

 **CHI Memorial**  
Rees Skillern Cancer Institute



# Cancer Program Reporting of Outcomes 2022

Statistical data for 2021



### **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 as a designated “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.



# Table of Contents

Complete Service Listing.....	4
2022 Winds of Change: The Beginning of all New Things ..... <i>A message from Cindy Mills</i>	5
Meet our New Team Members .....	6
Waves of Change..... <i>A message from Justin Wilkes, MD</i>	7
Centers of Excellence Medical Directors and Nurse Navigators.....	8
Center for Cancer Support.....	10
Leading the Way in Innovative Brain Tumor Treatment ..... <i>Neuro-Oncology</i>	12
Protective, Preventative and Personalized Cancer Care..... <i>Cardio-Oncology</i>	14
It all Starts Small, Under the Scope..... <i>Oncology Pathology</i>	16
Gynecologic Cancer Care .....	18
2022 Cancer Committee .....	19
2023 Cancer Conference Schedule .....	20
Cancer Incidence Statistics .....	21
Improving Patient Experience: Gabby Bourdon .....	27

# Centers of Excellence and Complete Service Listing

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

## Breast Center of Excellence

### MaryEllen Locher Breast Center

- 2D & 3D mammography screening
- bone density tests
- cancer risk counseling
- community outreach
- mobile mammography services in North Georgia, North Alabama, and 25 counties in Tennessee
- stereotactic and ultrasound guided breast biopsies

## 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

- robotic-assisted surgery

## Head and Neck Center of Excellence

- 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 17 counties in Tennessee and eight in Georgia
- 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

## Melanoma Center of Excellence

### Elizabeth R. Smith Melanoma Program

- skin cancer screening

## Neuro-oncology Center of Excellence

- awake craniotomy
- endoscopic cranial surgery
- GammaTile®
- laser interstitial thermal therapy
- minimally invasive tubular surgery
- stereotactic radiosurgery

## Pancreatic & Hepatobiliary Center of Excellence

- 3T MRI technology
- cholangiopancreatography (ERCP)
- endoscopic retrograde
- endoscopic ultrasound
- enhanced recovery after surgery (ERAS) protocols
- robotic-assisted surgery

## 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
- financial counseling
- licensed clinical social workers
- oncology dietitians
- resource library
- risk counseling
- prehabilitation
- RN navigators
- second opinion services
- spiritual care and chaplaincy services
- survivorship care
  - patient and family advisory council
  - support groups and retreats
  - education and support from RNs, dietitians, licensed clinical social workers and chaplains
  - coordination with community resources for survivorship



**Cindy Mills**

Market Vice President of Oncology  
and Specialty Service Lines

A message from Cindy Mills

## 2022 Winds of Change: The Beginning of all New Things

**2022 ushered in the winds of change and some new beginnings in the oncology department at CHI Memorial. First, we saw a light at the end of what seemed to be a never-ending tunnel: the COVID-19 pandemic. At last, we begin to feel the winds shift from a place of despair and hopelessness to a feeling of hope and a “new normal” as we learn to live with the changes that the pandemic brought to our nation, our organization, and our community.**

Patients are once again reaffirmed that our cancer care here at CHI Memorial and the Rees Skillern Cancer Institute is nothing short of outstanding. They trust us to deliver the same high-quality and unsurpassed patient experience they have always known as we make continuous strides in advancing our services with technologies, access, education, and supportive care services along the continuum of the patient’s journey.

Deb Moore began her shift to the COO role for our organization, and I was blessed to be promoted to her previous role as vice president of oncology. This change brought exciting new opportunities on both a personal and professional level, but also gave a new perspective of our changing headwinds as we worked to maintain and restore staffing levels and morale through previous and on-going labor climate changes. Through this we learned that we indeed can do ANYTHING we set our minds to!

We were blessed with new physician talent and welcomed Henry Cheng, MD, cardio-oncology (The Chattanooga Heart Institute), William Lyman, MD, (USA), Nitesh Rana, MD, (Tennessee Oncology), Beth Snell, MD, (USA), and Richard Tanner, MD, (USA).

Finally, our future is looking bright as we look forward to exciting new initiatives and developments!

- Our Patient and Family Advisory Committee (PFAC) resumed its meetings after the COVID hiatus. They are already busy working with our marketing leader to update our website.
- We are working on opening a lymphedema clinic to serve our patients in the community and expand our oncology therapy services.
- On our Hixson campus, we are looking to add radiation services and move the MaryEllen Locher Breast Center into a new space.
- We are getting a second Breathe. Easy. mobile lung CT coach that will allow us to take this potentially life-saving screening to more people throughout the Tennessee Valley.

As we continue to turn our focus to the future, we are indeed in the best of hands with our excellent physician, clinical, and support teams! You all are the face and HEART of CHI Memorial oncology, and we are blessed with the BEST! On behalf of our patients, our community, and our administration – THANK YOU!

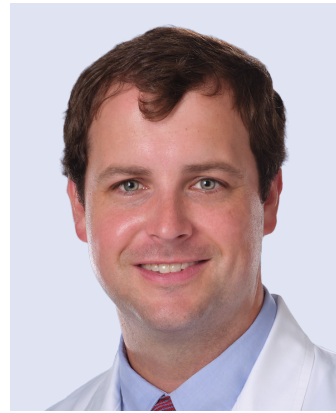
# Meet our New Team Members

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



**Henry Cheng, MD**

Dr. Cheng earned his medical degree from the University of California at Los Angeles. He completed an internal medicine residency at The Johns Hopkins Hospital in Baltimore, MD, and a cardiovascular medicine fellowship at the Hospital of the University of Pennsylvania in Philadelphia, PA. In addition to general cardiology care, Dr. Cheng specializes in cardio-oncology at The Chattanooga Heart Institute.



**William (Buck) Lyman, MD**

Dr. Lyman earned his medical degree from the University of Tennessee Health Science Center in Memphis. He completed a residency in general surgery at Carolinas Medical Center in Charlotte, NC, and a fellowship in colon and rectal surgery at Ochsner Clinic Foundation in New Orleans. Dr. Lyman is board certified through the American Board of Surgery (ABS). He is a surgical oncologist, specializing in colorectal surgery, with University Surgical Associates.



**Nitesh Rana, MD, MS**

Dr. Rana earned his medical degree from Georgetown University School of Medicine in Washington, D.C. He completed his residency at Vanderbilt University Medical Center. Dr. Rana is a board-certified radiation oncologist with Tennessee Oncology.



**Beth Snell, MD**

Dr. Snell earned a medical degree from the University of Louisville in Louisville, KY, where she also completed an internship and residency in general surgery. She then completed a fellowship in surgical oncology at the University of Miami in Miami, FL. Dr. Snell is a surgical oncologist, specializing in breast surgery, with University Surgical Associates.



**Richard Tanner, MD**

Dr. Tanner earned his medical degree from the University of Alabama School of Medicine in Birmingham. He then completed his general surgery residency at the University of Tennessee College of Medicine in Chattanooga. Dr. Tanner is a breast and general surgeon with University Surgical Associates.



**Justin Wilkes, MD**  
Surgical Oncologist and  
Chair of Cancer Committee

A message from Justin Wilkes, MD

## Waves of Change

**It's difficult to ignore the massive waves coming within healthcare, and cancer care specifically, that are currently only ripples gently lapping on the shores of Chattanooga. We struggle through the financial burden of inflation, increasing numbers of uninsured and underinsured patients, workforce shortages, and supply chain demand.**

We simultaneously enter the revolution of artificial intelligence in medicine and the consolidation of large health care systems that (through the most rose-colored glasses) should improve efficiency and quality. For the sake of our patients, Chattanooga cannot put up “No Wake Zone” buoys, but rather don our wetsuits and prepare to surf.

