



Cancer Annual Report 2021



Pardee Cancer Center
(828) 694-4300

Cancer Navigators
Breast Care
(828) 698-7334

General Cancer
(828) 698-7317

Lung Cancer
(828) 698-7364

Cancer Research
(828) 696-4716

Breast Imaging Services
(828) 696-1305

Medical Oncology
(828) 692-8045

Pardee Breast Surgery
(828) 694-8438

Radiation Oncology
(828) 696-1330

Surgical Oncology
(828) 693-7230



A QUALITY PROGRAM
of the AMERICAN COLLEGE
OF SURGEONS

National Accreditation Program
for Breast Centers (NAPBC)
Accredited Breast Center

American College of Radiology (ACR)
Accredited Facility
Radiation Oncology
Mammography
Breast Ultrasound
Stereotactic Breast Biopsy

TABLE OF CONTENTS

2 Chairman's Report

3 A Year in Review

5 Cancer Journeys

Carl's Story

Donna's Story

7 Cancer Screenings at Every Age

9 Clinical Trials Close to Home
Who's Serving Whom?

10 Relief for Financial Toxicity

11 Mark Your Calendar

Cover Art: *Southern Sky* resides in Pardee Cancer Center,
providing beauty and inspiration to our patients.

"Everyone looks to the sky for the promise of a new day and
the comfort that affords. As a child, I often looked at cloud
shapes that reminded me of objects, animals or people.
This painting takes me back to a time of childhood innocence.
Southern Sky reflects beauty, hope and playfulness."

– Kelly Chelena, *Southern Sky* artist

Chairman's REPORT

THOMAS L. EISENHAUER, MD, FACS



Most of the people in western North Carolina will remember 2020 as the “Year of the Pandemic.” We did not travel for our usual vacations, students did not learn in a classroom, and new illnesses made us fearful. We could not

dine at our favorite restaurants, have neighborhood gatherings, or worship together at our local church.

“Social distancing” was meant to help minimize the spread of the coronavirus by having individuals remain six feet apart. What it actually did was perhaps much worse. Aging parents were not able to feel the comforting touch of their family, but only see their faces on a computer screen or at the window of the assisted-living facility. Wives would drop their husbands at the hospital door for needed care, not knowing when they would be allowed to see them again. Patients endured post-operative recovery and received chemotherapy without family members that have always been at their side.

While the pandemic had an overwhelming impact on health care, and our community in general, it did not have the capability to stop our oncology team from

providing the necessary services to our neighbors. Yes, we had to make some modifications to the way that certain services would be provided so that our immunocompromised patients would actually be and feel safe. Every day our team members were there providing their expertise for our oncology services.

While we did not replace arthritic hip and knee joints or remove cataracts in our operating rooms for a period of time, we continued to excise cancerous growths each morning because our patients did not have the ability to defer treatment. Fewer numbers of patients were seen in our primary care providers’ offices for routine visits, but we infused chemotherapy drugs daily while wearing extra protective devices for the safety of our patients and team members. Some community members were told to stay home from work at times; others became unemployed when businesses closed. The cancer team members were working overtime. While 2020 was slow for almost every other aspect of our lives, the number of new cancer patients that we cared for last year was greater than any other calendar year.

Pardee continues to provide excellent cancer care. New techniques and treatment options are being utilized on a regular basis. Tracking patient outcomes with respect to their specific type and stage of cancer allows us to assess our ability to care for cancer patients. Our statistics show that we provide excellent oncologic care for the patients that we treat. We consider it an honor to provide this service to you. We want to share this privilege with you, our community, and trust you will allow us to continue to care for your cancer needs. ♦

A Year in Review

BRIAN LEUTNER, MBA
ADMINISTRATIVE DIRECTOR, ONCOLOGY AND IMAGING SERVICES

As we all were hopeful that the pandemic of 2020 would be well behind us, the unfortunate reality was that 2021 would still be consumed with our patients, providers, and staff dealing with COVID-19 and the new variant. However, the entire cancer services team remained vigilant on keeping patients and ourselves safe while continuing to move forward with high quality compassionate care, a patient centered approach, and our programmatic goals.

