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BSA is recognized as a Comprehensive Community Cancer Program (CCCP) that has been providing quality cancer care to patients since it was first accredited by the Commission on Cancer in 1973.

BSA is a comprehensive healthcare system that is leading the region in providing acute care, cancer care and other treatment services to the Texas panhandle and surrounding counties in the tri-state area.

Affiliations with other facilities that provide specialized patient care include: Harrington Cancer Center, Harrington Breast Center, Amarillo Surgical Group, Panhandle Surgical Hospital, Quail Creek Surgical Hospital, Advanced Imaging Center, Texas Diagnostic Imaging Center, ADC Endoscopy Specialists and Bariatric Surgery of Amarillo.

Acute Care Services provided by BSA include: Surgery, Critical Care, Labor & Delivery, Neonatal Intensive Care, Pediatrics/Pediatric Intensive Care, Oncology, Orthopedics, Gastroenterology, Laboratory, Day Surgery, Cardiac Cath Lab, a 24 hour Emergency Center, Hospice and Home Health. Outpatient Services include the Outpatient Therapy Services, BSA Urgent Care Center & BSA Family Medical Clinic.

The unique combination between BSA Health System and Harrington Cancer Center has resulted in providing world class cancer care in the Texas Panhandle. In order to meet the growing needs of our oncology patients, Harrington Cancer Center is expanding with construction of a 110,000 square foot treatment facility to provide more room for surgical clinics, patient care space for radiation therapy, chemotherapy infusion, medical oncology/hematology clinics and supportive care programs. Additionally, the Harrington Breast Center provides the full spectrum of breast care services and is accredited by ACR as a Breast Imaging Center of Excellence. The Harrington Breast Center has dedicated clinical breast radiologists, digital mammography, an Aurora 1.5 T dedicated Breast MRI system, patient navigation and the region’s only mobile mammography program.

BSA has been honored with the distinction of being a recipient of the Healthgrades Patient Safety Excellence Award for the 5th year in a row. Through the commitment and dedication of more than 2,910 committed employees, 89 volunteers and 492 physicians, BSA continues to fulfill its mission and achieve continued excellence in patient care.

The BSA Cancer Care Committee is a multidisciplinary forum which meets on a quarterly basis with a goal of improving patient outcomes. In affiliation with the Harrington Cancer Center (HCC), Goldston Cancer Registry, and in collaboration with the Texas Tech University Health Sciences Center at Amarillo, the Cancer Care Committee has enhanced the care provided to our Oncology patients in an environment that promotes patient safety.

Cancer Care Committee membership consists of physicians from medical specialties including Surgery, Oncology, Pediatric Oncology, Radiology, Pathology. Non-Physician representatives include nurses and healthcare professionals from Oncology, Pediatric Oncology, Pharmacy, Therapy Services, Diagnostic Imaging, Radiation Oncology, Hospice/Homecare, Quality Improvement, Case Management, Cancer Registry, Clinical Research, Clinical Education, Community Outreach, and the American Cancer Society.

Cancer Care Committee Members
Paul Hancock, M.D., CEO HCC, Cancer Committee Chair
Shane Holloway, M.D., Surgical Oncology, Physician Liaison
Brian Pruitt, M.D., Hematology/Oncology
Michael Lary, M.D., Surgery, Cancer Conference Coordinator
Anita Ravipati, M.D., Hematology/Oncology
Sue Nadesan, M.D. Medical Oncology
Oswald Regueira, M.D., Pediatric Oncology
Randy Stewart, MD, Hospitalist/Hospice
Robert Todd, M.D., Pathology
David Beggs, M.D. Medical Oncology
George McCormack, M.D., Radiation Oncology
Jenks Currie, M.D., Radiology
Joyce Ritter, RHIA, CTR, Manager Goldston Cancer Registry
Diane Maiwald, RN, CPHQ Manager Quality Improvement
Annabel Hromas, BS, Quality Improvement Project Specialist
Melva Davis RN, OCN, MSN/MBAHCM Director Oncology
Teri Skelton, RN, Director Pediatrics
Jennifer Wheeler, BSN, RN, CCM, Director Case Management
Carolyn Veletto, OCN, BSN, RN, Educator Neuro/Oncology
Laura Reyher, RN, BSN Director Hospice/Homecare
Micah Wing, RD, LD Clinical Nutrition Manager
Shanna Jett, RN, Educator Pediatrics
Darni Coulson, RPH, Pharmacy
Nancy Blades, RN, OCN, HCC Manager Dept of Nursing
Vietta Newton, RN, OCN, HCC Nursing Service
Theresa Ross, FNP, Harrington Cancer Center
Aneta Younger, BS, RT (T) (R), MDM, Director Radiation Therapy & Harrington Breast Center
Stan Mckeever, MSW, Support Services HCC
Georgia King, Pastoral Care
Ruth Hugler–Yokubaitis, RN, CCRN, BS, MPP HCC Clinical Research
Gina Cravey, RN, CCRN Manager of Clinical Research
Shelly Kiker, COTA, CLT, Outpatient Therapy Lymphedema Clinic
Jill Patterson, DTR, CLT, Outpatient Therapy Lymphedema Clinic
Sharri Miller, RN, BSN, TTS, HCC Tobacco Cessation Coordinator
Terri Prescott, Community Manager Health Initiatives ACS

Cancer Committee Program Activity Coordinators for 2011:
- Cancer Conference Coordinator - Shane Holloway, M.D., Surgical Oncology, Physician Liaison
- Community Outreach Coordinator - Stan Mckeever, MSW
- Cancer Registry Quality Coordinator - Brian Pruitt, M.D.
- Quality Improvement Coordinator - Annabel Hromas, BS

Cancer Committee Program Activity Coordinators for 2012:
- Cancer Conference Coordinator - Shane Holloway, M.D., Surgical Oncology, Physician Liaison
- Cancer Registry Quality Coordinator - Brian Pruitt, M.D., Hematology/ Oncology
- Community Outreach Coordinator - Melva Davis, RN, OCN, MSN/MBAHCM
- Quality Improvement Coordinator - Annabel Hromas, BS
- Clinical Research Coordinator - Ruth Hugler-Yokubaitis, RN, CCRN, BS, MPP (retired mid 2012)
- Gina Cravey, RN, CCRN
- Psychosocial Services Coordinator- Stan Mckeever, MSW
The BSA Health System cancer program and the Don and Sybil Harrington Cancer Center continue to grow and develop as we strive to provide high quality cancer services to the residents of our service area.

A major highlight of these past two years is the addition of two new outstanding oncology physicians to our medical staff. Sachin Agarwal, M.D. joined our Medical Oncology staff in July 2011. Dr. Agarwal completed his Medical Oncology fellowship at McGill University Health Center in Montreal, Canada. In July 2012, Thahir Farzan, M.D. joined us as a specialist in Gynecologic Oncology with a specialty in robot-assisted surgery.

We are extremely proud that the BSA Health System Breast Program, based at Harrington Breast Center, achieved accreditation from the National Accreditation Program for Breast Centers, a consortium of national professional organizations dedicated to the improvement of the quality of care and the monitoring of outcomes for patients with diseases of the breast. The NAPBC assesses comprehensive breast programs on 28 program standards and 17 program components of care that collectively provide the most efficient and contemporary care available for patients diagnosed with diseases of the breast.

Physicians at Harrington Cancer Center are participating in the Quality Oncology Practice Initiative (QOPI) of the American Society of Clinical Oncology. The HCC survey scores in this program have been outstanding, and, following an on-site survey in early 2013, we anticipate that the Harrington Cancer Center Medical Oncology Program will be certified by this program.

In late, 2012 BSA Health System announced that effective January 1, 2013 a new partnership between Ardent Health Services of Nashville, Tennessee and Baptist Community Services of Amarillo would assume ownership of BSA Hospital and Harrington Cancer Center. The new ownership will build a new clinical building for Harrington Health Services of Nashville, Tennessee and Baptist Community Services of Amarillo would assume ownership of the breast.

In late 2012 BSA Health System announced that effective January 1, 2013 a new partnership between Ardent Health Services of Nashville, Tennessee and Baptist Community Services of Amarillo would assume ownership of BSA Hospital and Harrington Cancer Center. The new ownership will build a new clinical building for Harrington Cancer Center and continue the supportive care programs and charity care policies that have been so important to the mission of the cancer center for the past thirty years.

I am proud of this outstanding cancer program and the many dedicated people who have made this program a great asset to the residents of this region.

Paul Hancock, M.D.
Cancer Care Committee Chairman

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**Radiation Therapy**

Radiation Oncology is the treatment modality in which high-energy x-rays are used to kill cancer cells so they are unable to grow, multiply, and spread. HCC performs a full array of applications in radiation therapy in collaboration with the Radiation Oncologists. HCC is committed to offering the highest standards in patient care by using state-of-the-art therapeutic equipment.

- **External Beam**
  - Equipment known as a linear accelerator delivers high energy x-ray beams to the exact location where the cancer is located. HCC offers three linear accelerators. Patients undergoing this type of treatment generally come to the center five days a week for two to eight weeks of a planned course of treatment.

- **Tomotherapy**
  - Tomotherapy represents cutting edge radiation therapy technology and provides oncologists unprecedented ability to deliver radiation therapy with great precision. Tomotherapy delivers image guided intensity modulated radiation therapy. The treatment system ensures accurate delivery using thousands of narrow beamlets, all targeting the tumor individually. Tomotherapy can treat different size tumors and multiple regions avoiding major organs with great precision. The unit has broad applicability for many forms of cancer including prostate, breast, lung, brain, head, neck, bone and lymphomas and multiple myeloma.