While it pains me to put this into writing only two years after the culmination of 13 years of training, artificial intelligence (AI) will revolutionize cancer care by providing more accurate and personalized treatments to patients, which providers have spent most of our adult lives trying to organize in our own minds. AI algorithms will analyze vast amounts of patient data, including genetic information and medical history, to identify patterns and predict outcomes. This will lead to more effective treatments and better patient outcomes. Additionally, AI will assist doctors in making more informed decisions, helping to improve diagnosis and treatment plans. As AI technologies are refined, we can look forward to a future where cancer care is more effective, personalized, and accessible to patients. The Gig City cannot be afraid of this revolution and must be ready to embrace it.

In 2019, CommonSpirit Health (CSH) became the largest Catholic health system, and one of the largest nonprofit hospital systems in the U.S. with the merger of Dignity

Health and Catholic Health Initiatives. While the slow-burning tragedy that was/is the COVID pandemic and the ongoing economic fallout has put a damper on the potential, there have been several wins through intentional organization and effort (e.g. Cardiovascular Service Line, Women and Infants Clinical Institute). The CSH Oncology Clinical Institute organized in 2022 and has already made system-wide improvements in time-to-treatment of breast cancer and decreased admissions for chemotherapy-related complications. More initiatives are coming in 2023 and beyond. Outside of CHI Memorial proper, but affecting CHI Memorial patients in a positive way, Tennessee Oncology became a part of OneOncology with access to broader resources and clinical trials. We are improving the way we work within these larger systems and utilizing our resources to benefit our patients.

While the present can sometimes be intimidating, the future of cancer care at CHI Memorial is bright as we enter the revolution of artificial intelligence in medicine and improve the organization and impact of our healthcare system. These advancements will transform the field, providing patients with more personalized and effective treatments, and creating a more comprehensive and coordinated care network. As we move forward, we can look forward to a brighter future for cancer care in Chattanooga.

# Centers of Excellence

## Medical Directors and 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 surgery*



**Lanett Varnell, MD**  
*breast imaging*



**Marci Bradley, BSN,  
RN, CMSRN, OCN**

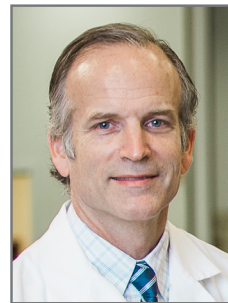
### Colorectal Center of Excellence



**Eric Nelson, MD**



**Kim Shank, BSN, RN,  
OCN**



**Peter Hunt, MD**



**Pam Lawson, BSN, RN**

### Head and Neck Center of Excellence

### Lung Center of Excellence



**Krish Bhadra, MD**



**Rob Headrick, MD**



**MeChon Goines,  
BSN, RN, CCRN**



## Melanoma Center of Excellence

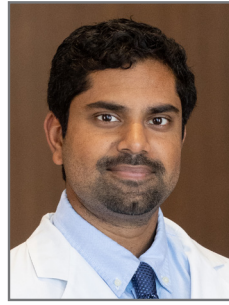


Justin Wilkes, MD



Pam Lawson, BSN, RN

## Neuro-oncology Center of Excellence

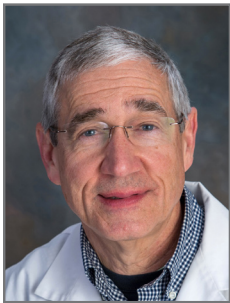


Ranjith Babu, MD



MeChon Goines, BSN,  
RN, CCRN

## Pancreatic/Hepatobiliary Center of Excellence

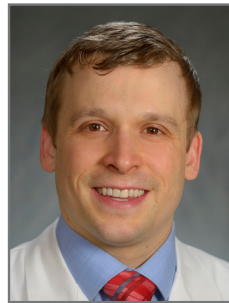


Hunter Jennings, MD



Sherrie Johnston,  
BSN, RN-BC, OCN

## Radiation Center of Excellence



Taylor Whaley, MD

## Urology Cancer Center of Excellence

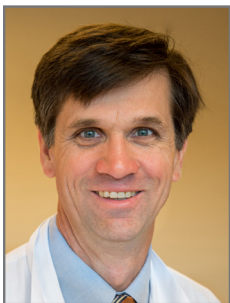


Jeff Mullins, MD



Jennifer Huisman,  
BSN, RN

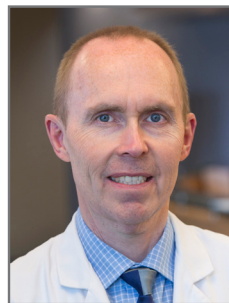
## Medical Directors who Support Every Center of Excellence



Ted Arrowsmith, MD  
*medical oncology*



Taylor Rowlett, MD  
*radiology*



Sandford Sharp, MD  
*high-risk genetics*



# Center for Cancer Support

**Comprehensive care at the CHI Memorial Rees Skillern Cancer Institute is all-encompassing for patients and their families, offering resources and support 24/7.**

The Joe and Virginia Schmissrauter Center for Cancer Support's purpose is to "support the patient and the family through their cancer journey in whatever way they need," says Kim Shank, BSN, RN, OCN, the center's oncology clinical services director. "We offer a holistic approach for mind, body, and spirit. We address all issues from diagnosis to survivorship."

The Center for Cancer Support includes eight nurse navigators who help patients and their families understand diagnosis and treatment, three oncology social workers who address financial and legal concerns as well as offer counseling and help with stress management, three oncology dietitians who answer nutrition questions and concerns in order to help maximize nutrition and maintain weight during cancer treatments, an oncology chaplain who listens to fears and offers prayer, physical therapists, and genetic counselors. All services are free and no insurance companies are billed for care.

"We have licensed staff who can address concerns or connect patients with the appropriate people who can," Shank says.


CHI Memorial is unique for its inclusion of oncology social workers, oncology dietitians, and oncology physical therapists as part of the care team, according to Shank. All members of the center's staff are actively involved in tumor conferences with physicians.



**We have licensed staff who can address concerns or connect patients with the appropriate people who can.**

Justin Wilkes, MD, surgical oncologist with CHI Memorial Surgical Associates, is an avid supporter of the center.

The collaborative approach means that "we work together to recognize needs and engage all of the appropriate services available to patients," Wilkes says. "While my clinic also espouses and practices this holistic approach to cancer care, we too can be hyper-



Kim Shank, BSN, RN, OCN

Justin Wilkes, MD  
Surgical Oncologist

CHI Memorial  
Surgical Associates

Justin Wilkes, MD

focused on diagnosis and treatment. The staff at the Center for Cancer Support are that invaluable layer of support and the nurse navigators really become the hub at the center of patient care.

"It's great for patients to discuss their care with another experienced provider outside of our clinic," he explains. "Cancer diagnoses are overwhelming and in those situations, we can only absorb so much information at one time."

Comprehensive care lowers risk, according to Wilkes, as patients can often improve their health before treatment through services such as weight loss support, nutrition, prehabilitation, and smoking cessation. The evaluations completed by multiple caregivers "helps catch the things we may miss in our initial clinic evaluation," Wilkes says.

He believes the center is an asset to CHI Memorial because "it gives our community confidence that there's a hospital that can take care of complex problems."

Other resources offered through the Center for Cancer Support include Cancer Connect, a 24/7 hotline connecting callers to resources, support groups for specific types of cancer, including a Spanish-speaking group, and grief support groups to assist those who lose a loved one to cancer.

