoS Commission on Cancer Performance Measures</th>
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<tbody>
<tr>
<td><strong>CoC Standard 4.4 Accountability Measures</strong></td>
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<tr>
<td>BCSRT</td>
<td>90% (or CI 82.2-94.2 )</td>
<td>88.20%</td>
<td>Radiation is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.</td>
</tr>
<tr>
<td>HT</td>
<td>90%</td>
<td>93.50%</td>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage II or stage III hormone receptor positive breast cancer.</td>
</tr>
<tr>
<td>MASTRT</td>
<td>90%</td>
<td>100%</td>
<td>Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with &gt;= 4 positive regional lymph nodes.</td>
</tr>
<tr>
<td>MAC</td>
<td>N/A</td>
<td>95%</td>
<td>Combination chemotherapy is recommended or administered within 4 months of diagnosis for women &lt;70 years old with AJCC T1CNO, or stage IB-III hormone receptor negative breast cancer.</td>
</tr>
<tr>
<td><strong>CoC Standard 4.5 Quality Improvement Measures</strong></td>
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<tr>
<td>nBx</td>
<td>80</td>
<td>91.50%</td>
<td>Image or palpation-guided needle biopsy (core or FNA) is performed to establish diagnosis of breast cancer.</td>
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<tr>
<td>12RLN</td>
<td>85</td>
<td>93.00%</td>
<td>At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.</td>
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<tr>
<td>G15RLN</td>
<td>80 (or CI 17.1-100)</td>
<td>33.30%</td>
<td>At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer.</td>
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<tr>
<td>LCT</td>
<td>85</td>
<td>88.90%</td>
<td>Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is considered for surgically resected cases with pathologic, lymph node-positive (pN1) and (pN2) NSCLC.</td>
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<tr>
<td>LNoSurg</td>
<td>85</td>
<td>85.70%</td>
<td>Surgery is not the first course of treatment for cN2, M0 lung cases</td>
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</table>
Cancer Program Reporting of Outcomes 2018

ENHANCED QUALITY

Quality Improvements: Standard 4.8

Leading the World in Advanced Lung Cancer Detection & Early Diagnosis

Lung cancer is a complex disease that requires many approaches to treat it effectively, and that starts with early detection and diagnosis. Minimally invasive techniques and advanced technologies available only at CHI Memorial are changing the way people think about accurate detection, staging, and surgery – all vital components of advanced lung cancer care.

First in the World
Krish Bhadra, M.D., interventional pulmonologist with the Buz Standefer Lung Center, is the first in the world to use flouronavigational bronchoscopy, a minimally invasive technique used to detect lung cancer in its early stages. Eighty-five percent of patients diagnosed with lung cancer discover it in the later stages. This exciting new bronchoscopic technique promises accurate navigation to peripheral pulmonary target lesions and is designed to find cancers earlier than ever before.

“Fluoronavigational bronchoscopy is a minimally invasive approach to lung cancer detection that accesses difficult-to-reach areas of the lung, improves diagnostic yield of biopsies and is leading to earlier diagnosis of lung disease,” says Dr. Bhadra. “This technology is revolutionary because it helps overcome the primary limitation of traditional ENB procedures – navigational error.”

The Rees Skillern Cancer Institute at CHI Memorial was the site for the first 10 fluoroscopic bronchoscopies in the world, where the team evaluated the correction of CT-to-body divergence, accuracy with radial endobronchial ultrasound (r-EBUS) and cone-beam CT “tool-in-lesion,” adequate tissue needed for diagnosis and potential complications.

Of the first 10 procedures, CT tool-in-lesions confirmation was achieved in 100 percent of patients and adequate tissue was obtained in 91 percent of peripheral lung lesions. Eight were positive for malignancy, with only one non-diagnostic bronchoscopy. No complications occurred.

Game Changing Technology
Another advanced technology that’s enhancing diagnostic yield of biopsies of difficult peripheral lung lesions is cone beam CT (CBCT) bronchoscopy.

With existing electromagnetic navigational bronchoscopy, physicians must work in a virtual platform that makes it more challenging to target lesions deep in the lung. Cone beam CT provides real time 3D imaging that confirms that the diagnostic tool is in the proper location in relation to the lesion. When it’s on target, the procedure progresses. If it’s slightly off-target, the low dose 3D CT scan provides information that allows for re-navigation and a greater level of confidence that the biopsy is coming from the center of the lesion itself.