- **Special Techniques**
  - **Intensity Modulated Radiation Therapy (IMRT)**  - IMRT is a unique application in which the radiation oncologist (physician) is able to increase the dose to a tumor volume, while minimizing radiation exposure to normal structures. Instead of using a uniform radiation beam IMRT precisely breaks up the beam into dozens of small radiation beams of different intensity. This results in extreme accuracy allowing a high dosage of radiation to conform to a prescribed tumor volume and a lower dose to the surrounding healthy tissue. This treatment can result in higher cancer control rate and a lower rate of side effects.

  - **Stereotactic Radiosurgery (SRS)**  - Stereotactic radiotherapy is a technique that allows a radiation oncologist to precisely focus beams of radiation to destroy certain types of tumors. Since the beam is so precise, the radiation oncologist may be able to spare more normal tissue than with conventional external beam therapy. This additional precision is achieved through rigid immobilization, such as with a head frame as is used in the treatment of brain tumors. Stereotactic radiotherapy may be the only treatment if a very small area is affected.

  - **Brachytherapy**  - The use of radiation sources to treat patients internally.
    - **Prostate Seed Implants**  - Radioactive seeds of either Iodine 125 or Palladium 103 are permanently implanted to treat prostate cancer.
    - **Iodine 131 Therapy**  - Thyroid cancer is treated by taking a capsule containing Radioactive Iodine 131 which destroys the cancer.
    - **Gynecology**  - Internal radiation therapy using Iridium 192 as an outpatient to treat GYN cancers.

- **Diagnostic Imaging Services**
  - **PET/CT scanner**  - Positron Emission Tomography (PET) is a medical diagnostic imaging procedure that provides physicians with information about the body’s chemistry, cell function and location of disease. Computed Tomography (CT), looks at the anatomy or body structure. When these two procedures are combined in one piece of equipment, the result is a PET-CT that provides both anatomic and functional information. PET-CT can replace many tests with a single examination and is more accurate than conventional imaging. The accuracy of PET-CT reduces unnecessary treatments, surgeries and biopsies, which reduces patient risk and improves patient outcome.

  - **Computerized Tomography (CT)**  - A CAT Scan is a modern imaging tool that combines X-rays with computer technology to produce a more detailed, cross-section image of your body.

  - **Magnetic Resonance Imaging (MRI)** is available at BSA Hospital, including a new open air MRI unit.
2011 Accomplishments

- BSA is recertified by the American College of Surgeons, Commission on Cancer as a Community Hospital Comprehensive Cancer Program (COMP) with a 3 year Accreditation Award and Commendation in (5) areas:
  - (Standard 3.7) NCDB submission of quality criteria.
  - (Standard 6.2) Prevention & early detection programs.
  - (Standard 7.2) Cancer education for Cancer Registry Staff.
  - (Standard 8.2) Cancer related quality improvements.

- National Accreditation Program for Breast Centers Accreditation Survey: The BSA Health System Breast Program based at Harrington Breast Center, was surveyed by NAPBC on September 29, 2011 and received full accreditation.

- In October 2011- The BSA Pediatric Oncology Unit sent three shift supervisors along with the Pediatric Clinical Educator to Cook Children’s Hospital for an ACON Conference.

- Harrington Cancer Center welcomed a new physician, Dr. Sachin Agarwal to the general medical oncology and Hematology clinic. Dr. Agarwal has a particular clinical and research interest in lung cancer. Dr. Agarwal moved from Houston in July and immediately helped establish and direct HCC’s new multi-disciplinary lung cancer clinic.

- Harrington Cancer Center introduced a second nurse navigator in July 2011. Her role is to serve as a nurse navigator for patients with solid tumors and collaborate with various physicians.

- Harrington Cancer Center provided a Prostate Screening as a community service entitled: “The Guy’s Perfect Saturday Morning”. The screening was held on Saturday, September 22, 2012 at Harrington Cancer Center. Screening results were as follows:
  - Total Number Patients Screened: 302
  - PSA Elevated Above 4: 9
  - High Risk (11 or 12): 1

2012 Accomplishments

- Spring 2012-Harrington Cancer Center (HCC) piloted the Quality Oncology Physician Initiative (QOPI). The American Society of Clinical Oncology (ASCO) supports the QOPI initiative, which is an oncologist-led, practice based quality improvement program. QOPI provides a quality assessment and improvement program for U.S. based outpatient hematology-oncology practices and includes a retrospective chart abstraction, offered twice yearly.

- Harrington Cancer Center (HCC) participated in a “trial run” in April 2012 which marked the first level of participation in the QOPI certification process. HCC achieved an overall QOPI Quality Score of 92.92% and an Adjuvant Measure score of 97.37 % which surpassed the recommended requirement score of 72.62% for Overall Quality Score, and 80% for Adjuvant Measure. A total of 68 charts were abstracted by 7 nursing staff which included 34 breast cancer cases and 34 colon cancer cases.

- Neutropenia educational resources are made available for cancer patients, caregivers, nurses and physicians as a result of a QI Study for Cancer Committee. The study looked at antibiotic administration times for oncology patients with Neutropenia. A Neutropenia Team developed Neutropenia Alert Wallet Cards and compiled educational resources. The Neutropenia Team is comprised of Oncology Nursing for adult and pediatric Units, and the Quality Improvement Coordinator. The Neutropenia Alert wallet cards have important information such as the patient’s oncologist, and the patient’s current chemotherapy treatments. These cards have been distributed to cancer patients to carry with them in order to alert physicians, and other healthcare staff of their condition. This process is to help with timely administration of antibiotics.

- BSA Quality Improvement developed and updated the Immunization Forms for Community Acquired Pneumonia: Global Pneumococcal Immunization Assessment/Order Form which was completed on 4/30/2012, and the Global Influenza Immunization Assessment/Order Form which was completed on 9/12/12. Both immunization forms have specific criteria that include oncology patients.

- In July 2012, Dr. Thahir Farzan, joined BSA and Harrington Cancer Center. His special interests include Gynecologic Oncology and Robotic Gynecological Cancer Surgery.

- Harrington Cancer Center provided the 2012 Prostate Screening as a community service:
  - “The Guy’s Perfect Saturday Morning”. The screening was held on Saturday, September 22, 2012 at Harrington Cancer Center. Screening results were as follows:
    a. Screened - 824
    b. Elevated Risk (between 4.0 & 10.0) – 34
    c. High Risk (greater than 10.0) – 5

- Oncology Nursing Society (ONS) In-Services were provided on-site:
  - a. Chemotherapy and Biotherapy Course 10/12-10/13/2012.

- Oncology Nurses from BSA and HCC also attended the in-service on November 1, 2012 entitled - Proleukin (Interleukin-2): The Role of Immunotherapy in the Treatment of Metastatic Melanoma and Renal Cell Carcinoma.

- In September 2012, Harrington Cancer Center (HCC) completed the Fall 2012 QOPI Abstraction requirements. Much like the trial run which was held in the Spring 2012, the Fall chart abstractions had additional cases, with the selection of 5 Modules which included: breast cancer, colon cancer, Non-Hodgkin’s Lymphoma, symptom/toxicity management & end of life care. An Overall Quality Score of 87.16% was achieved, which exceeded the required compliance rate of 72.62%. The Adjuvant Measure Score for HCC was 100%, exceeding the required compliance rating of 80%.

- Cytotoxic and Hazardous Drugs Policy includes the methods for controlling, preparing, administering, containing and disposing of cytotoxic and hazardous drugs. A Hazardous Drug list was also developed to ensure staff education and awareness that exposure to any medication poses a potential hazard if mishandled.

- Conversion to Cardinal Health Impervious Chemotherapy Gown to improve Staff Safety.
Surgeons

The Amarillo Surgical Group is committed to providing quality and compassionate surgical care for more than thirty years. Their goal is to provide patients with the highest quality of surgical care, as well as a courteous and helpful staff. The surgeons of Amarillo Surgical Group have consistently been leaders in bringing new medical techniques to this region.

- Coronary Bypass
- Laparoscopic Cholecystectomy
- Laparoscopic Pancreatic Surgery
- Endovascular Aortic Aneurysm - Abdominal and Thoracic
- Oncoplastic Breast Cancer Surgery
- Single Incision Laparoscopic Surgery
- Minimally Invasive Parathyroidectomy with Intraoperative PTH
- Surgeon Directed Intraoperative Ultrasonography

Not only have these surgeons been the first in many of these areas, but they are local leaders in performing the most of any given surgical technique. Patients of Amarillo Surgical Group can feel confident that their surgeon is well-trained and highly experienced.

Oncologists & Hematologists

Medical Oncology - Medical Oncology involves the comprehensive care of patients with cancer from diagnosis through end of life. The Medical Oncologists collaborate with other specialty physicians (surgeons, radiation oncologists, urologists, etc.) to develop a treatment plan based on the individual patient’s type of cancer, the extent of disease and the most effective treatment(s) available. Major components of their treatment efforts include the use of medications including chemotherapy, hormonal therapy and biologic agents. Integral to their care is the judicious use of a full arsenal of support drugs to minimize treatment-related side effects and problems and symptoms due to the cancer itself. Patients also have access to national-level clinical trials. Our Infusion Center provides us with the capacity to treat up to 20 patients simultaneously with infusion therapy. These services are provided in collaboration with Harrington Physicians Inc. (HPI).

Hematology Services - Hematology is a specialty area focused on the care of patients with blood disorders, including malignant (ex. leukemia) and non-malignant (ex. anemia, clotting problems) disorders. Frequently patients with these blood disorders will require blood transfusions and treatments with a wide range of medications.