The oncology chaplain is a key member of the comprehensive care team, according to Shank. "As a faith-based hospital, we place a lot of emphasis on the spiritual care of the patient," she explains. "The chaplain can educate them about advance directives, pray with them, listen to them, and help them process emotions."

The chaplain is also actively engaged with hospital staff caring for cancer patients, rounding with staff and providing support when a healthcare professional experiences a difficult patient death.

Employees at the Center for Cancer Support stay in touch with patients after their medical care is completed, helping with fears over recurrence and how to adapt to changes brought on by cancer.

"We are with a lot of our patients for a long, long time. We develop a close relationship with them and their families," says Shank.

"We're here as long as they want us to be, whenever they reach out."





## Neuro-Oncology

# Leading the Way in Innovative Brain Tumor Treatment

**Technology in the medical field is constantly changing, giving patients more options, more hope, and more life. Thanks to new technology now available through CHI Memorial, this is the case for patients diagnosed with a brain tumor.**

In October 2022, CHI Memorial performed GammaTile® Therapy for the first time – a product that is expected to help improve the lives of brain tumor patients, taking immediate action to treat the tumor site. During the last few minutes of brain surgery, the GammaTile, the size of a postage stamp, is placed on the patient’s tumor site, immediately providing radiation.

“With most malignant brain tumors, we surgically remove the mass, then patients have to wait two to four weeks for the wound to heal to begin radiation,” says Ranjith Babu, MD, a fellowship-trained neurosurgeon at the CHI Memorial Neuroscience Institute. “GammaTile can be implanted within minutes of the tumor removal. We place the tiles directly on the resection cavity, and radiation begins immediately, so they no longer have to wait.”

Dr. Babu helped bring the cutting-edge product to the health system and has already implanted GammaTile in several patients with recurrent tumors. With more than 200,000 Americans diagnosed with an aggressive brain tumor every year, GammaTile provides new hope to those facing a newly diagnosed or recurrent tumor, allowing for stronger tumor control.

“It’s providing patients with another tool in their arsenal to treat these difficult-to-treat tumors that come back. Typically, patients with recurrence can’t get standard radiation again because they already received the maximum amount of conventional radiation allowed for a healthy brain,” Dr. Babu says. “This therapy is really the only way to deliver radiation again.”

So far, with GammaTile Therapy, Dr. Babu says patients have experienced clean brain scans after 30 days of radiation. He says multiple tiles are usually implanted, and the tiles resorb into the body once radiation is completed.

The product has the potential to change the standard of care for patients with brain tumors. During standard radiation, external beams pass through the skin, skull, and normal brain tissue. GammaTile contains radiation seeds that only target the tumor site, sparing the normal brain tissue and saving patients and their caregivers time and potential side effects.

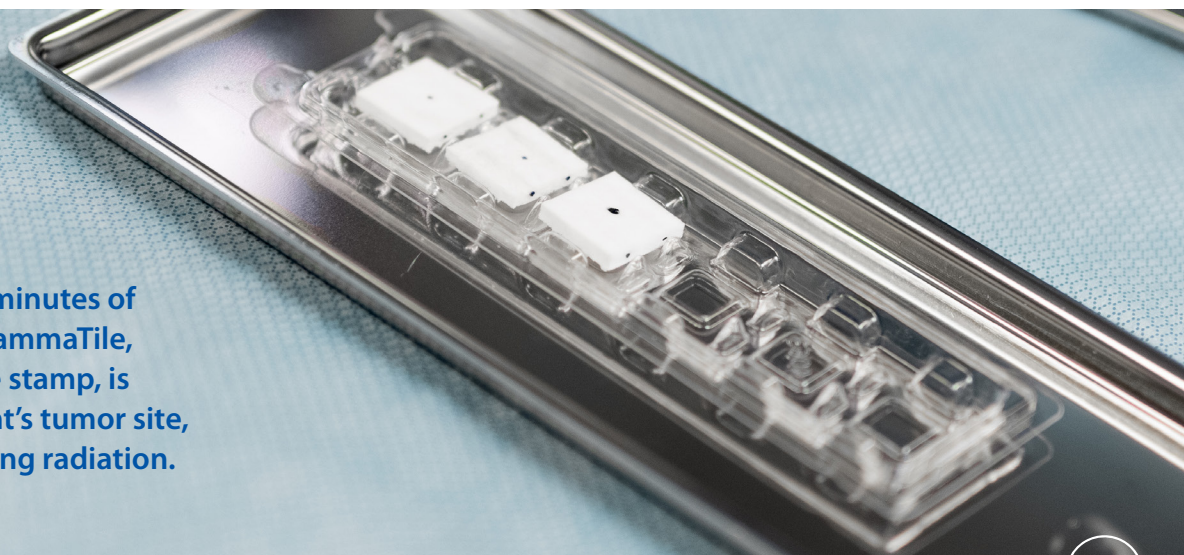
“The therapy is still in the early stages, and studies are still being done, but we are seeing many benefits for patients,” Dr. Babu says. “Patients are not having hair loss, scalp burns, rashes, or cognitive changes. We’re also seeing a potential decrease in recurrence rates.”

Dr. Babu says he is grateful to be a part of this new therapy and calls it a privilege to offer this cutting-edge treatment to CHI Memorial patients. CHI Memorial is the first in the Chattanooga area to offer this groundbreaking technology to patients and one of three hospitals in the state with GammaTile Therapy. Dr. Babu says the hope is to join clinical trials and studies to offer the product to even more patients.



**Ranjith Babu, MD**  
neurosurgeon

**During the last few minutes of brain surgery, the GammaTile, the size of a postage stamp, is placed on the patient’s tumor site, immediately providing radiation.**



# Cardio-Oncology

## Protective, Preventative, and Personalized Cancer Care

For cancer patients, it's challenging enough to mentally prepare for such a significant diagnosis. But throw in the potential for adverse side effects from chemotherapy treatments, such as the risk of heart failure, and it can be a lot to handle. That's where cardio-oncology comes in – an emerging specialty where cardiologists work closely with oncologists to monitor patients undergoing chemotherapy treatments to detect early-onset cardiotoxicity.


"Many new chemotherapy regimens are now available depending on the cancer type, and some are well-known to have a cardiotoxic effect and can cause heart failure," says Henry Cheng, MD, director of cardio-oncology for CHI Memorial and cardiologist with The Chattanooga Heart Institute. "Our job is to routinely screen these patients during their therapy to find risk factors that might put them at a higher risk for developing heart failure from chemotherapy and then treat these patients with medications."

Still considered an emerging specialty, CHI Memorial is one of the only community hospitals in the southeastern United States offering cardio-oncology to patients. Dr. Cheng started the program roughly a year ago after initially instituting it in Florida.

"It's quite rare to offer cardio-oncology, as it's been traditionally isolated to academic centers," Dr. Cheng says. "But since offering it, the quality of our monitoring program has improved, is more consistent, and that direct line of communication and close working relationship between the cardiologist and oncologist has been huge."



Henry Cheng, MD,  
with cardio-oncology  
patient, Darrell  
Hinton, Jr.



**We are not so much giving patients a poor cardiac prognosis – this is more of a protective and preventive program.**

## Types of Treatments

While curing a patient's cancer is the primary intention, the role of the cardio-oncology program is to work as a monitoring service that guides the patient through the treatments, ensuring his/her heart is healthy throughout chemotherapy. Patients are monitored using echocardiography with artificial intelligence to track the muscle fibers in their hearts. If abnormalities are detected, doctors start patients on heart failure therapies such as Entresto and Carvedilol.