In a recent meta-analysis of studies on all guided bronchoscopy resulted in a 70 percent diagnostic yield. In the 31 patients where Dr. Bhadra has used CBCT bronchoscopy, “tool-in-lesion” confirmation was 97% and the diagnostic yield rate was 91 percent. According to Dr. Bhadra, CBCT bronchoscopy has the potential to radically change the nature of lung cancer diagnosis and the ability to target smaller and more difficult to reach lesions for analysis and treatment. Innovative diagnostic tools like CBCT bronchoscopy are aiding in early detection of lung cancer – leading to improved treatment outcomes and survival rates.

“Only a few interventional pulmonologists in the country have access to the type of technology that’s readily available in CHI Memorial’s hybrid operating room – it’s an option for the pulmonary world that is novel and unique,” says Dr. Bhadra. “When it comes to coordinated lung cancer care, we are pushing the needle – with new technologies, new therapies, and advanced research – to find cancer earlier and treat it more effectively than ever before.”

Lung Center of Excellence
CHI Memorial has been recognized for excellence innovation and offering new hope to people with lung disease.
ENHANCED QUALITY

Stage Shift by the Numbers

<table>
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<th>Lung Screenings</th>
<th>2015</th>
<th>2016</th>
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<td>January</td>
<td>33</td>
<td>56</td>
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<td>February</td>
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<td>July</td>
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<td>December</td>
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<td><strong>Total</strong></td>
<td>478</td>
<td>711</td>
<td>876</td>
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<th>Cancer Findings</th>
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<th>2017</th>
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GREEN = year 2015  RED = year 2016  ORANGE = year 2017  BLACK = total of ALL 3 years

Nationally Recognized Lung Cancer Surgery

CHI Memorial is honored to be one of 29 hospitals in the nation to receive a ‘high performing’ rating in nine surgical procedures and chronic conditions evaluated by U.S. News, including lung cancer surgery.
Skin cancer is the most common form of cancer in the U.S. Each year, there are more new skin cancer cases than breast, prostate, lung and colon cancers combined. Melanoma is the most serious type of skin cancer, and it develops in the cells that produce melanin, the pigment that gives skin its color.

In 2018, CHI Memorial’s Elizabeth R. Smith Melanoma Program earned the Melanoma Hope Network Center of Excellence designation, recognizing treatment centers and physicians that offer exceptional care, knowledge and compassion to patients diagnosed with advanced melanoma. CHI Memorial is one of only 17 centers in the country to earn this prestigious recognition. As part of the program, a multidisciplinary tumor conference meets bi-weekly and includes representation from pathology, radiology, dermatology, medical and radiation oncology, nurse navigation, social work and an outreach coordinator.

“Our comprehensive program is focused on raising awareness about skin cancer, partnering with local dermatology offices to provide screening, and following patients with suspicious lesions as they move through the CHI Memorial system for treatment – including surgery and/or chemotherapy and radiation therapy,” says Peter Hunt, M.D., otolaryngologist and medical director of CHI Memorial’s Elizabeth R. Smith Melanoma Program. “When someone is diagnosed with melanoma, we can offer the latest treatments – including eight new immunotherapy and/or targeted drugs and in some cases clinical trials through Tennessee Oncology or the CHI Institute for Research and Innovation.”

American Cancer Society (ACS) statistics show more than 90,000 cases of melanoma will be diagnosed in 2018, and nearly 9,000 will die from the disease. Skin cancer is by far the most common of all cancers, and the rates of melanoma have been on the rise in the last 30 years. If caught early, the chances of survival are excellent. Once it has spread, the survival rates drop dramatically.