Gynecologic Oncology - HCC is fortunate to be able to offer our patients with cancers of the female reproductive organs specialty care under the services of a Gynecologic Oncologist. Care and treatment of these cancers frequently involves extensive surgery in combination with chemotherapy and/or radiation therapy. This multimodality approach is key to providing our patients with effective treatment outcomes.
Pathologists

Andrew Hoot, M.D.
James Hamous, M.D.
Daniel Schneider, M.D.
Robert Todd, M.D.
James Hurly, M.D.
Michael Sennett, M.D.
Ruba Halloush, M.D.

Radiologists

John Andrew, M.D.
Gary Argon, M.D.
Branch Archer, M.D.
Richard Archer, M.D.
Gayle Bickers, M.D.
Charles Brooks, M.D.
Crandon Clark, M.D.
Stanley Cook, M.D.
T. Amka Currie, M.D.

Andrew Hoot, M.D.
Daniel Schneider, M.D.
Michael Sennett, M.D.
Ruba Halloush, M.D.

Amarillo Pathology Group is proud to be an integral part of cancer care at BSA. Amarillo Pathology services include the examination of surgical specimens (biopsies and resections), as well as cytology specimens (fine needle aspirates and pap smears). These specimens are examined by the pathologist and then diagnoses are rendered. To enhance our diagnostic abilities, our immunoperoxidase panels have been expanded. Immunoperoxidase studies are used to help the pathologist narrow down or pinpoint the origin of the tumor. Amarillo Pathology Group also performs a variety of receptor studies. We use the Ventana Image Analysis System to quantitatively assess receptors such as estrogen, progesterone, Her-2, Ki67, and EGFR. These receptor studies are used to help oncologists determine the usefulness of targeted therapies for specific tumors.

Amarillo Pathology Group has two board certified hematopathologists, Drs. Schneider and Sennett, who interpret flow cytometry studies on our Hematopathology related specimens, as well as a board certified cytopathologist, Dr. Halloush. We also perform chromogenic in situ hybridization studies for kappa, lambda, and EBER and CMV.

Amarillo Pathology Group also presents gross and microscopic findings of individual patient tumors at the weekly Combined Cancer Conferences and the Interdisciplinary Breast Conference.

These conferences are presented to surgeons, oncologists, and clinicians to give them a better understanding of their individual patient tumor’s gross and histologic features that are used to determine grading, staging, and treatment of tumors. The Cytology Department at Amarillo Pathology Group has recently upgraded to using the Cytyc Automated imager for pap smears. This device automatically screens pap smears and then presents those findings to the cytologists and the pathologists for interpretation. The Cytology Department also performs HPV testing for high risk types of Human Papillomavirus using Cervista Genomic Probe for HPV and also offers HPV 16 and 18 genotyping. Amarillo Pathology Group continues to strive to achieve excellence in the care patients receive at BSA and is proud to be a part of that process.
The BSA Cancer Conference

The BSA Cancer Conference is a weekly cancer conference which is sanctioned by the Cancer Care Committee. The conference is a multidisciplinary conference with attendance from Surgery, Medical Oncology, Radiation Oncology, Pathology, Radiology, Nursing, Cancer Registry, and Clinical Research. Residents from the Texas Tech University Health Science Center are invited to attend the conference.

The conference is a Continuing Medical Education (CME) approved conference with one hour Category 1 CME approved for each conference. Chairman of the conference is Shane Holloway, M. D.

Focus of the conference is prospective case review of newly diagnosed cancer patients. Format of the conference is case discussion, treatment planning, and review of AJCC staging of the cases as well as compliance with NCCN Practice Guidelines.

An Interdisciplinary Breast Conference is also held weekly at Harrington Cancer Center with the focus on pretreatment discussion and treatment planning. With the improvement in diagnostic imaging, MRI has become an important part of the Interdisciplinary Breast Conference. The conference is a multidisciplinary conference with attendance from Surgery - both general and plastic, Medical Oncology, Radiation Oncology, Diagnostic Breast Imaging, Radiology, and Pathology on an as needed basis, High Risk Clinic, Nurse Navigation, Quality Improvement and Cancer Registry. The Chairman of the Conference is Brian Pruitt, M.D.

Oncology Educational Lectures

Texas Tech University Health Sciences Center

1/12/11 Cancer Staging – Mark Arredondo, M.D.
11/19/11 Is There Hope for Selenium for Cancer Prevention After SELECT? – Junxuan Lu, PhD.
8/29/12 Cancer Screening 2012: James Whit Walker, M.D.

Amarillo Area 2011 Cancer Symposium: “Surviving and Thriving with Cancer” | September 30, 2011

Topics Included:

• Chemotherapy & Hazardous Medication Precautions
  Carolyn Veteto, RN, OCN

• Diagnosis & Treatment Modalities for Breast Cancer
  Lova Arenevivs, M.D. & Rakshshanda Rahman, M.D.

• Impact of Faith and Alternative Therapies on Cancer
  Rev. Larry Payne, D. Min., LPC

• Leukemia – When Latent Disease Needs Treatment
  Randy Stewart, M.D.

• Palliative Care – When Hospice Care is Appropriate
  Mark Arredondo, M.D.

• Head and Neck Cancer – How to Make a Diagnosis
  Larry Driver, M.D.

• Minimizing Pain and Symptom Burden–Maximizing Quality of Cancer Survival
  Jaime Zusman, M.D./ Jenks Currie, M.D.

Harrington Cancer Center Symposium, 3rd Annual Oncology Primer for Non-Oncologists | March 24, 2012

Topics Included:

• Welcoming & Closing Remarks
  Paul Hancock, M.D.

• Myths and Mammograms
  Gail Bentley, M.D.

• Screening vs. Diagnostic Evaluations - When to Order Which
  Gail Bentley, M.D.

• Why Does My Patient Need a Breast MRI?
  Gail Bentley, M.D./Michael Lary, M.D.

• Can Breast Cancer be Prevented?
  Brian Pruitt, M.D.

• What about these new PSA Screening recommendations?
  Jim Stafford, M.D./Robert Ritter, M.D.

• Workup of the Anemic Patient
  Anita Rapavati, M.D.

• How to approach the Patient with a “History of Bleeding or Clotting”
  Susan Nadesan, M.D.

• Colorectal Cancer Case Prevention
  Anita Rapavati, M.D./ Shane Holloway, M.D.

• Lung Cancer Screening: What’s your Obligation?
  Sachin Agarwal, M.D./Timothy Mooring, M.D.

• My Patient is through with Cancer Treatment. How do I care for their issues?
  Jaime Zusman, M.D./Jenkins Currie, M.D.

Clinical Research

The key to finding a cure for cancer is through research. Clinical research is a vital component of the comprehensive cancer treatment program offered at BSA and Harrington. Major advances in the fight on cancer result from intense efforts provided by our physician-investigators participating in cancer research. Cancer research involves studying the causes of cancer, cancer treatment, and cancer prevention and the social/behavioral dynamics associated with a diagnosis of cancer. In addition, specialized studies are now including cell biology, genetic testing, immunotherapy and epidemiology.

Oncology physician-investigators at BSA and Harrington Cancer Center are very active in clinical research on the national level. They participate with large cooperative oncology research groups funded by the National Cancer Institute.

Such groups include the Southwest Oncology Group (SWOG), the Gynecologic Oncology Group (GOG), Radiation Therapy Oncology Group (RTOG), and the Children’s Cancer Group (CCG). These groups link our research physicians with other medical professionals throughout the United States, allowing patients to benefit from the collective expertise of the finest investigators in the country. Further, these physician-investigators actively participate in worldwide research projects sponsored by the pharmaceutical industry.

Current research trials at BSA/Harrington include 20+ studies for many different cancer diagnoses. These trials focus on improving upon and adding to the already successful therapies available to control and treat cancer.

Genetic Testing & Counseling

Genetic Testing and Counseling at the Harrington Cancer Center uses trained oncologists and nurses to help you learn about your genetic cancer risk. The program offers cancer genetic risk assessment for breast and ovarian cancers and provides counseling and education for individuals and families at genetic risk for developing these cancers.

Chemotherapy

Chemotherapy is a general term that includes the use of drugs given to shrink or kill cancer cells. Some cancers are curable with chemotherapy and there are many new kinds of chemotherapy currently being developed that target cancer cells without affecting normal cells. The chemotherapy is given by Registered Nurses that are all Chemotherapy/Biotherapy Certified and have oncology experience.

Harrington Cancer Center also offers a Chemotherapy Class which is an educational class for new chemotherapy patients and their families. The class covers what to expect while on chemotherapy including various general side effects and the side effects of a patient’s particular medication. Each patient receives a “Red Book”, which is a personalized educational manual. The material presented in the Red Book is intended to serve as an introduction to chemotherapy and the side effects related to the treatment of cancer.
Harrington Cancer Center Pharmacy

Harrington Cancer Center pharmacy is an outpatient treatment facility serving oncology patients throughout a five state region. We focus on providing oral and IV medication used to treat cancer and cancer-related symptoms. This allows our patients the opportunity to receive their treatment in a safe and controlled environment outside the hospital setting. Our pharmacists and technicians have been specially trained in handling and preparing the potent medications involved in treating our patients. This entails up to 40 hours of continuing education and on-the-job training for sterile compounding.

Our order entry process includes a multi-level double-check system used to prevent medication errors. A pharmacist is involved in each step of the process including order entry, prescription label review, syringe checks, and final product evaluation. In an effort to protect our patients and staff, all sterile compounding is done in a biological safety cabinet located in a negative pressure room. This helps to ensure our goal to provide sterile and accurate treatment in a timely manner, and is consistent with national sterile compounding certification requirements.