"These are well-known heart treatment medications that have performed well with patients who have cardiotoxicity," Dr. Cheng says. "We are not so much giving patients a poor cardiac prognosis – this is more of a protective and preventive program."



**Henry Cheng, MD**  
director of cardio-oncology

## Which Patients Qualify?

Patients undergoing chemotherapy treatments are already monitored every three months while in therapy and again shortly after completion. But if doctors detect cardiotoxicity, meaning muscle fiber weakness has been discovered, patients are referred to treatment in a clinical setting before their next round of chemo and prescribed heart failure medications proven in studies to benefit oncology patients.

"Everything is personalized and taken case-by-case with close communication with their oncologist," Dr. Cheng says. "We perform a blood test in addition to a cardiac imaging test, where we check for heart muscle damage, to identify patients who have early onset cardiotoxicity. That way, we can get them started on therapy and have a close monitoring system for the remainder of their chemotherapy course."

While cardio-oncology is still considered an emerging field, Dr. Cheng says the science is constantly advancing, reducing the risk of cardiovascular disease in cancer patients, and ultimately saving lives.



## Oncology Pathology

# It All Starts Small, Under the Scope

**Cancer patients typically undergo extensive tests to determine the type and stage of the disease. But the first step in treatment is often in the hands of CHI Memorial's pathology department.**

"The cancer journey nearly always starts in pathology," according to Sanford Sharp, MD, head of CHI Memorial's pathology group, Diagnostic Pathology Services. "There are many critical parts of a patient's workup, particularly radiology, but we're the ones tasked with putting the right name to the disease. The treating clinician can't give the right treatment unless we provide the right diagnosis and enumerate all the other features they require," Sharp explains.

In addition to making diagnoses, pathologists play an active role in cancer conferences, contributing to the discussion as part of a patient's treatment. All of CHI Memorial's 10 pathologists are trained to diagnose cancer as part of their residency. In addition, pathologists frequently pursue additional training in a speciality area. CHI Memorial's pathologists have expertise in cytopathology, dermatopathology, breast pathology, hematopathology, and gastrointestinal pathology.

"We have built great trust with our clinicians," Sharp says. "We tell them what it is. They trust us, and they act on the information."

The pathologists are readily available to answer questions after giving results to the ordering physician. And although pathologists usually do not have direct contact with patients, Sharp says his team is willing and accessible to answer questions from patients when called upon.

Pathologists recently faced a new challenge with the addition of CHI Memorial's neuroscience service line, particularly with brain tumor patients. To prepare, the pathologists at CHI Memorial completed continuing medical education courses in neuropathology. Also, the cases are shared and discussed among all pathologists on an ongoing basis.

"At this point, our role is primarily to help manage the specimen at the time of surgery and to sign out the cases with which we are comfortable," says Dr. Sharp. More complex cases are sent for outside consultation at specialized labs, he explains.

The future of cancer care at CHI Memorial is secure, Sharp believes, because of strong partnerships. All participants in cancer conferences collaborate well together, he says. "We have a great team."



Sharp believes maintaining in-house pathologists and radiologists at CHI Memorial is important to the continued success of cancer treatment here. "We are fortunate to have oncologists and surgeons of the highest caliber here at Memorial," he says. "I am humbled by the level of trust they have in us. We strive to maintain the level of quality they expect and that our patients deserve."

### Oncology High-Risk Genetics Program

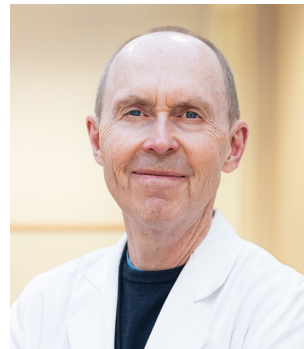
Sharp also serves as medical director for High-Risk Genetics at the Rees Skillern Cancer Institute. The program includes two genetic counselors.

"Our genetic counselors are incredibly well-trained and conscientious. I learn something from them every time we discuss a patient," says Sharp. "Our cancer program would be incomplete without them."

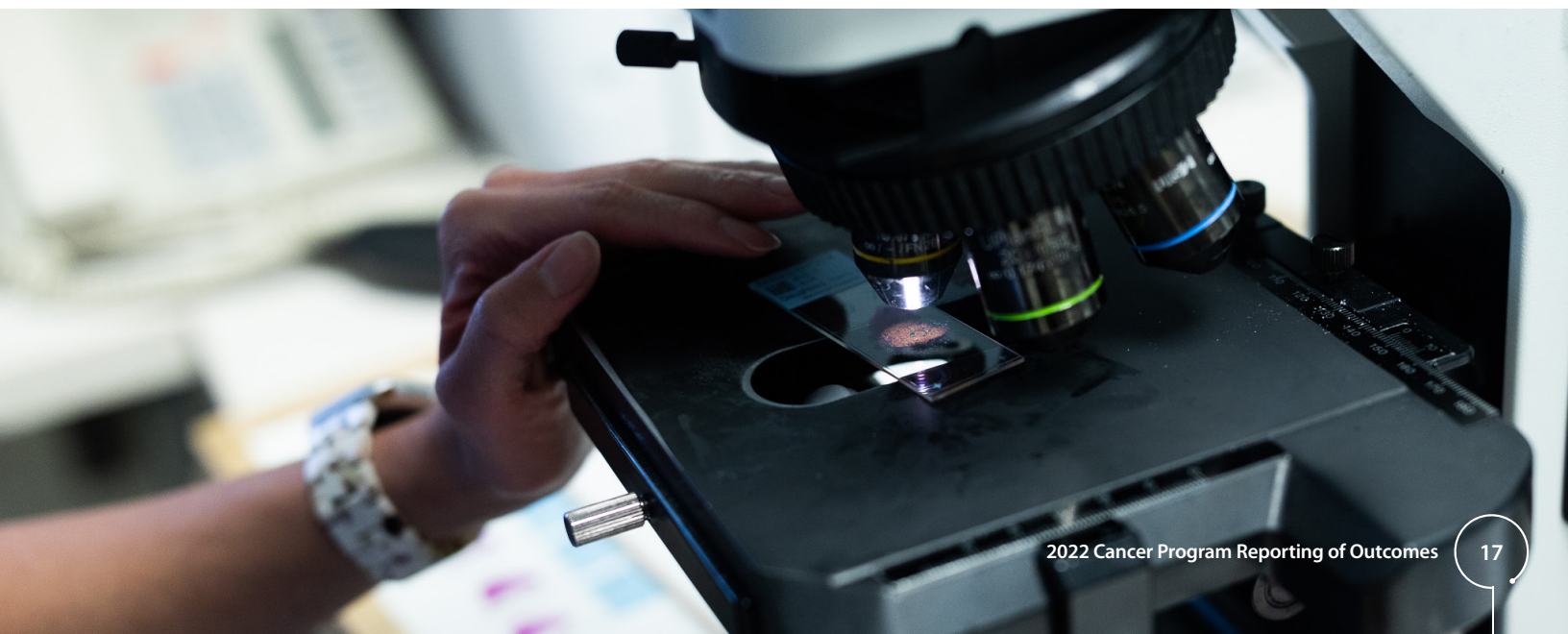
"We are increasingly aware of the hereditary component of cancer," explains Sharp. "This is a rapidly growing field with implications for the counseled patient, for other family members and, increasingly, for making the best treatment decisions."