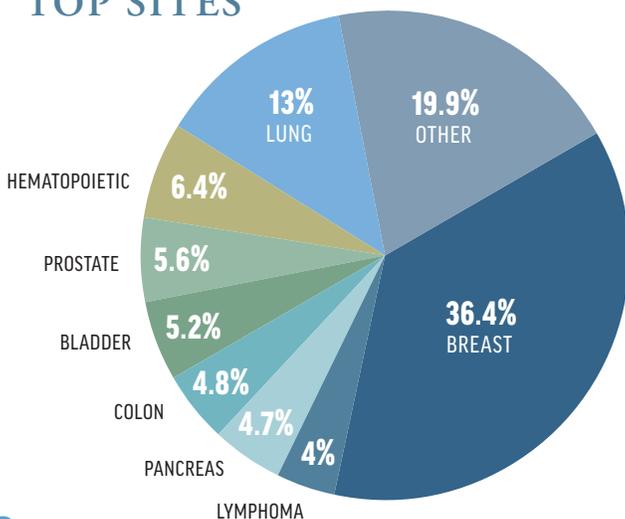
This year the team made a concerted effort to focus on patient financial toxicity, since one of the largest ongoing issues in cancer care is the cost of the needed treatment for cancer. The complexity of financial needs, fragmented financial support resources, and complex eligibility requirements prove that to be a resource at the cancer center needed. Financial barriers to cancer treatment is a national issue but, most importantly, we heard this loud and clear from the patients that we serve locally. So, we partnered with the UNC Comprehensive Cancer Support Program and became one of eight other cancer programs across the state to be part of a financial toxicity study funded by the National Cancer Institute. Our first step was to hire a financial navigator whose focus is working with our patients and caregivers to identify and access resources to reduce cancer related financial distress and improve the overall quality of care. Currently, this navigator assists 130 patients per month on average and has proven to give the needed support that was desired (*see more on page 10*).

We were given the exciting news that the Pardee Hospital Foundation will fully fund a mobile mammography bus to provide needed breast cancer screening in the communities we serve. This 38-foot fully customized Winnebago will have a 3D mammography unit capable of screening up to 20 patients per day and can be parked just about anywhere. We know that mammograms are the key to early detection of breast cancer, so bringing this service to communities, medical practices, and local companies will allow ease of access for those who need screening. Our goal is to have the bus operational by the beginning of 2022.

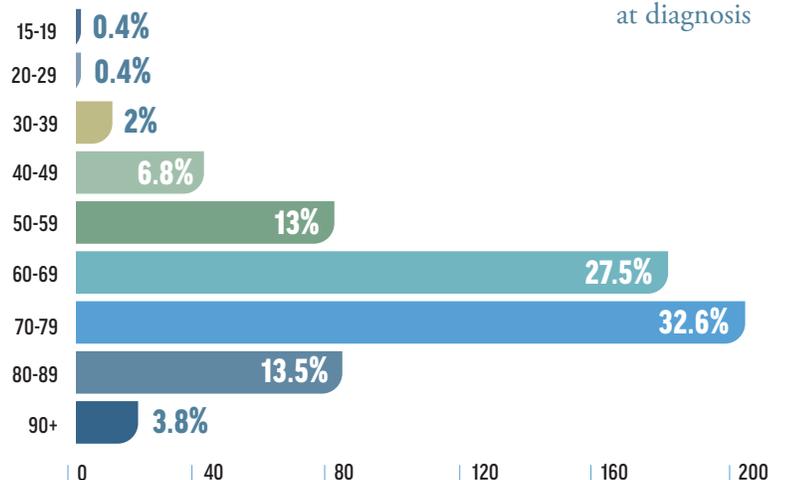
In comparison to last year, we've seen continued growth in breast imaging, surgery, radiation, and medical oncology clinics. As the number of patients continues to grow, we have added providers and staff as needed to keep up with the demand.