Some chemotherapy works better, or has fewer side effects, if it is given over several days or weeks. This can be accomplished by using a small pump that the patient wears in a fanny pack or shoulder pouch. The patient wears the pump home and can maintain normal activities while getting their chemotherapy. Prior to starting, a pharmacist will train the patient and a family member on the function and use of the pump. A pharmacist is available by phone twenty-four hours a day to answer questions or address any pump issues the patient may have.

The Harrington Cancer Center collaborates with the NCI, study groups such as the Southwest Oncology Group, and pharmaceutical companies to offer treatments that are not yet commercially available. Harrington Cancer Center uses a team approach to address common cancer treatment related issues with patients. This entails up to 40 hours of continuing education and on-the-job training for sterile compounding.

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HCC Laboratory

Unique to the cancer care facilities in Amarillo is our on-site lab which provides our patients with the ability to have lab tests done within the same facility where they receive their medical care and treatments.

The Harrington Cancer Center Lab is inspected by the College of American Pathologists (CAP) and accredited with distinction. During the CAP accreditation process, inspectors examine the laboratory’s records and quality control of procedures. CAP inspectors also examine qualifications of the entire staff, the laboratory’s equipment, facilities, safety program and record as well as the overall management of the laboratory.

Procuring the needed chemotherapy, anti-nausea, and pain medications has become increasingly challenging over the last several years. The pharmacy clinical coordinator, buyer, pharmacists and technicians continually battle to provide necessary medications for our patients. Often, equivalent medications must be substituted which is impossible in some cases. This takes creative managing of the medications available at one point and on national backorder the next. In no case will purchasing be made through the so-called gray markets that have arisen, so that all medications are ensured to be effective and unadulterated for our patients.
A. B. Goldston Cancer Registry

Cancer registrars across the world meticulously identify, abstract and code cancer data and are the foundation for statewide, national, and internal cancer surveillance programs which support cancer prevention and cancer control efforts worldwide.

The Goldston Cancer Registry is a city-wide cancer registry of which BSA Health System is a partner. The Cancer Registry is mandated both by Texas Law and the certifying board for the cancer program, the Commission on Cancer, to identify, abstract and code cancer data for all cancer patients diagnosed and/or treated at BSA. The Cancer Registry staffs are vital contributors to cancer treatment teams. The Cancer Registry is responsible for reporting demographics, medical history, diagnostic findings, site and type of cancer, stage of cancer, stage of disease, treatment received, and survival outcomes.

Data from the Goldston Cancer Registry is used by public health and medical providers. They use the data to evaluate patient outcomes, provide follow-up information for cancer surveillance, calculate survival rates by utilizing various data items and factors, provide information for cancer program activities, analyze referral patterns, report cancer incidence as required under state law, and evaluate efficacy of treatment modalities. In conjunction with the Texas Cancer Registry, the data generated by the Cancer Registry can help identify clusters of different kinds of cancer or a region where a cancer is not being found until a late stage of disease. Data submitted to the National Cancer Database (NCDB) is utilized to provide benchmarks for treatment, report national statistics, and used by approved cancer programs for comparison to other State, National and Approved Cancer Programs for outcome analysis. According to the American College of Surgeons, Commission on Cancer, “70% of all newly diagnosed cases of cancer in the United States are captured at the institutional level and reported to the NCDB. The NCDB, began in 1989, and contains approximately 26 million records from hospital cancer registries across the United States. These data are used to explore trends in cancer care, to create regional and state benchmarks for participating hospitals, and to serve as the basis for quality improvement”.

Cancer identification is a key function of the Cancer Registry. Information is gathered from many sources within BSA such as Pathology, Radiology, Medical Records, Referring Physician Offices, and the Medical Oncology and Radiation Oncology Offices. The patient information is analyzed to determine if the information is required by law to be reported to the Texas Cancer Registry and to the National Cancer Data Bank. An abstract of the patient’s cancer experience is completed by a Certified Tumor Registrar (CTR). Once a patient is entered into the Cancer Registry database, the Cancer Registry is required by the Commission on Cancer as part of the cancer program approval to follow up on the patient on an annual basis to gather information regarding patient’s survival and disease status. This data allows physicians and researchers to correlate survival and disease status with types of disease, stages and treatment given.

The Goldston Cancer Registry for 2010 abstracted 1,172 new diagnoses of cancer and followed up on 7,543 patients. The Cancer Registry is proud to be a part of the cancer program, and works hard to perform accurate and timely reporting of cancer data.

It has been said, “Virtually every piece of knowledge about the history and incidence of cancer in our country can be traced back to the work of a cancer registrar who carefully and accurately collected patient level information.” The Cancer Registry is proud of the staff with cancer reporting completed by experienced cancer registrars with years of experience in the Cancer Registry field. Together this team is working with other cancer registries to help in the fight against cancer.
### BSA - 2010 PRIMARY SITE & FREQUENCY TABLE BY STAGE

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### BSA - 2010 PRIMARY SITE & FREQUENCY TABLE BY STAGE

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2010 COMPARISON GRAPHS

**TOP FIVE SITES OF CANCER FOR 2010**

- Breast: 200, 32%
- Colon: 72, 12%
- Skin: 84, 14%
- Prostate gland: 94, 15%
- Bronchus & Lung: 177, 27%

**TOP FIVE CANCER SITES BY SEX**

- **Number of Patients**
  - Breast: Male 100, Female 98
  - Bronchus & Lung: Male 84, Female 85
  - Prostate gland: Male 69, Female 68
  - Skin: Male 59, Female 55
  - Colon: Male 28, Female 32

**TOP FIVE TREATMENT MODALITIES 2010**

- Surg/Rad/Hormone: 54 cases, 49%
- Surg/Chem: 71 cases, 6%
- Chem: 101 cases, 17%
- None: 216 cases, 24%

**AGE GROUP BY SEX**

- **n = 1172**
  - Female = 610
  - Male = 562

**STAGES OF CANCER BY SEX**

- **n = 1172**
  - Female = 610
  - Male = 562
Pediatric Cancers

Introduction

According to the American Cancer Society, Cancer Facts and Figures 2012, “an estimated 12,060 new cancer cases are expected to occur among children 0 to 14 years of age in 2012. Childhood cancers are rare, representing less than 1% of all new cancer diagnoses. Overall, the childhood cancer incidence rates increased slightly by 0.5% per year from 2004 to 2008. This has been a consistent trend since 1975.”

Findings

• Incidence: The study included all pediatric patients for Amarillo from 2005 to 2010 and is reflective of the types of pediatric cancers seen throughout the nation with the exception of brain. Since Amarillo does not have Pediatric Neurologists, the pediatric patients with brain neoplasms usually do not come to Amarillo for their first course of treatment, but are followed for their care by the Pediatric Oncologists in the medical community. Study findings showed a decrease in malignant soft tissue tumors. In the past couple of years, Amarillo has begun to see an increase in the unusual type tumors that are not usually seen in the pediatric age group.

• Treatment: Treatment for childhood cancers is usually treated by a combination of therapies (surgery, radiation and chemotherapy) based on the type of cancer and the stage. In Amarillo, treatment is coordinated by Pediatric Oncologists with chemotherapy as the most prevalent therapy. If a child is eligible, most patients are placed on a clinical trial protocol. For Amarillo the primary site of cancer is leukemia with chemotherapy as the standard of care for treatment.

• Survival: The American Cancer Society states an estimated 1,340 cancer deaths are expected to occur among children 0 to 14 years of age in 2012 with about one-third of these from leukemia. Mortality rates for childhood cancers have declined by 66% over the past four decades. The progress in reducing the mortality rates across the nation is largely attributable to improvements in treatment and high participation in clinical trials. According to the American Cancer Society, for all childhood cancers combined, the 5-year relative survival rate has improved over the past 30 years from 58% to 83%, and this is due to new and improved treatments. For Amarillo, the five year survival rate is 92%. Comparison data was from the National Cancer Database, American Cancer Society and the Texas Cancer Registry.

Signs and Symptoms of Pediatric Cancer:

According to the American Cancer Society, the major categories of pediatric cancer and specific symptoms include:

• Leukemia (34% of all childhood cancers), which may be recognized by bone and joint pain, weakness, pale skin, bleeding and fever.

• Brain and other nervous system (27%), which may cause headaches, nausea, vomiting, blurred or double vision, dizziness and difficulty walking or handling objects.

• Neuroblastoma (7%), a cancer of the nervous system that is most common in children younger than 5 years of age and usually appears as a swelling in the abdomen.

• Wilms tumor (5%), a kidney cancer that may be recognized by a swelling or lump in the abdomen.

• Non-Hodgkins lymphoma (4%) and Hodgkins lymphoma (4%), which affect lymph nodes but may spread to bone marrow and other organs, and may cause swelling of lymph nodes in the neck, armpit, or groin, as well as weakness and fever.

• Rhabdomyosarcoma (3%), a soft tissue sarcoma that can occur in the head and neck, genitourinary area, trunk and extremities, and may cause pain and/or a mass or swelling.

• Retinoblastoma (3%), an eye cancer that is typically recognized because of discoloration of the eye pupil and usually occurs in children younger than 5 years of age.

• Osteosarcoma (3%), a bone cancer that most often occurs in adolescents and commonly appears as sporadic pain in the affected bone that may worsen at night or with activity, with eventual progression to local swelling.

• Ewing sarcoma (1%), another type of cancer that usually arises in bone, is most common in adolescents, and typically appears as pain at the tumor site.
Pancreatic Cancer Study

- **Introduction:** According to the American Cancer Society (ACS), an estimated 44,030 new cases of pancreatic cancer are expected to occur in the United States in 2011. The incidence rate of pancreatic cancer has been increasing by 0.8% per year in men and by 1.0% per year in women. Pancreatic cancer is the 10th most commonly diagnosed cancer and the 4th leading cause of cancer death in the United States.