Patients involved in the high-risk genetics program are referred by physicians, generally based on the type of cancer and informed by National Comprehensive Cancer Network (NCCN) guidelines. Colon cancer patients and breast cancer patients make up the highest number of referrals for genetic counseling at CHI Memorial, but patients with all types of malignancy are counseled.

The field faces reimbursement challenges though - while Medicare and Medicaid recommend genetic counseling, those programs do not yet cover the cost. The Access to Genetic Counselor Services Act is a bill that has been introduced to Congress with the intent to increase access to genetic counselors.



**Sanford Sharp, MD**  
pathologist



# Gynecologic Cancer Care

**Traditional methods continue to dominate in gynecologic cancer care. But robotic surgery and more targeted treatment of tumor sites are minimizing risks and reducing side effects for patients.**



**Stephen DePasquale, MD**  
gynecologic oncologist

“Surgery, chemotherapy, and radiation are the biggest tools in our toolbox,” says Stephen DePasquale, MD, gynecologic oncologist and member of CHI Memorial medical staff. However, advances in technology are benefiting patients and improving outcomes.

“When I first started 22 years ago, we treated women with an open incision and a hysterectomy,” DePasquale says. “Today we do it with minimal incision and a minimally invasive procedure with robotic surgery. This has had a major impact on endometrial cancer.”

Sentinel lymph node evaluation improves results for his patients, DePasquale says, since it minimizes the quantity of lymphatic tissue that is removed. He uses Firefly™ technology in surgery, allowing him to remove only one or two lymph nodes on each side of the pelvis. This reduces the risk of lymphedema in a patient’s lower extremities.

As with all cancers, biologics and immunologics have improved the treatment of gynecologic cancers, according to DePasquale. And interstitial brachytherapy, offered by Tennessee Oncology at CHI Memorial’s Rees Skillern Cancer Institute, targets tumors with more specific radiation, lessens side effects, and reduces toxicity for his patients.

Uterine/endometrial cancer is the most common form of gynecologic cancer in the United States—and in Chattanooga—according to the American Cancer Society (ASC).

ASC also projects around 14,000 cervical cancer diagnoses yearly, despite the widespread availability and effectiveness of the human papillomavirus (HPV) vaccine. The vaccine can be given to children as young as nine and to women up to 45 years old. Cervical cancer is the most common gynecological cancer worldwide.

“Despite the fact that we have a vaccine that has been available for 20 years now, and is very effective at treating cervical cancer, we still see a large quantity of it here in Chattanooga and nationally,” DePasquale says. “If we treated everybody with the vaccine, it would reduce the rate of cervical cancer by greater than 70 percent.”

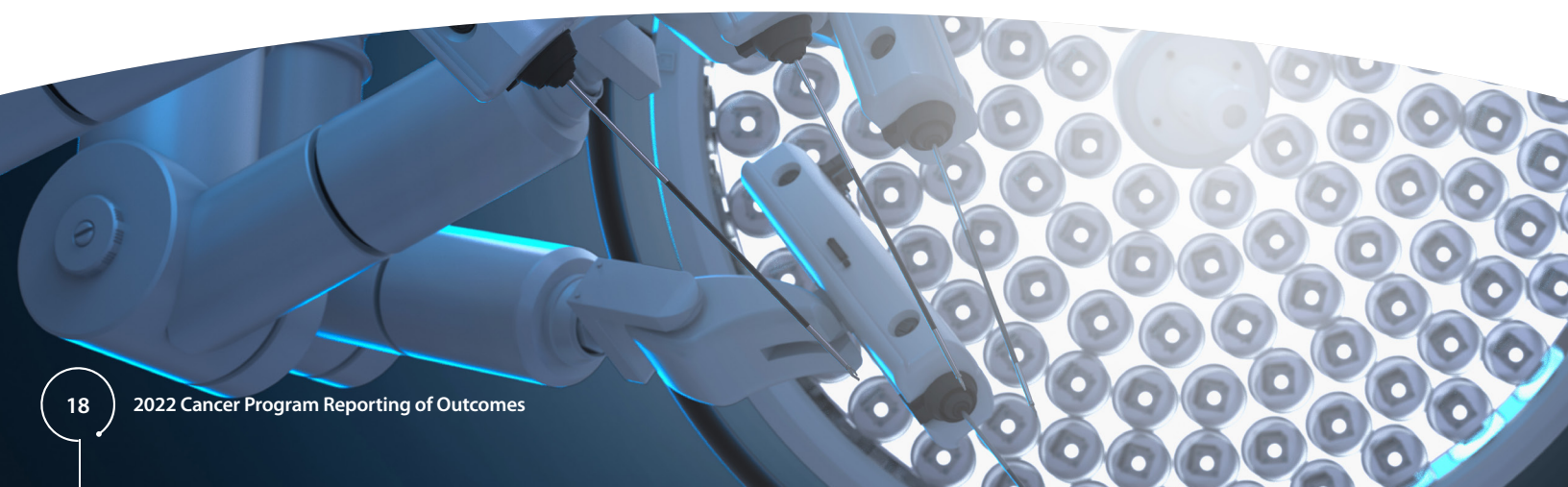


## **Surgery, chemotherapy, and radiation are the biggest tools in our toolbox.**

The most common cause of endometrial and uterine cancer is obesity, according to DePasquale. HPV is a direct cause of cervical cancer.

There is no known cause for ovarian cancer, which affects about 20,000 women each year. “It’s called the silent killer,” DePasquale says. Since there is no effective screening tool for the disease, 65 percent of women are diagnosed at stage 3 or 4.

COVID-19 continues to affect gynecologic cancers. Patients have postponed regular screenings and doctor visits over the past one to two years. “Consequently, we’re seeing more advanced cancers,” says DePasquale.