“The foundation of the melanoma program at CHI Memorial is National Comprehensive Cancer Network® (NCCN) evidence-based guidelines and interventions – all designed to prevent, treat, and cure melanoma and other skin cancers. We are dedicated to working together to provide outreach, education, and screening while connecting patients with the appropriate supportive and medical services they need,” says Terri Henderson, RN, BSN, OCN, oncology nurse navigator and program coordinator for the Elizabeth R. Smith Melanoma Program. “Our vision is simple – to get the word out and change the conversation around melanoma – and to become an outstanding regional referral program for the comprehensive management of melanoma and skin cancers.”
Alvaro Valle, M.D., oncologic surgeon
Deanna Brown, M.D., dermatologist
Terri Henderson, oncology nurse navigator, head and neck/melanoma program coordinator
Peter Hunt, M.D., head and neck surgeon, melanoma program medical director

*statistical data for 2017*
Rees Skillern Cancer Institute has offered smoking cessation classes since 2015, starting first within the institute itself and then moving outward to primary care offices in Chattanooga, Ooltewah, Ringgold and inside CHI Memorial Community Health – Hixson. Following the American Lung Association’s Freedom From Smoking program, ranked one of the most effective programs in the country, CHI Memorial leads the eight-session program that includes step-by-step plans for quitting smoking and teaching evidence-based techniques that can be tailored for each individual.

“The prospect alone of quitting smoking can be very scary. Freedom From Smoking covers every aspect of quitting – including the health benefits of quitting, recognizing triggers, helpful relaxation therapies and an open forum to talk about the stress that quitting can cause,” says Gerre Schwert, LCSW, OSW-C, clinical oncology social worker at CHI Memorial. “The class meets eight times over seven weeks and encourages participants to work individually and as part of the group to take control of their addiction.”

According to program participants, one of the most valuable aspects of the class is the opportunity to learn from previous smokers and those who are also trying to quit. Because smoking is not just a physical addiction, understanding the psychosocial addiction and triggers can also be enlightening.

“In addition to lung cancer, we know that smoking and tobacco use is a major risk factor for many kinds of cancer – particularly lung cancer and every oral cancer such as tongue, mouth, lips, sinuses, tonsil and larynx. It’s very rewarding to give people the tools they need to make better choices for their own health,” says Schwert. “Many people can’t have a cup of coffee without a cigarette, or they smoke while driving or after a meal. The conversations and ideas shared within the group bring an awareness of how changing your mindset and your physical circumstances is key to successfully quitting smoking for good.”
**Studies of Quality – Standard 4.7**

**Testicular Self-Exam: Identifying Knowledge Gaps in Patient Populations**

The incidence of testicular cancer has been increasing in the U.S. and around the world. Although it’s not common, it’s the leading cancer in men ages 15 to 44. Approximately 9,310 new cases will be diagnosed in 2018, and the average age of diagnosis is 33. When detected early, testicular cancer is curable in 95 percent of cases. That’s why increasing education about the importance of early diagnosis is critical.

“In 2017, CHI Memorial became part of an internal research group in cancer genetics. As part of their risk profiling capabilities, I noted that a large percentage of my male patients did not perform testicular self-exams and reported that a primary care physician had not suggested they do so,” says Dr. Marcum. “After talking with the members of our prostate support group, I also discovered that no one had discussed TSE with these men. It’s through this evaluation of the patient population that a need was identified.”

Dr. Marcum then developed a wallet card about testicular self-exams for high risk group populations that included instructions on performing this exam with the following information:

**Be AWARE**

**Step 1:** Roll the testicle in between your thumb and forefinger.

**Step 2:** Look for abnormalities like hard lumps, smooth bumps, or changes.

**Step 3:** Repeat.

**TSE Follow-Ups**

TSE cards were distributed to male patients in the high-risk genetics population who demonstrated a lack of knowledge about TSE during their appointment. Twenty-one cards have been handed out to date. A phone call survey began in September 2018, three months after giving out the first TSE card. Four interviews were conducted to determine if these cards impacted whether the individual performed TSE and if they found it helpful. Three of the four stated the TSE card was helpful and one stated he found it interesting. Data collection and outreach efforts will continue.

“Our goal within the Rees Skillern Cancer institute is to treat people holistically and reduce risk where we can – through our region and the population at large, not just those who are in our direct care. To have access and be involved in this level of research opens doors that can potentially impact a much greater number of people, creating a ripple effect. Any time we can share data and ideas, we can begin to see real and significant change.”