- **Findings:** A comparison study was performed to review the latest data from the National Cancer Database (NCDB) to patients diagnosed and treated at BSA. The purpose of the study was to determine if treatment has changed from 2008 to 2010 and to see if treatment has impacted the survival rates for pancreatic cancer. The diagnostic preference for pancreatic cancer is an endoscopic ultrasound procedure (EUS). At the present time the procedure is not available in Amarillo. Patients are referred to Dallas for the procedure. Surgery, radiation therapy and chemotherapy are treatment options that may extend survival and/or relieve symptoms.

According to the American Cancer Society, Cancer Facts and Figures 2011, less than 20% of patients are candidates for surgery because pancreatic cancer is usually detected after it has spread beyond the pancreas. Review of the comparative data from 2000 to 2008, for BSA 6% of the patient diagnosed had surgery compared to 7% for NCDB. According to the ACS, for patient who do undergo surgery, adjuvant treatment with the chemotherapy lengthens survival. For BSA 35% of the patient received chemotherapy alone or combined with surgery and radiation compared to 43% for NCDB.

First Course Treatment Comparison for 2010 accessions showed the following:

- Decrease from 55% to 37% for no treatment
- Increase from 19% to 22% for chemotheraphy alone
- Significant increase for surgery/chemotherapy/radiation from 6.84% to 22%
- Significant increase for surgery/chemotherapy from 1.9% to 7%
- Surgery alone decreased from 6.08% to 4%.

- **Survival:** The five year relative survival rate nationally is 6%. For BSA the relative survival is calculated at 2.62%. The one year relative survival rate nationally is 26% and for BSA the survival is calculated at 22%. From the “American Cancer Society, Cancer Facts and Figures 2011”

- **Signs and Symptoms:** Cancer of the pancreas often develops without early symptoms. Symptoms may include weight loss, pain in the upper abdomen that may radiate to the back and occasionally glucose intolerance (high blood glucose levels). Tumors that develop near the common bile duct may cause a blockage that leads to jaundice (yellowing of the skin and eyes), which can sometimes allow the tumor to be diagnosed at an early stage.

- **Risk Factors:** Tobacco smoking and smokeless tobacco use increase the risk of pancreatic cancer; incidence rates are about twice as high for cigarette smokers as for nonsmokers. Risk also increases with a family history of pancreatic cancer and a personal history of pancreatitis, diabetes, obesity and possibly alcohol consumption. Individuals with Lynch syndrome are also at increased risk. Though evidence is still accumulating, consumption of red meat may increase risk.
**EARLY DETECTION:** At present there is no method for the early detection of pancreatic cancer. The disease is usually asymptomatic at first; only 8% of cases are diagnosed at an early stage.

**Outcomes Study:** First Course Treatment of Pancreatic Cancer diagnosed in 2000-2008 at BSA compared to Comprehensive Hospitals in all States for all diagnosed cases.

### First Course Treatment Comparison for 2010 Accessions

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>BSA</th>
<th>Other Facilities</th>
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</thead>
<tbody>
<tr>
<td>No Treatment</td>
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<td>5</td>
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<tr>
<td>Chemotherapy</td>
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<td>Other Specified Therapy</td>
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<td>41,189</td>
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### Observed Survival Rate for Pancreatic Cancer

- **2006-2010 Data:**
  - Median survival: 3.00 months
  - Average age at diagnosis: 70 years
  - Observed survival rate: 2.62%
  - Standard Deviation: 9.52 months

### Observational Data

- **2000-2008 Data:**
  - Decrease in “No Treatment” from 55% to 37%.
  - An increase from 19% to 22% for “Chemotherapy” alone.
  - Significant increase for Surgery/Chemotherapy/Radiation from 6.84% to 22%.
  - Significant increase for Surgery/Chemotherapy from 7.94% to 7%.
  - Decrease in “Surgery alone” from 6.08% to 4%.

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This study was performed and presented to the BSA Cancer Care Committee. The latest data from NCDB was reviewed to determine if treatment changed from 2008 to the most current completed year (2010) by Goldston Cancer Registry. Additionally, we wanted to see if treatment had an impact on the survival rates of Pancreatic Cancer. The findings revealed that the diagnostic preference is EUS (Endoscopic Ultrasound) which is currently not available in Amarillo. Patients are usually referred to Dallas for this procedure. The first course treatment modality remains as “no treatment”. Survival rates compared to NCDB from time period 2006-2010 is 3 months, with the average age of diagnosis at 70 years of age.
**Adult Oncology**

The Oncology Unit is a 37-bed unit which also includes a Neuro-Intermediate Unit which has monitoring capabilities. This unit can be used when patients are getting intense chemotherapy and need to be in a monitored bed. Desensitization Chemotherapy is performed in this unit. BSA has a committed and dedicated nursing staff providing the best in cancer care. The combined years of experience of the Nurses on the Oncology Unit are 326. Nursing and therapy staff members continually update learning as needed for the advancements in cancer care and clinical practice. The average nurse to patient ratio remains 1:5 and in addition to the staff being chemo certified, BSA and HCC also have nationally certified Oncology nurses (OCN) on staff.

The Educator on the unit is certified to teach the internationally recognized Oncology Nursing Society Chemotherapy Biotherapy Course. This is a requirement for the staff on the Oncology Unit to take. This course has been opened up to the community in an effort to be sure all Oncology Nurses are taught the same material which includes safety of administration, as well as knowledge of the different types of agents used to treat cancer.

There is an outpatient unit for oncology patients where an average of 225 patients a month receive therapies which include but are not limited to chemotherapy, blood products, IVIG and antibiotics. This unit is open six days a week and is staffed by specially trained Oncology RNs.

Patient Safety is the primary focus of patient care. In addition to the routine checklist and double check system of chemo administration, the facility now owns double and triple channel “Smart Pumps.” The unit uses Smart IV pumps for chemo administration which adds to existing patient safety measures. These pumps are preprogrammed with soft and hard stops for accurate dosage and administration. In order to reach the community, the nursing staff in our Oncology Unit assists area nursing schools in monitoring and precepting nursing students in three levels of their training. Part of the staff participated in Relay for Life for the American Cancer Society. One Staff RN was named Preceptor of the Year for 2011 by one of the nursing schools. The oncology staff helps students become familiar and comfortable with patient care, which in turn prepares the student to become more proficient in meeting patient needs.

**Nursing Education in 2011**

1. **Treatment Basics Class**:
   - Hazardous Drugs in Non-Oncology Settings, was offered three times in 2011 (February 11, June 29, August 8, 2011). There was a total of 16 participants.
   - The ONS Chemotherapy and Biotherapy Course has been very successful and was offered twice in 2011 (May 20-21, 2011 and September 9-10, 2011) with 41 participants in attendance.

2. **Nursing Education in 2012**
   - Oncology Nursing Society (ONS) In-Services
     - Chemotherapy and Biotherapy Course 10/12-10/13/2012
     - Biotherapy Course on Treatment Basics : Antineoplastic Therapy in the Non-Oncology Setting 12-4-12

**Additional In-services include**

- Ports & PICC Lines
- Rasburicase
- Countdown to Crisis: Managing Life-threatening Infections in Patients with Cancer
- Cabazitaxel
- Flexi-Seal Fecal Management System
- Maintaining Muscle Mass
- Intracranial Hypertension
- Pradaxa
- Ofirmev

Melva Davis, Director of Neuro/Oncology and Carolyn Veteto, Nurse Educator
Pediatric Oncology

The Pediatric and Pediatric Intensive Care Unit at BSA Hospital is a “great place for patients.” The Pediatric staff is very proud of all that has been accomplished in our relatively short time taking care of pediatric oncology patients. The Pediatric ICU opened on August 4, 1998. At that time, there were only three registered nurses who were certified to administer chemotherapy. Since that time, it has become a requirement for any registered nurse working on Pediatrics or PICU to become chemotherapy certified. Re-certification is required every two years in order to remain on the Pediatric units. Additionally, four pediatric nurses have been sent to the APHON chemotherapy conference this past year.

All LVNs, CNAs and NTs must take a chemotherapy “safety” class every two years. Other safety measures include a “double-check” system, in which all medications administered to an oncology patient are checked by two licensed staff members. All road maps are double-checked and all orders are double-checked and recalculated for accuracy. A new addition to our nursing staff is our Child Life Specialist who is specifically trained to help children deal with the stress of their illness through therapeutic play.

One of our very own pediatric nurses, whose son had Leukemia in 2007, started the “Panhandle Angel Foundation.” What had its origins as a support group for parents of children with cancer, has now blossomed into a foundation with quarterly Board Meetings. Each year the, the Panhandle Angel Foundation hosts a Christmas party for the children, including presents and a special visit from Santa. The Foundation also provides support for daily necessities our patients need during their hospital stay.

Additional services available for our pediatric patients include Therapeutic Radiation, provided by the Harrington Cancer Center (HCC). Our Pediatric/PICU Sedation Team works closely with HCC staff in order to provide radiation therapy to children who may require this particular treatment. Their collaborative efforts enable the patient’s family to stay close to home, and provide the much needed familial support which is important during the recovery process.

Along with the committed nursing staff and the expertise of our pediatric oncologists, and pediatric intensivists, the Pediatric Oncology unit at BSA continues to flourish. Dr. Oswald Regueira and Dr. Curtis Turner, are board certified by the American Board of Pediatric Hematology/Oncology. The teamwork is second to none as Drs. Regueira and Turner work closely with Dr. Nandkishore Raghuram, and Dr. Hee Won Kim our Pediatric Intensivists, in providing the best quality care to our pediatric patients.

As a result of affiliations with pediatric cancer groups such as the Children’s Oncology Group (COG), which is a National Cancer Institute (NCI) supported group, children in Amarillo and the surrounding tri-state area can be treated according to the best and most current in treatment protocols.