# 2022 Cancer Committee

**Bertrand Anz, MD**

medical oncologist

**Ranjith Babu, MD**

neurosurgeon

**Stephanie David, MD**

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

**Matthew Kodsi, MD**

chief medical officer

**Michael Lacombe, MD**

diagnostic radiologist

**Jeff Mullins, MD**

director urologic oncology, surgeon

**Ben Nadeau, MD**

medical oncologist

**Irina Perjar, MD**

pathologist

**Taylor Rowlett, MD**

diagnostic radiologist

**Sanford Sharp, MD**

pathologist

**Betsy Washburn, MD**

cancer liaison physician, breast surgeon

**J. Taylor Whaley, MD**

radiation oncologist

**Justin Wilkes, MD**

cancer liaison physician, surgeon,  
cancer committee chair

**Penny Andrews, RN, FCN, BSN, OCN**

clinical research coordinator

**Mary Jane Archer**

data coordinator

**Isabel Bolanos, LCSW**

clinical oncology social worker

**Clarissa Boyer, RN, BSN, CBCN**

survivorship program coordinator &  
oncology nurse navigator - breast

**Marci Bradley, RN, CMSRN, OCN**

oncology nurse navigator - breast

**Nicole Brown, MPA**

manager, community benefit and diversity

**Christa Byerly, NP**

palliative care

**Allen Chandler, PA-C**

palliative care

**Robin Darling, RD, LDN**

registered dietitian

**Scotty Evans**

American Cancer Society representative

**Tifiny Finch, GCA, LPN**

genetic assistant

**Karen Frank, DNP, RN, CPPS, MSHA**

market director, quality

**Roxy Gazaway, NP**

surgical oncology

**MeChon Goines**

oncology nurse navigator - lung, neuro

**Tracy Gose, PT, DPT, CMP, CSCS**

physical therapist

**Donna Habegger, RN, BSN**

Surgical Associates

**Lori Hammon, RN, BSHA, CPHQ**

director, quality improvement

**Tina Harris, MS, NP-C, AOCNP**

managing director, Chattanooga Tumor Clinic

**Savannah Haynes, CTR**

tumor registrar

**Brittany Hennessee, RT (R)(M)**

director of breast services, MELBC

**Mary Ellen Herring, CTR**

clinical data analyst, oncology

**Brooke Hogan (Bishop), MSW**

clinical oncology social worker

**Sharon Hopper, RDN, LDN**

registered dietitian

**Betsy Kammerdiener, M.Div, BCC**

director, mission integration

**Pam Lawson, BSN, RN**

oncology nurse navigator - head  
and neck, melanoma

**Michael Laymon, BSHA, MBA**

oncology services manager, cancer  
committee coordinator

**Nick Lockhart, PharmD, BCPS**

pharmacy

**Nicole McBride, RN, CTR**

tumor registrar

**Cindy Mills**

market vice president, oncology

**Deb Moore, RN, MSN, MBA**

SVP of operations, oncology services

**Craig Nielsen**

market director, operational finance

**Gregory O'Brien**

sr. market development representative

**Jeremy Posey**

cancer conference scheduler

**Sheryl Russell, RHIT, CTR**

cancer registry, abstractor

**Sherrie Sanders, BSN, RN-BC, ONC**

oncology nurse navigator- pancreatic/hepatobiliary

**Amy Melissa Schussler, BSN, RN-BC**

outpatient infusion services coordinator

**Jennifer Scollard, PT, DPT**

rehabilitation services

**Ronelle Sellers**

market director, marketing and communications

**Kim Shank, RN, BSN, OCN**

oncology clinical services director,  
oncology nurse navigator - colorectal

**Sentha Srinivasan, PhD, DABR, DABSNM**

director, radiation oncology & lead physicist

**Jennifer Stilts, CTR**

tumor registrar

**Tiffany Taylor**

tumor registrar

**Madison Thomason, MS, CGC**

licensed, certified genetic counselor

**Casey Waddle, NP-C**

survivorship clinic representative,  
breast nurse practitioner

**Hannah Walker, RN, BSN, OCN**

oncology nursing unit manager

**C. Anice Watson, MS, CGC**

licensed, certified genetic counselor

**Melissa Harrington White, PT, DPT, CGI**

director of rehabilitation services

**Ginger Whisman, BS, CCRC**

market manager, research center

**Caroline Wolf**

lung program coordinator

# 2023 Cancer Conference Schedule

January						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

March						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

August						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

	H&N / Melanoma		Neuro		GYN		GI Pathology
	Breast		Heme / Lymph		GU		Genetics Cases
	Thoracic		Interstitial Lung		GI		

Start times: Conferences start at 7:00 am.

Exceptions: 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 Path & 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](mailto:Jeremy.Posey@CommonSpirit.org)

P: (423) 495-2262

Fax: (423) 495-6158

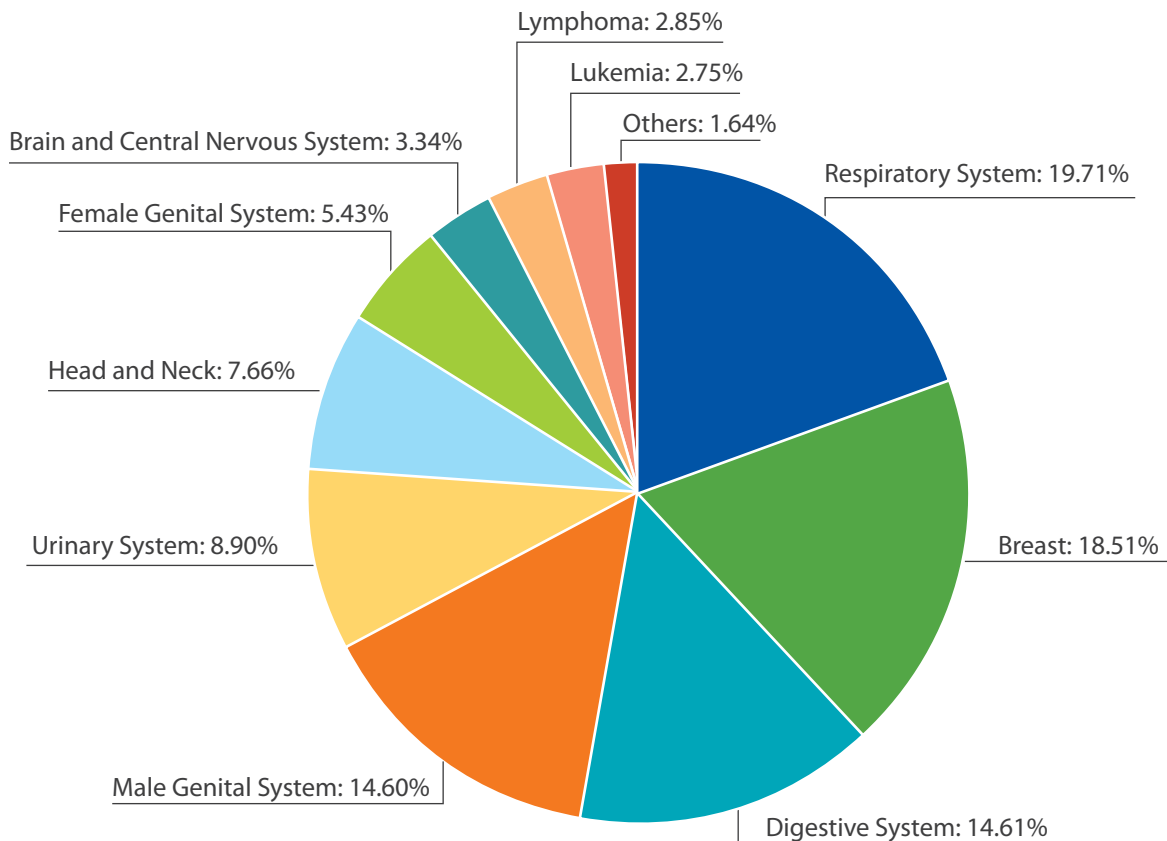
# Cancer Incidence Statistics

Cancer Incidence at CHI Memorial Rees Skillern Cancer Institute by Year of Diagnosis 2011-2021

## Cancer Incidence by Year of Diagnosis

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Breast	361	416	409	422	434	390	393	413	420	358	416
Lung	368	338	379	404	438	423	458	423	412	351	362
Prostate	331	314	256	291	349	341	322	272	319	259	317
Colorectal	214	216	213	182	179	190	201	212	213	201	164
Melanoma	127	119	126	102	126	72	111	144	92	79	61
Lymphoma	104	92	118	94	96	105	104	87	96	87	78
Bladder	89	85	111	99	107	136	131	104	108	127	90
Kidney	88	75	95	81	89	82	110	127	129	105	98
Pancreas	56	63	55	73	72	58	83	64	75	85	68
Corpus Uteri	22	40	53	56	51	56	60	55	67	60	59