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*statistical data for 2017*
Distinctive, Forward-Thinking Cancer Care

The mission of CHI Memorial’s Rees Skillern Cancer Institute is to provide the highest quality cancer care to the Chattanooga region. We have made a commitment to quality and excellence, and we’re always looking to the future of cancer care to improve people’s lives. CHI Memorial is more than a regional cancer center. With our first-in-the world physicians to the latest technologies to the strength of our navigation team, we are changing the course, nature and severity of cancer treatment.

Within the 2018 Cancer Program Annual Report, we recognize the hard work and many achievements of our passionate team. In these pages, you’ll see how we are advancing cancer care through dynamic educational opportunities, the impact of our screening and prevention programs, and the progress made toward finding cancer earlier and fighting it more effectively. Each of our centers of excellence are dedicated to these initiatives, led by physicians that are at the top of their field, directing best care and future course for our programs.

By heavily investing in minimally invasive technologies like fluoronavigational bronchoscopy and cone beam CT bronchoscopy, CHI Memorial is now able to find lung cancer earlier and treat it more effectively. The Breathe. Easy., an independently functioning mobile lung cancer screening coach is reaching into underserved areas of our community to bring vital cancer screening technologies directly to the patients who need it most. In its first year of operation, nearly 2,000 individuals at high risk for lung cancer received this vital screening. The strides that have been made this year to impact lung cancer alone have been phenomenal.

Everything we do at Rees Skillern Cancer Institute is under the guidance of a multidisciplinary team that is patient-centered and collaborative, designed specifically to anticipate the needs of patients as they move through treatment. Following NCCN standards, the cases presented include clinical and pathological staging, followed by a discussion of the treatment plan and all implications that can come with facing a cancer diagnosis. It’s through these partnerships with medical and radiation oncology, pathology, genetics, nurse navigators and other professionals that we can treat the whole person – mind, body and spirit.

Despite the many advances in treatments and technologies, cancer remains one of the main causes of death in our community. That’s why we keep pushing forward for our patients to find a new way, a new treatment, a new hope. It’s why we wake up every day thinking about how we’re going to beat cancer. We remain dedicated to constantly elevating the care our patients need and deserve – from the moment of diagnosis through treatment and into a vibrant and healthy life after cancer.
Advancing Cancer Care Through Education

The Rees Skillern Cancer Institute and CHI Memorial hosted the 2018 Southeast Regional Oncology Symposium for primary care providers in September, offering AMA PRA Category 1 credits™ to providers for education on advanced cancer care. The symposium was tailored for primary care physicians, physician assistants, nurse practitioners, nurses, interns, residents, and medical students involved in the care of oncology patients. Overall objectives include utilizing the AJCC staging and NCCN guidelines, discussing and describing current evidence-based screening criteria for a variety of cancers, initiating appropriate diagnostic testing and referrals, improvements in oncology, the roles of genetic counseling survivorship and coordination of care, and optimal decision-making and treatment strategies.

“Primary care practitioners play a vital role in much of the workup for people with cancer. They need to know what to be looking for and what testing to do – and know the optimal handoff point for a specialists’ care. Our desire was to reach out and provide valuable information they could use to help their patients and the process go more smoothly,” says Sanford Sharp, M.D., pathologist and symposium moderator. “These targeted presentations were designed to provide insightful and useful information – and to bridge the gap between primary care and specialist to enhance both the quality of care and patient experience for those diagnosed with cancer.”

Symposium Topics

Welcome
James R. Headrick, M.D.
symposium program director

Dermatology for the PCP
Deanna Brown, M.D.

Genetic Counseling: What Your Patients May Ask You and What the Criteria is for Referring
Sanford Sharp, M.D.
Catherine A. Marcum, APN

Colon Cancer Screening Options: What You and Your Patients Should Know
C. Robert Bosshardt, M.D.

Lung Screening Indicators and Learning When and How to Biopsy Lung Lesions
Krish Bhadra, M.D.

Early Stage Lung Cancer in the Non-Surgical Patient
Taylor Whaley, M.D.
Krish Bhadra, M.D.

Update on Gynecologic Oncology
Todd P. Boren, M.D.

Immunotherapy: Why are Oncologists So Excited?
Toxicity: When Therapy Goes Amuck
Edward A. Arrowsmith, M.D.