Based on recent data on childhood cancers, about 80% of children with cancer can be cured when referred to established treatment and research centers. At BSA, all types of pediatric cancers are given care including:

- Leukemias (AML), lymphomas, Wilm’s tumor, soft tissue sarcoma, melanoma and reticulendotheloses.
- Hematological conditions evaluated and treated include: hemophilia, other bleeding disorders such as Von Willebrand disease, sickle cell disease, thalassemia, aplastic anemia and neutropenias.

Child Life

Children’s Miracle Network often sponsors the Child Life Program in their hospitals. That is also the case here at BSA. Child Life is a program that provides support and helps ease the anxiety during hospitalization. Child Life will meet the child’s developmental, emotional, and psychosocial needs while they are in the hospital. Child Life Specialists provide a supportive environment by offering play and various learning experiences. A playroom is provided through this program for the children and adolescents to get their mind off of being in the hospital and to just have fun. If a patient has to have an IV, the Child Life Specialist will distract the child or adolescent with various toys, or coping techniques to distract from the painful experience. Using medical play, Child Life Specialists explain a surgery, procedure, or new diagnosis to patients in a child-friendly way. Child Life Specialists also offer bereavement support and resources for families who experience the loss of a child while in the hospital.

Thanks to the Junior League of Amarillo, our Child Life program was able to purchase a laptop computer and digital camera for the pediatric unit. The laptop has been a wonderful addition and the kids have really enjoyed having it at their disposal. The doctors and nurses at BSA provide excellent medical care in the Pediatric department. BSA is extremely grateful to CMN for the equipment they have purchased and for funding the Child Life Program to help make the hospital stays more pleasant for our young patients.

Camp Alphie

Camp Alphie is a non-profit summer camp located in Ceta Canyon for children with cancer (ages 7-14) and their siblings. The camp provides our pediatric patients and their siblings a fun-filled, week long summer camp. Camp Alphie is free of charge and provides a wonderful opportunity for children to participate in all the normal activities of summer camp like swimming and roasting marshmallows, with the added benefit of having a 24 hr nurse, a physician when needed, and “on-site” labs and chemo. Not only does Camp Alphie provide a camp experience, the emotional needs of children and their families are also given care. A Parent’s Camp is also available to help parents deal with the stresses of cancer and to help redirect attention back to the family unit. Parent Camp includes outings with other parents who are experiencing similar challenges of a child with cancer.

The League House

The mission of the Medical Center League House is to serve as a home away from home for patients and their families coming to Amarillo, Texas for health care treatment. It seeks to provide comfortable and affordable lodging in a caring environment of support and assistance. The Medical Center League House is a charitable community project sponsored by Baptist Community Services, Harrington Regional Medical Center, Inc. and the Junior League of Amarillo.

Ronald McDonald House

The Ronald McDonald House in Amarillo opened in 1983 as a result of the generosity and support of area donors. For families with children who are hospitalized or require outpatient treatment for extended periods, the Ronald McDonald House is a haven and provides a “home” away from home. The charge is minimal, and each family is given a room and bathroom, with shared kitchen and laundry facilities. Families are responsible for cleaning their individual areas, laundering, grocery shopping and cooking. In addition to providing a home experience away from home, the Ronald McDonald House has helped many families share experiences with other family guests facing similar crises.
Radioactive Iodine (I-131) is used on patients with cancer of the thyroid, hyperthyroidism and Graves disease.

I-131 Thyroid Therapy

Radioactive seeds are implanted.

This process involves the implantation of tiny, radioactive seeds into the prostate, or uterus where the radiation can kill cancer cells. The cancer cells are inundated with the radiation while surrounding organs and nearby tissues receive less. Although this technique has been around for years, technology has improved. Through the use of ultrasound, a physician is better able to see the prostate gland/uterus, and has better control of how the radioactive seeds are implanted.

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Radiofrequency Ablation

Radiofrequency Ablation (RFA) is used on patients with inoperable primary or metastatic liver, kidney or lung lesions. Generally the lesions must be limited to the liver, although RFA may be used for relief of symptoms in patients with disease outside the liver. The ideal patient for RFA generally will have no more than three lesions that are no greater than 4 cm (about 1 ½ inch) in size. Based on the review of the CT scan, the doctor will decide if RFA is the appropriate treatment.

Description of Procedure: Radiofrequency (RF) is electrical energy that is used to create heat in a specific location for a specific period of time. The result is destruction or death of lesions. The procedure can be performed percutaneously (inserting the probe through a large needle through the skin), or laparoscopically (using a scope inserted through a small incision), or in an open surgical procedure. Using ultrasound or CT to guide the instruments, the RFA probe is placed directly into the lesion. The lesion is heated to temperatures above 113 degrees Fahrenheit, causing lesion destruction without sacrificing normal surrounding tissue.

Port (or Portacath) is a small medical appliance that is inserted beneath the skin of the chest. A catheter connects the port to a vein. Under the skin, the port has a septum through which specific drugs can be injected. This is commonly performed as a day surgery procedure under conscious sedation. The port is made of plastic, titanium or stainless steel with a silicon septum. The catheter extends into a large or central vein. The port is then accessed by a non-coring needle to infuse chemotherapy. It is intended for long-term use.

Intrathecal Chemotherapy is given directly into the fluid surrounding the brain and spinal cord (cerebrospinal fluid or CSF) so cancer cells in the nervous system can be reached. Since most chemotherapeutic agents can’t cross the blood-brain barrier, intrathecal chemotherapy is a method which delivers a chemotherapeutic agent by a lumbar puncture (spinal tap), either daily or weekly. For cancer cells that have leptomeningeal spread, this is the method used and is most commonly seen in leukemias, some lymphomas and advanced solid tumors of the breast and lung.

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Sentinel Lymph Node Biopsy

Sentinel Lymph Node Biopsy is a procedure that includes a visit to Nuclear Medicine where a radioactive tracer is injected into a specific area of the breast. A blue dye is injected at the site during surgery and is carried by the body’s lymph fluid. The blue dye along with the lymph, circulates and drains at the lymph nodes. A gamma probe is then used to locate the node that has “blue dye” and has the highest tracer count. This node is known as the sentinel node. The radioactive tracer maps out the location of possible affected lymph nodes. Upon completion of a biopsy, an in-depth analysis can be done to see if these nodes contain cancer cells.

Intrathecal Chemotherapy
Harrington Breast Center is an outpatient facility focusing on Breast Health Screening, Diagnostic, and Education services, along with Bone Health services. HBC has a group of six expert breast radiologists. Two breast radiologists are on-site daily during clinic hours providing patient care, education, and diagnostic evaluation services to patients with breast health issues.

Services provided are:
- Digital Mammography
- Breast Ultrasound
- Ultrasound Guided Breast Biopsy
- Stereotactic Breast Biopsy
- Aurora dedicated Breast MRI
- MRI Guided Breast Biopsy
- High Risk Clinic
- Convenient Saturday screening schedules

Harrington Breast Center has the only mobile digital screening mammography unit in the Texas Panhandle. This thirty-eight foot mobile coach serves surrounding communities along with the Oklahoma Panhandle and Eastern New Mexico.

BSA Health System has received a full three year accreditation for its Comprehensive Breast Program by the National Accreditation Program for Breast Centers. HBC has also been awarded the American College of Radiology’s Breast Imaging Center of Excellence for Mammography, Stereotactic Breast Biopsy, Breast Ultrasound, and Ultrasound Breast Biopsy.

Supportive Care is an integral part of how The Don and Sybil Harrington Cancer Center responds to the individual needs of patient care. Professional social work, counseling and nutrition staff works one-on-one with patients and families to address psychosocial needs, such as coping and emotional needs, daily living needs and nutritional and financial concerns. The staff is also available to assist patients and their families in accessing community resources including transportation, temporary lodging, financial assistance and resources for help at home.

Harrington Cancer Center offers the following supportive care programs:

- **Counseling:**
  Individual and family therapy is available for Harrington Cancer Center patients and caregivers who are coping with issues related to their cancer and cancer treatment. Counseling is provided by an on staff Licensed Professional Counselor and Licensed Marriage and Family Therapist. A referral is required from a Harrington Cancer Center physician or staff member for this service.

- **Expressive Therapies:**
  As an adjunctive healing process, the expressive therapies are designed to promote healing and good mental health. Currently, patients and families at Harrington Cancer Center have the opportunity to participate in art and music therapy while in the clinics.

- **Genetic Testing and Counseling:**
  This program uses trained oncologists and nurse practitioners to evaluate genetic cancer risk for breast, ovarian and colon cancers. The program offers cancer genetic risk assessment and provides counseling and education for individuals and families at genetic risk for developing these cancers.

- **Nutrition Support:**
  Quality nutritional care is important for cancer patients. The Registered Dietitian who is a Certified Specialist in Oncology is available to assist patients and families with specific dietary concerns.

- **Patient and Family Support Programs:**
  All Harrington Cancer Center support groups are presented without charge as a community service.
  - Chemotherapy Class - for those receiving chemotherapy
  - Dialogue - for patients and families coping with cancer
  - Quit Club - for those who have quit tobacco
  - Quitting Class - for those who want to quit tobacco
  - Radiation Therapy Class - for those receiving radiation therapy
  - Women In Touch - for women living with breast cancer

- **Social Work Services:**
  Social Work Services provides services to patients and family members to assist with the social, emotional and financial challenges frequently associated with cancer and cancer treatment. Through direct service and through collaboration with the healthcare team and community agencies, social workers can assist in achieving and maintaining the best possible quality of life.
**Inpatient Rehabilitation**

Serving the Texas Panhandle region for the past 38 years, the BSA Inpatient Rehabilitation Center is the area’s foremost rehabilitation facility. Conveniently located within the main campus of BSA Health System, the rehabilitation center extends its services to adults with acquired brain injury (traumatic brain injury, stroke and brain tumors), spinal cord injury, amputation, total joint replacement, oncology and other neurological and orthopedic conditions.