## 2021 Cancer Distribution by Body System



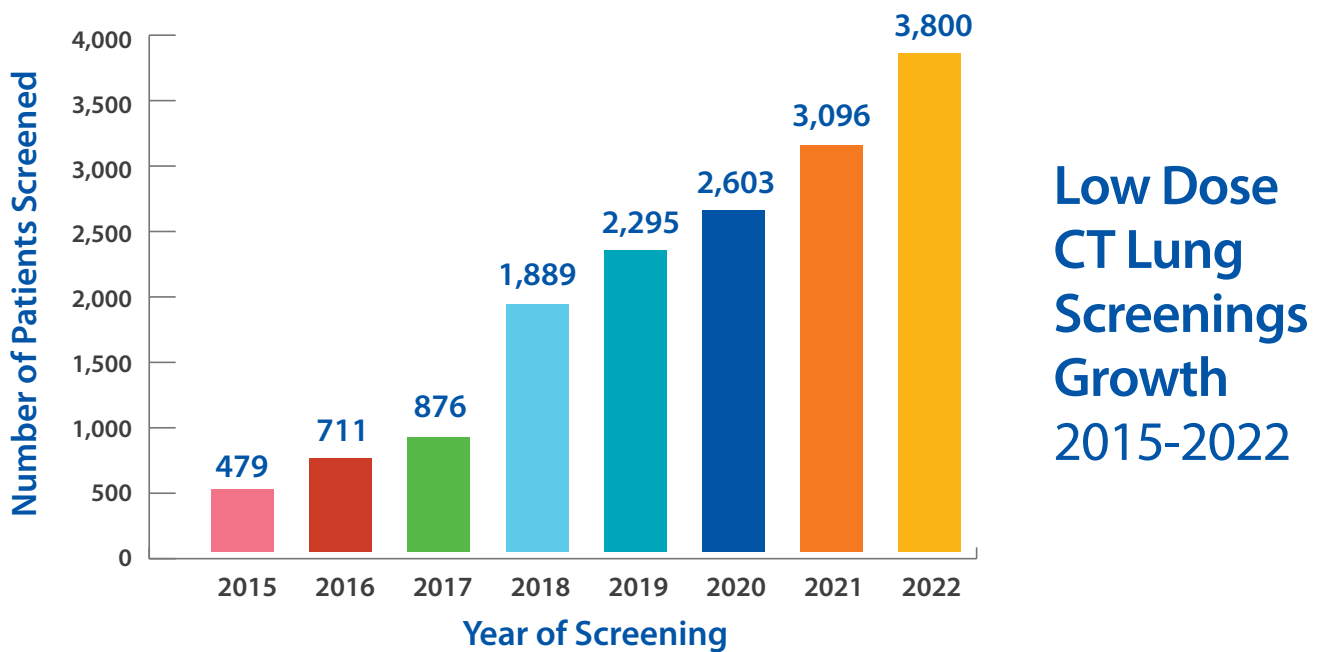
# MaryEllen Locher Breast Center

Month of Screening	Total #	Benign Findings	Patients Needing Additional Imaging	Cancers Diagnosed					
				In Situ	Stage 1	Stage 2	Stage 3	Stage 4	Total Cancers DX
January	259	241	18		1				1
February	234	212	22						0
March	296	271	25						0
April	297	272	25		2				2
May	225	209	16		1				1
June	211	193	18						0
July	199	177	22						0
August	198	176	22		1				1
September	256	219	37						0
October	359	335	24	1					1
November	337	322	15						0
December	280	267	13		1				1
<b>Totals</b>	<b>3,151</b>	<b>2,894</b>	<b>257</b>	<b>1</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>



# Lung Disease Outreach and Smoking Cessation

Month of Screening	# Performed on Mobile Coach	Suspicious Findings on Mobile (Lung Rad 4's)	Cancers Diagnosed				
			Stage 1	Stage 2	Stage 3	Stage 4	N/A
January	109	3		1			1
February	114	0	1			1	2
March	125	3	2	1		1	
April	126	2		1	1		
May	74	1					
June	114	0	1				
July	190	1	1				
August	151	1					
September	144	1			2		
October	122	0					
November	191	4	1	1			
December	141	0	1			1	
<b>Totals</b>	<b>1,491</b>	<b>16</b>	<b>7</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>3</b>

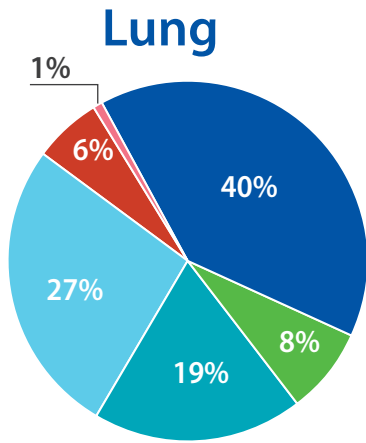


## 2021 Tumor Site Origins (Analytic Cases)

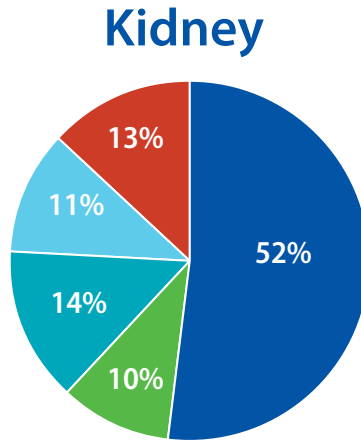
Primary Site	Total	Percent
Breast	416	18.5
Lung	362	16.1
Prostate	318	14.1
Colon	129	5.7
Kidney & Renal Pelvis	98	4.4
Urinary Bladder	89	4.0
Oral Cavity/Pharynx/Tonsil	78	3.5
Melanoma	78	3.5
Lymphoma	64	2.8
Pancreas	68	3.0
Corpus Uteris/Uterus,NOS	62	2.8
Thyroid	54	2.4
Leukemia	44	2.0
Rectum/ Rectosigmoid	35	1.6
Larynx	33	1.5
Stomach	30	1.3
Esophagus	25	1.1
Ovary	19	0.8
Myeloma	18	0.8
Liver & Intrahepatic Bile Duct	17	0.8
Ureter & Other Urinary	14	0.6
Vulva	13	0.6
Small Intestine	10	0.4
Cervix Uteri	9	0.4
Testis	8	0.4
Anus	4	0.2
Mesothelioma	3	0.1
All Other	151	6.7
<b>Total</b>	<b>2,249</b>	<b>100.0</b>



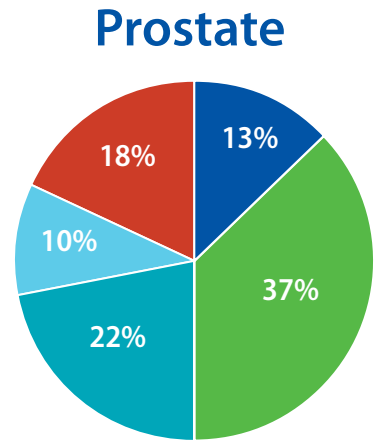
# 2021 Stage of Disease at Diagnosis



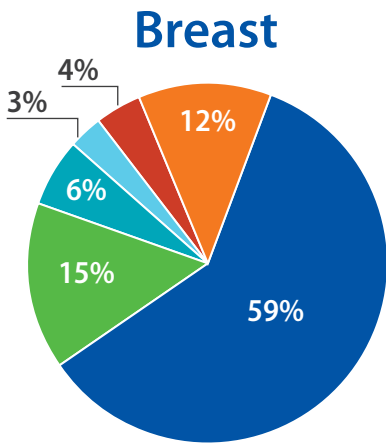
■ Stage 0: 1%    ■ Stage 3: 19%  
■ Stage 1: 40%    ■ Stage 4: 27%  
■ Stage 2: 8%    ■ Other: 6%