Breast Cancer Screening Modalities and New Technologies
Betsy J. Washburn, M.D.
Mark A. Brzezienski, M.D.

Cancer of the Head and Neck: How to Recognize It In Your Office
Peter M. Hunt, M.D.

PSA Testing Controversies and What You Need to Know About MRI Prostate Biopsies
C. Lee Jackson, M.D.

2018 Update on Urologic Malignancy / Renal Biopsy
Jeffrey K. Mullins, M.D.

Palliative Care vs. Hospice Care
Gregory L. Phelps, M.D.

Liver and Pancreatic Cancer: What’s New in Diagnosis and Treatment
Jacob E. Dowden, M.D.

Elements of Survivorship and Its Utilization in Coordinating Care Between PCPs and Oncologists
Davey B. Daniel, M.D.
Cancer Screening 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 24 counties, either in the community or on-site at the hospital or centers.

Each program or occasion from a respective outreach program addresses cancer awareness through education of resources, symptoms and actions in order to address barriers to care that include diverse misconceptions of the benefit of screenings, attitude, negligence, fear, lack of awareness, insured individuals not taking time off from work for routine screenings, and lack of resources through one-on-one engagement, literature, relevant educational giveaways, communication tools, and mobile health coaches for accessing the necessary screenings or treatments with emphasis on creating an atmosphere of trust and compassion.

### Elizabeth R. Smith Melanoma Program

#### Skin Disease Outreach

| 46 opportunities to distribute information, sunscreen | 12,814 people reached |

#### Mole Patrol

| 3 events on mobile coach | 9 follow up appointments |
| 32 participants | 1 basal cell carcinoma detected |
### Lung Disease Outreach and Smoking Cessation

#### Smoking Cessation

<table>
<thead>
<tr>
<th>People Completed</th>
<th>Lung Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>53</td>
<td>876</td>
</tr>
</tbody>
</table>

311 patients were given smoking cessation education.

#### Special Projects

Promotion of cessation classes and implementation of classes at satellite clinics.

---

### Oral, Head and Neck

The multidisciplinary team focused on building a dental referral program and aligning with the Chattanooga Tumor Clinic to assist the uninsured or under insured with the goal of increasing awareness of head, neck and oral cancer.

### Nutrition and Wellness

Nutrition in relation to cancer prevention, treatment and survivorship:

<table>
<thead>
<tr>
<th>Livestrong Events</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>77</td>
</tr>
</tbody>
</table>

---

Debrah Hagen, LCSW, OSW-C, social worker; Sharon Hopper, RDN, LDN, registered dietitian; Rhonda Edwards, LCSW, ACSW, OSW-C, social worker and manager, Center for Cancer Support.
## MaryEllen Locher Breast Center

### Breast Cancer Outreach

<table>
<thead>
<tr>
<th>Events</th>
<th>People Reached</th>
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</thead>
<tbody>
<tr>
<td>116</td>
<td>11,874</td>
</tr>
</tbody>
</table>

### Mobile Cervical, Pap and CBE Exams

<table>
<thead>
<tr>
<th>Programs</th>
<th>Patients</th>
<th>Exams Conducted, All Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>2</td>
<td>23</td>
</tr>
</tbody>
</table>

### Special Projects

- Breast Health Day hosted for women in a domestic violence shelter

---

## Mobile Mammography

<table>
<thead>
<tr>
<th>Total Site Visits</th>
<th>Mobile Mammograms</th>
<th>Abnormalities</th>
<th>Patients Diagnosed with Breast Cancer to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>527</td>
<td>5,675</td>
<td>257</td>
<td>21</td>
</tr>
</tbody>
</table>

- 192 private/commercial industries (37%)
- 251 public programs at medical facilities, community centers and events (45%)
- 84 cancelled due to low participation, machine breakdowns or partner issues (18%)
## Cancer Incidence