In keeping with the mission of BSA Health System, our commitment to quality healthcare creates an environment that skillfully blends each patient’s individualized needs with the passion and skill of the rehabilitation treatment team. In 2007, as part of BSA’s Create the Future project, the BSA Inpatient Rehabilitation Center relocated to the new Ware Tower addition. This 24 bed, state-of-the-art facility has enhanced the overall effectiveness of the rehabilitation experience and will continue to do for many years to come.

The goal of physical medicine and rehabilitation is to restore one to the highest level of physical, social, cognitive, and emotional independence following a debilitating illness, injury, or surgery. This goal is accomplished through an interdisciplinary team approach that combines the treatment methods of highly trained and licensed professionals who are knowledgeable in the rehabilitation process.

BSA’s Inpatient Rehabilitation Center uses a multidisciplinary team of specialty-care providers, including physiatrists (rehabilitation physicians), consulting physicians, rehabilitation nurses, occupational therapists, physical therapists, speech-language pathologists, case managers, social workers, dieticians, spiritual care providers and others specially trained in rehabilitation.

Each member of the treatment team is dedicated to helping the patient improve through:

- clinical assessments
- individualized treatment programs
- patient and family education
- commitment to safety
- physical, spiritual, and emotional support

**Physiatrist**

A physiatrist is a physician who specializes in physical medicine and rehabilitation. After graduation from medical school, this physician completes four years of residency training in a physical medicine and rehabilitation program. By virtue of this training, a physiatrist is able to evaluate the physical, neurological, orthopedic, and functional disabilities of patients who come under his/her care and direct the rehabilitation efforts to enable you to become as functionally independent as possible.

**Rehabilitation Nurse**

A rehabilitation nurse is a graduate of an accredited school of nursing and licensed by the state. Rehabilitation nursing staff provides around the clock nursing care to assist you in management of pain, monitoring of your medical condition, and aiding you with your self-care needs. In addition, the rehabilitation nurse will administer your medications as prescribed by your physician(s). A rehabilitation nurse is skilled at training you and your family in safety, bowel and bladder programs, skin care, medication usage, and education regarding your specific diagnosis.

**Speech-language Pathologist**

A speech therapist in the rehabilitation setting is a graduate of an accredited speech language pathology program, holds a certificate of clinical competence from the American Speech-Language-Hearing Association, and has a license to practice in the state. The speech therapist, sometimes referred to as the speech-language pathologist, evaluates and provides individual and group treatment to patients who have experienced physical or neurological changes, or other complications causing the patient to have difficulty with cognition and communication. A speech therapist treats problems of speech, language, memory, and high level thinking skills such as problem solving and decision making. A speech therapist will also evaluate swallowing abilities and provide treatment for swallowing dysfunction and hearing screens to determine if further audiological testing is recommended.

**Physician**

A physician is an allied health professional that has graduated from an accredited program and is licensed by the state. As members of the rehabilitation team, physicians focus on preservation, development, and restoration of one’s optimal physical function. They will assist in alleviating pain, preventing the onset and progression of impairment, and aide in restoration of overall health and physical function that often declines as a result of disease, illness, or surgical procedures.

Rehabilitation treatment is administered to control pain, increase strength, improve range of motion, and restore motor control and balance. These basic components are then incorporated into higher-level physical therapy interventions which focus on bed mobility, transfers, wheelchair mobility, and walking. A physical therapist assistant is a licensed professional who has graduated from an accredited program and works under the supervision of the occupational therapist.

**Social Worker**

A social worker is a health care professional that has graduated from an accredited program and is licensed by the state. A social worker is available to help each patient with the psychological and emotional aspects of rehabilitation as well as connecting patients to area agencies and support groups that are available to aide patients beyond the inpatient rehabilitation setting.
BSA Outpatient Therapy Services

The Lymphedema program at BSA Outpatient Therapy treats people who are experiencing abnormal swelling of a body part (including but not limited to face, neck, arm, leg, breast, abdomen) caused by damaged or an impaired lymphatic system. Lymphedema is a chronic health condition that is characterized by an abnormal accumulation of protein-rich lymphatic fluid in the tissue spaces of the affected extremity causing chronic inflammation and reactive fibrosis.

Symptoms of lymphedema include a gradual or sudden swelling of the affected area, feelings of heaviness or discomfort, restricted range of motion, recurrent infections and thickening or hardening of the skin.

The following conditions can be attributed to Lymphedema:
- Radiation therapy
- Surgery
- Trauma
- Infection
- Obesity
- Venous Insufficiency

Our Klose-Norton trained, Certified Lymphedema Therapists use a non-invasive program known as Complete Decongestive Therapy (CDT) to treat lymphedema. BSA currently employs two Certified Lymphedema Therapists who are part of a Multi-Disciplinary Clinic at Harrington Cancer Center twice each week.

CDT is comprised of the following treatment components:

Manual Lymphatic Drainage (MLD) – MLD is an advanced form of massage that stimulates the lymphatic system to remove congestion and stagnation from within the affected body part which is then returned to the venous system.

Compression Bandaging – After MLD, compression bandages are applied to the edematous area to further “re-route” and evacuate lymphatic fluid. This also assists with restoration or normal contours of the affected area.

Therapeutic Exercise – Medically supervised exercise programs are designed on an individual basis to increase range of motion, improve overall function of the lymphatic system and increase strength when appropriate.

Skin and Nail Care – Patients who have or are at risk of developing lymphedema are at high risk for infection, especially cellulitis. Meticulous skin and nail care are a must for this population to keep infection risk low. Patients may be referred to the BSA Lymphedema Clinic for education of lymphedema precautions and prevention due to the lifelong management required.

Compression Garment Fitting – Once the affected body part is decongested, patients are fitted with medical grade compression garments, such as an arm sleeve or thigh high. Compression garments are to be worn daily to maintain the reduction achieved through Complete Decongestive Therapy.

Self-Care Education – Our lymphedema specialists will provide in-depth education on an individualized basis teaching patients how to maintain their results after Complete Decongestive Therapy which include self-bandaging, self-massage, exercise, and skin and nail care.

The Lymphedema Clinic is located at BSA Outpatient Therapy located at 5111 Canyon Drive in Amarillo. Physician referrals are necessary and should be faxed to (806) 212-3636. Referrals can also be taken by phone at (806) 212-0741.
SPIRITUAL CARE / PATIENT EDUCATION

Spiritual Care
The majority of patients diagnosed with cancer enter a time of profound social, emotional and spiritual struggle. Life changes at the deepest levels. To help patients in this challenging time, HCC provides a professional Chaplain to work with patients and families in their healing journey.

The services rendered by Chaplains include empathetic support, crisis intervention, support groups, religious rites and family care. The Chaplains collaborate with Social Support Services when additional needs arise. Worship services are offered daily on the BSA Hospital campus. Chaplains regularly consult with local clergy to bring continuity to the caring process. Outpatients have access to these services by request. The BSA Hospice has spiritual care on duty daily. Patients of all faiths and religious groups are included in the care.

Beyond the Chaplain staff, all healthcare professionals at HCC encourage the spirituality of patients. This life-enhancing attitude offers a powerful component for patients to succeed in treatment.

BSA Hospice
Serving the area for 32 years

BSA Hospice provides quality care for those with a life-limiting illness who choose to live the remainder of their days at home, alert and pain-free, with those they love. BSA Hospice has served the Amarillo, Pampa and surrounding counties for 32 years. Care is provided in the patient’s own home, a nursing facility, retirement community, group home or the BSA Hospice In-Patient Unit when necessary.

The Hospice team is comprised of award-winning physicians, RNs, aides, social workers, counselors, chaplains, volunteers and therapists who believe that quality of life is as important as quantity of life. The team is dedicated to fast, effective pain and symptom control in addition to treatment of spiritual, emotional and social pain. An individualized plan of care is geared toward meeting the goals of each patient and family.

The Hospice Medicare Benefit and the Texas Medicaid programs currently pay for hospice care at 100% with no deductibles or co-payments. Included in the benefits are: visits by the hospice team of professionals; medications related to the terminal diagnosis; medial equipment needed for comfort; respite for caregivers; and support for the caregiver. Other sources of payment include major medical benefits, private insurance plans and private pay. BSA Health System and Olivia’s Angels are committed to making sure that no one who desires hospice care is denied services because of the inability to pay.

A patient’s private home (or wherever he/she calls home) is the primary setting where hospice care is provided. The Amarillo Hospice office and In-Patient Unit for short term stays for respite care or pain and symptom management is located at 600 N. Tyler. The Pampa office is at 800 N. Sumner. The offices can be reached by calling (806) 212-7500 or (800) 315-6209.

Patient Education
The Nursing staff at BSA always strive for excellence in education for our patients and their families. Patient Education materials are available and are based on best practices from the American Cancer Society, Oncology Nursing Society and various other Oncology Services. At our BSA website (www.bsahs.org), patients and staff are able to access information through a Health Library and gain additional information on other services that BSA and affiliated clinics provide.
BSA Hospice began operation under the leadership of Sister Olivia Prendergast. A group of compassionate community leaders met to develop an organization dedicated to raising money to pay for the “extras” of BSA Hospice patients, for educating the community about Hospice care and for supporting staff. That organization became “Olivia’s Angels” in 1990.