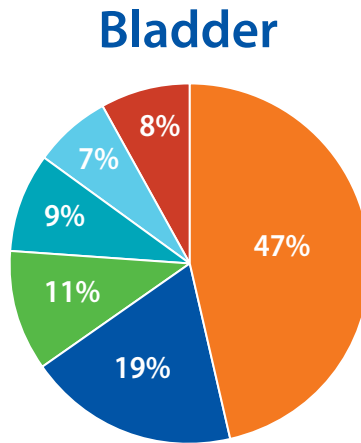
■ Stage 1: 52%    ■ Stage 4: 11%  
■ Stage 2: 10%    ■ Other: 13%  
■ Stage 3: 14%



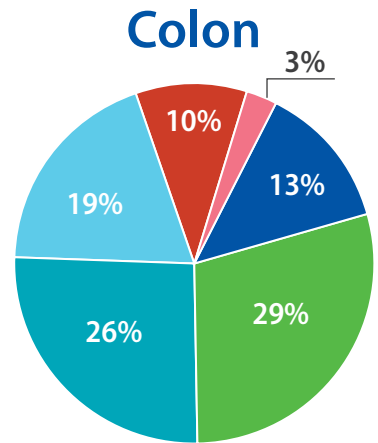
■ Stage 1: 13%    ■ Stage 4: 10%  
■ Stage 2: 37%    ■ Other: 18%  
■ Stage 3: 22%



■ In Situ: 12%    ■ Stage 3: 6%  
■ Stage 1: 59%    ■ Stage 4: 3%  
■ Stage 2: 15%    ■ Other: 4%

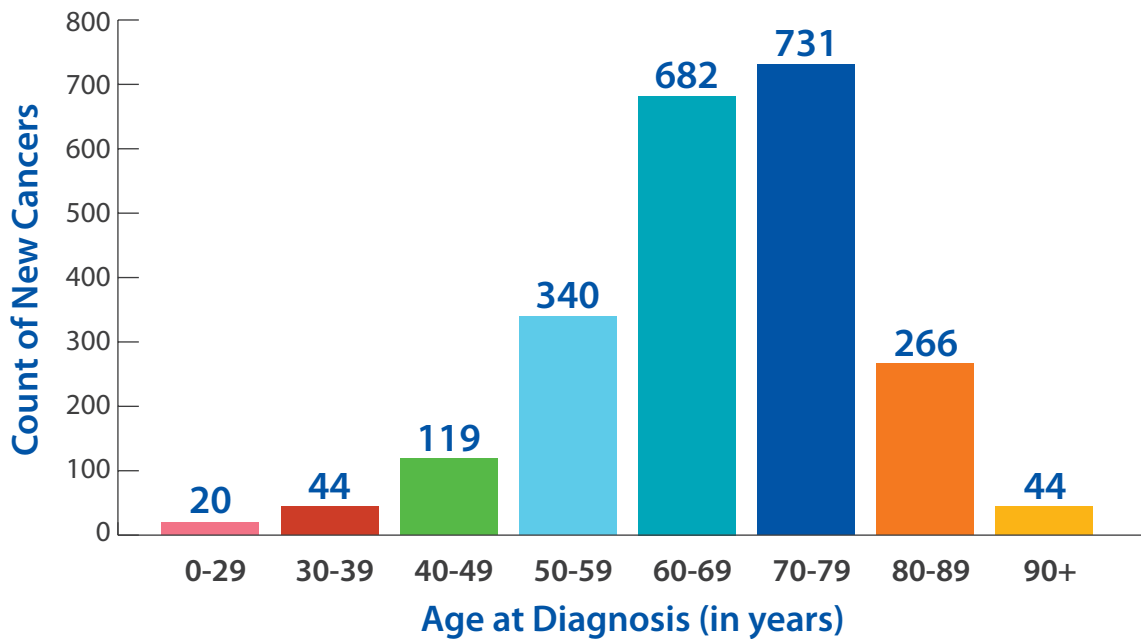


■ In Situ: 47%    ■ Stage 3: 9%  
■ Stage 1: 19%    ■ Stage 4: 7%  
■ Stage 2: 11%    ■ Other: 8%



■ Stage 0: 3%    ■ Stage 3: 26%  
■ Stage 1: 13%    ■ Stage 4: 19%  
■ Stage 2: 29%    ■ Other: 10%

# Distribution by Age at Time of Diagnosis in 2021 for Analytic Cases



# Residence by County at Time of Diagnosis

County at Diagnosis	Count (N)	Percent (%)
TN-Hamilton	1,100	48.98%
GA-Walker	245	10.91%
GA-Catoosa	158	7.03%
TN-Bradley	146	6.50%
TN-Rhea	110	4.90%
TN-Marion	80	3.56%
GA-Whitfield	77	3.43%
GA-Dade	65	2.89%
AL-Jackson	41	1.83%
TN-Sequatchie	27	1.20%
TN-Mcminn	25	1.11%
AL-De Kalb	22	0.98%

County at Diagnosis	Count (N)	Percent (%)
TN-Polk	18	0.80%
GA-Murray	17	0.76%
GA-Chattooga	15	0.67%
TN-Meigs	12	0.53%
TN-Bledsoe	11	0%
TN-Grundy	10	0.45%
TN-Monroe	7	0.31%
GA-Fannin	6	0.27%
GA-Gordon	6	0.27%
Other	48	2.13%
<b>Total</b>	<b>2,246</b>	<b>100.00%</b>

# Improving Patient Experience One Tile at a Time

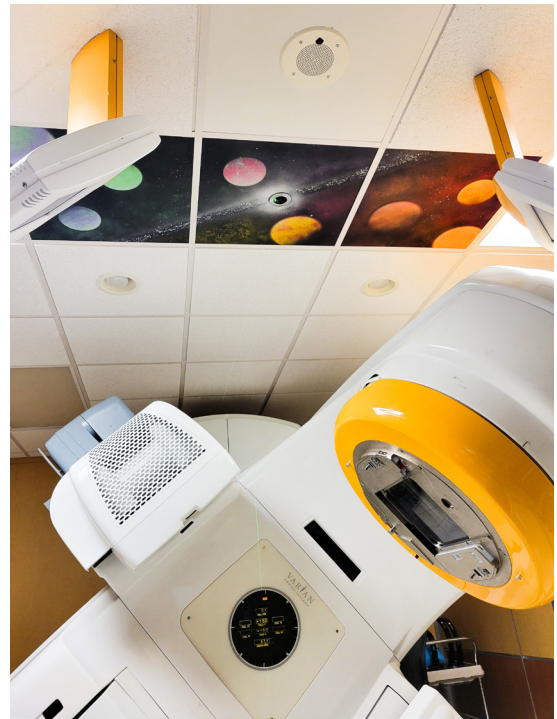
Radiation treatment can be a stressful experience. Gabby Bourdon, (RT) (R)(T), radiation therapist at Hospital Chattanooga, wanted to improve the patient experience for radiation patients with something simple but impactful: painted ceiling tiles.

Bourdon painted the ceiling tiles above the radiation therapy and radiosurgery systems to distract patients receiving cancer treatment. Because patients have to lie down for these sessions and stay still, they have nearly no choice but to look at the ceiling. There, they will see tiles painted by Bourdon. She uses spray paint to represent outer space in a 3D experience.

“Before I painted the tiles, patients didn’t have anything to look at,” said Bourdon. “I wanted to draw attention away from it being a scary experience, and it also gives us something to talk about.”

“It was a blessing to me to do this for the patients,” said Bourdon. She has been at CHI Memorial for more than 10 years and enjoys interacting with patients.

Bourdon’s new goal is to paint the ceiling tiles above the CT machine, but wants to focus the theme around Glacier National Park.





**CHI Memorial**  
Rees Skillern Cancer Institute

Memorial.org | 423.495.2525