### Cancer at CHI Memorial Rees Skillern Cancer Institute

#### 2008 - 2017 Cancer Incidence Chart

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>372</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>
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<tr>
<td>Lung</td>
<td>330</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>
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<tr>
<td>Prostate</td>
<td>367</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>
</tr>
<tr>
<td>Skin (Melanoma)</td>
<td>217</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>
</tr>
<tr>
<td>Colorectal</td>
<td>202</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>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>194</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>222</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>103</td>
<td>174</td>
<td>128</td>
<td>177</td>
<td>152</td>
<td>123</td>
<td>103</td>
<td>92</td>
<td>93</td>
<td>90</td>
</tr>
<tr>
<td>Bladder</td>
<td>98</td>
<td>132</td>
<td>107</td>
<td>98</td>
<td>93</td>
<td>123</td>
<td>103</td>
<td>102</td>
<td>133</td>
<td>133</td>
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<tr>
<td>Pancreas</td>
<td>47</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>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>52</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>
</tr>
</tbody>
</table>

#### 2017 Top Cancer Sites

- **Breast** - 15%
- **Lung** - 17%
- **Prostate** - 13%
- **GYN** - 5%
- **Melanoma** - 11%
- **Colorectal** - 8%
- **Urinary** - 13%
- **Head & Neck** - 9%
- **Lymphoma** - 4%
- **Other** - 5%

*statistical data for 2017*
CANCER INCIDENCE

2017 Stage of Disease at Diagnosis

**Lung**
- Stage 1: 39%
- Stage 2: 10%
- Stage 3: 21%
- Stage 4: 27%
- Other: 3%

**Breast**
- Stage 0: 13%
- Stage 1: 40%
- Stage 2: 35%
- Stage 3: 6%
- Stage 4: 3%
- Other: 3%

**Colon**
- Stage 0: 61%
- Stage 1: 20%
- Stage 2: 28%
- Stage 3: 28%
- Stage 4: 14%
- Other: 10%

**Melanoma**
- Stage 0: 31%
- Stage 1: 38%
- Stage 2: 9%
- Stage 3: 4%
- Stage 4: 3%
- Other: 15%

**Prostate**
- Stage 0: 10%
- Stage 1: 13%
- Stage 2: 57%
- Stage 3: 15%
- Stage 4: 7%
- Other: 10%

**Bladder**
- Stage 0: 4%
- Stage 1: 15%
- Stage 2: 10%
- Stage 3: 4%
- Stage 4: 5%
- Other: 5%
### Tumor Site Origins

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung</td>
<td>439</td>
<td>17.1</td>
</tr>
<tr>
<td>Breast</td>
<td>390</td>
<td>15.2</td>
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<tr>
<td>Prostate</td>
<td>330</td>
<td>12.8</td>
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<tr>
<td>Melanoma</td>
<td>274</td>
<td>10.6</td>
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<tr>
<td>Colorectal</td>
<td>191</td>
<td>7.5</td>
</tr>
<tr>
<td>Oral Cavity/Pharynx/Tonsil</td>
<td>188</td>
<td>7.3</td>
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<tr>
<td>Urinary Bladder</td>
<td>133</td>
<td>5.2</td>
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<tr>
<td>Kidney &amp; Renal Pelvis</td>
<td>108</td>
<td>4.2</td>
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<tr>
<td>Lymphoma</td>
<td>90</td>
<td>3.5</td>
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<tr>
<td>Pancreas</td>
<td>75</td>
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<tr>
<td>Corpus Uteri</td>
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<td>2.4</td>
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<tr>
<td>Thyroid</td>
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<td>Esophagus</td>
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<td>1.4</td>
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<tr>
<td>Larynx</td>
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<td>1.3</td>
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<tr>
<td>Leukemia</td>
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<tr>
<td>Stomach</td>
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<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>23</td>
<td>0.9</td>
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<tr>
<td>Ovary</td>
<td>21</td>
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<tr>
<td>Myeloma</td>
<td>18</td>
<td>0.7</td>
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<tr>
<td>All Other</td>
<td>50</td>
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<tr>
<td>Total</td>
<td>2573</td>
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### Distribution by Age at Time of Diagnosis in 2017

### 2017 Distribution by Sex
<table>
<thead>
<tr>
<th>County</th>
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<th>Patients Diagnosed</th>
<th>County</th>
<th>Postal Code at Diagnosis</th>
<th>Patients Diagnosed</th>
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**Cancer Incidence**

### 2017 Residence by County at Time of Diagnosis

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<th>County</th>
<th>Total</th>
<th>Percent</th>
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