When no other payment source is available, Olivia’s Angels helps to fulfill the needs, dreams and wishes of many of our patients. Sometimes these are relatively small: such as a warm blanket, a hand-held shower head, payment of an electric bill. And sometimes they are much larger: transportation for a family member to come for a final visit, an air conditioner for a patient’s room or a hearing device.

Olivia’s Angels also sponsors an annual Caregiver Workshop in the fall to promote education and offer support to family members and friends who are responsible for loved ones.

Donations, membership dues and sales of ceramic ornaments provide funds for the organization. The annual Hospice Holiday Tree fundraiser, held November – January, allows individuals to buy a symbolic ‘light’ on the tree for a suggested donation of $20.00 in honor or memory of someone. Twenty dollars at a time, the generous people of the area have contributed to meeting the needs of thousands of patients.

Call our offices for more information about becoming a member of Olivia’s Angels. (806) 212-7500 or (800) 315-6209.

"The rich and the poor have common bases when it comes to the end of life…it is the unique needs of each individual patient that guides our efforts to successful labors.”

Sister Olivia Prendergast, Founder, BSA Hospice

BSA Hospice counselors provide family and individual grief support to families served by BSA Hospice for a minimum of 13 months following the death of a loved one. Counselors facilitate support groups, offer workshops and provide community education programs free of charge to the public as well as families served by Hospice.

Twice a year, six week support groups, are offered. Grief: What to Expect during the Holidays workshops are held in November and December. Ended Beginnings is a support group designed for survivors of miscarriage, stillbirth and neonatal deaths. An annual Walk to Remember is held on the first Saturday of October to offer support and acknowledgement to this special population.

When death happens in our area, hospice counselors are available to assist businesses, schools and other community groups with grief in the workplace issues and how to be supportive of a co-worker who has suffered the death of a family member.

Hospice professionals are available to present programs about our services to churches, clubs or civic groups. Presentations include Olivia’s Angels, Hospice 101, Stages of Grief, Hospice Volunteering, Advance Directives and others.

Volunteers

Hospice volunteers are available to offer additional help and support to patients and family members. Each volunteer shares his/her talents and gifts with those who need them: Staying with a patient at home so the caregiver can go to the grocery store or doctor appointment; Visiting a resident in a nursing home for life review or socialization; Delivering a birthday cake and balloons; Answering the phone at the nurse’s station; Running errands for supplies; Entering data in the computer system or other important tasks that help ensure our patients and family members get the comprehensive care they deserve.

Before working with patients and families, BSA Hospice volunteers complete an intensive training program, The Hospice Approach to Living with Dying. Volunteers work in patient homes, nursing facilities, retirement centers, group homes, In-Patient Unit and in our offices. To be a part of this elite group, call our volunteer coordinator at 212-8715.
Nutrition Services

Nutrition is a major factor in both cancer development and treatment. Poor diet, overweight/obesity, and inactivity may account for as much as 25 to 30 percent of several major types of cancer in the United States. Obesity is estimated to cause 14 percent of cancer deaths in men and 20 percent of cancer deaths in women. These behavioral aspects may be the most significant, avoidable causes of cancer in the non-smoking population.

Equally important is the role of adequate nutrition throughout cancer treatment. Malnutrition in cancer is common and has been recognized as an important component of adverse outcomes including increased morbidity and mortality as well as decreased quality of life.

Optimal nutritional status is an important goal in the management of individuals diagnosed with cancer. Although nutrition therapy recommendations may vary throughout the continuum of care, maintenance of adequate intake and prevention of lean body mass loss are vital. Whether patients are undergoing active therapy, recovering from cancer therapy, or in remission and striving to avoid cancer recurrence, the benefits of optimal nutrient intake are well documented.

Here at BSA, we have a team of inpatient and outpatient registered dietitians and diet technicians with over 100 years of combined nutrition practice. We have several masters’ level dietitians as well as a Certified Nutrition Support Clinician (CNSC). This team of experts assists in the multidisciplinary care of clients by providing individualized, specific medical nutrition therapy. Our goals are to accomplish the following:

• Prevent or reverse nutrient deficiencies
• Preserve lean body mass to maintain strength and energy
• Minimize nutrition-related side effects and complications
• Protect immune function, decreasing the risk for infection
• Improve treatment tolerance and aid in recovery and healing
• Maximize quality of life

Programs & Services
Free for Cancer Patients

Transportation Assistance*
Need a ride to treatment? We have Road to Recovery volunteer drivers and in some cities a taxi service available. Gas cards are available for patients traveling 30 miles or more to treatment.

New Wigs, Hats, & Turbans
Many styles and colors to choose from.

Look Good...Feel Better*
Women currently in treatment learn hands-on beauty techniques from cosmetologists and get a free bag of makeup valued over $150.

Personal Health Manager
Get accurate, up-to-date cancer information specific to diagnosis and handy file folder to keep track of bills, medications, and test results.

*Lodging Assistance
Are you traveling 50 miles or more to treatment and need a place to stay? We offer free nights at our Hope Lodge and free or reduced rates for hotel rooms through our Guestroom Program.

Reach to Recovery
A “peer-support” program designed to help women cope with their breast cancer experience. Patients receive one-on-one phone calls and personal visits from a trained Reach to Recovery volunteer, who is a survivor. Gift items such as recovery bras, temporary prosthesis, arm pillow and books on breast cancer are given at the initial visit.

Volunteer Opportunities
We are in need of volunteers to work at our Patient Education and Resource Center to help cancer patients get free wigs, hats, turbans and Personal Health Managers and sign patients up for transportation and lodging on Tuesdays-Thursdays, 9-11 am.

For more information on services, call 1-800-277-2345 or (806) 353-4307
BSA Foundation

The BSA Foundation is dedicated to generating philanthropic support for BSA Health System and collaborating with others to enhance the health of our community. The Foundation serves as a financial resource to support the system’s Mission of providing quality healthcare in Christian love, service and dignity. Philanthropic support is important to the future of BSA, and the Foundation provides an avenue through which donors can financially contribute to the health system by purchasing equipment, donating to capital campaigns, and supporting other facility, technology and program needs.

Through its affiliation with Children’s Miracle Network, a broader range of programs and services are available to benefit the community. The Foundation provides oversight and staff support to both of these organizations.

Children’s Miracle Network

Children’s Miracle Network (CMN) is an international, non-profit organization dedicated to raising funds and awareness for children’s hospitals. CMN hospitals have changed the face of care and given all children, facing all illnesses, a better hope for the future. As the only CMN hospital in the region, 100% of the money raised goes to support local children in the Texas Panhandle. CMN works locally to assist children by seeking donations through Miracle Balloon Campaigns, the annual Radiothon and Celebration Broadcast, Change Bandits, the Tri to Make a Difference Triathlon and much more.

The Don and Sybil Harrington Cancer Center Development Office

The Don & Sybil Harrington Cancer Center (HCC) provides leading edge cancer treatment, diagnostic services, patient support programs, and cancer research to the residents of Amarillo and the surrounding five-state region. For thirty years HCC has focused on the vision of its founders to provide state-of-the-art cancer care; to care for each patient as a total person with regard to their emotional, psychological, social, nutritional and spiritual needs; and to care for all patients regardless of their ability to pay. In 2011, HCC and its affiliated physician group (Harrington Physicians, Inc.) provided over $4.5 million in medical charity care to Panhandle area residents.

Here at HCC, we are inspired every day by our patients. They put their hearts and souls in their battles to beat cancer. The cancer center is building a special place. For 30 years, it has served our patients extremely well. But the reality is we’re out of space. Even by today’s volumes, we need a cancer center that’s about twice as large as our current facility. And the other reality we have to face is that we’re going to be seeing increasing numbers of cancer patients in the years to come. To continue our efforts to be care for anyone who needs treatment, HCC launched a $25 million capital campaign to build a much-needed, 100,000 square foot patient facility. The expanded comprehensive cancer clinic will accommodate new technologies and equipment and will provide improved access, privacy, dignity, and comfort for patients and their families. We need a new treatment center that serves our patients well for the next three decades, a place where our friends and neighbors in this region can remain close to home and receive world-class cancer care. By early 2012 the Harrington Cancer Center capital campaign had raised $10 million in gifts and pledges.
HCC is fortunate to have a partnership with a group called the Circle of Friends who truly helps us care for anyone who walks through our doors. The Circle of Friends is a non-profit organization with more than 2,000 members across the region, which was founded to support the philosophy and goals of HCC. The Circle of Friends has 13 chapters throughout the Texas and Oklahoma Panhandles. Through its affiliation with HCC, the Circle of Friends develops and implements fund raising activities primarily to provide financial assistance to cancer patients and their families in times of need and to improve the patient’s quality of life. The Circle of Friends assists with services not covered by insurance or available through other agencies, such as travel, lodging, prescribed nutritional supplements and other special needs to ease the journey of cancer patients and their families. Since its inception in 1981, the Circle of Friends has provided more than $1 million dollars in support and continues to be a source of encouragement and compassionate assistance for HCC patients and their families. Not only does the Circle of Friends raise funds to assist with our patient’s needs, but they serve as ambassadors in their communities to spread the word about HCC and the services we provide.

HCC strives to get the message out to the community about HCC and the services we provide. With this being said, community outreach is a big part of what we do. In 2011, HCC participated in over 20 community events throughout the Texas Panhandle. The mobile coach has been on the road reaching out to women in the rural areas of our region providing 50 screening clinics. HCC also held its 8th Annual Cancer Survivors Day. We had 550 survivors from throughout the region who brought their friends and families to HCC to celebrate. The festivities included games for all ages, great food, music, and new this year, an 8-foot balloon that was released with survivor’s signatures.

HCC is truly a cancer center for the community and plays a vital role in meeting the cancer screening and treatment needs of this region.