The year has been stressful for our community and team members due to the continued COVID-19 restrictions. However, I continue to be amazed at the resilience of our providers' and team members' focus on ensuring that our patients are always first in any decisions being made. Our emphasis will continue to be taking care of our community and making sure they get the care they need and the technology they deserve, close to home. ♦

TOP SITES



AGE OF PATIENTS at diagnosis



15,379

MAMMOGRAMS
and other breast imaging exams

Patients newly
diagnosed with
breast cancer
were seen within

2.7



DAYS OF
DIAGNOSIS

872

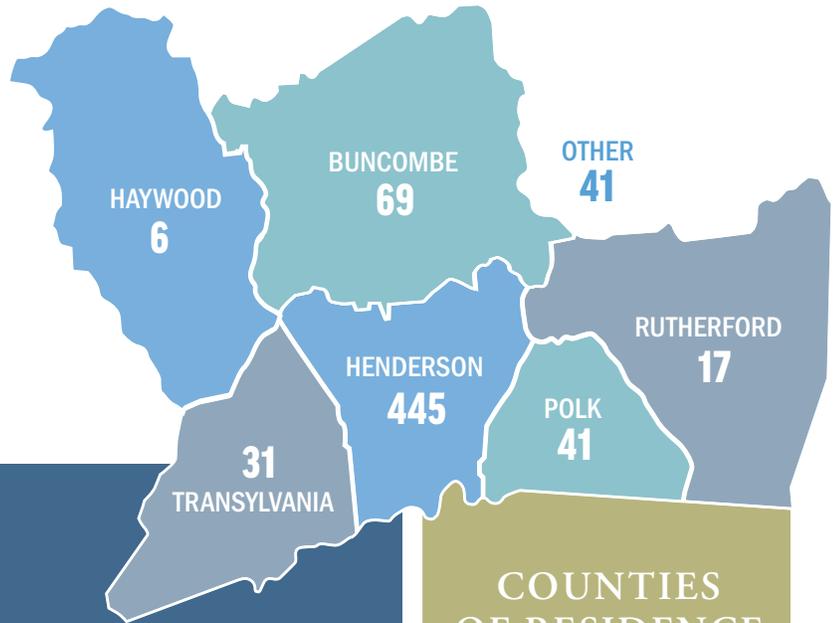
BREAST BIOPSIES
performed at Elizabeth Reilly Breast Center

27,960

DOSES DISPENSED
at Pardee Cancer Center's pharmacy

4,659

TOTAL PATIENTS
served by the pharmacy



COUNTIES
OF RESIDENCE

650

patients from more
than six counties

Pardee Cancer Center
team members
worked shifts
in the community
clinic to support



COVID-19

VACCINATION
EFFORTS

130

PATIENTS
PER MONTH
assisted by new
Financial Navigator



38 ft.

MAMMOGRAPHY
BUS

with a 3D mammography unit
has been fully funded by Pardee
Hospital Foundation, with
plans to go on the road in 2022

30%

NEWLY
DIAGNOSED
CANCERS
detected on screening

Cancer Journeys



Carl's Story

When Carl McMurray, 50, learned he would need 12 rounds of chemotherapy to treat pancreatic cancer, he determined to make the best of his circumstances. During each chemotherapy appointment, Carl dons a clever costume. He's dressed up like he's attending a luau, in '60s and '80s throwback outfits, and as a Star Wars Stormtrooper, a pirate, and a cowboy.

Carl learned he had pancreatic cancer in November 2020. His journey to the diagnosis began when he decided to lose weight earlier that year: "Every time you go to your family doctor, they tell you to lose weight and eat right. I wasn't healthy. I was close to 300 pounds and decided after seeing my doctor that I didn't want to be that heavy and wanted to lose weight. I started cutting carbs and drinking water instead of soda. The weight started coming off and it was kind of easy."

Eventually, he couldn't keep weight on and started having digestive issues. McMurray returned to his primary care physician, Jennifer Mathews, M.D., for a follow-up visit and was diagnosed with diabetes. He told her about his symptoms, so she referred him to Andrew Rackoff, M.D., a gastroenterologist. After testing, Dr. Rackoff explained that the reason McMurray was losing so much weight was that his pancreatic duct was blocked – and then they found a tumor on his pancreas during a CT scan. Carl was referred to the Levine Cancer Institute in Charlotte for a surgery called the Whipple procedure, during which the surgeon removed part of his stomach, duodenum and pancreatic head, and all his appendix and gallbladder.

After the surgery, he met with Dr. James Radford at Pardee Cancer Center. Carl went through 12 rounds of chemotherapy every two weeks. He received infusions for five hours during each appointment and then wore a medication pump at home for two more days. While the treatment has been grueling, he says the care he receives from the Pardee team is top-notch: "The care is a lot more personalized than at other places. It seems like a well-rounded, individual approach. I would rather go to Pardee than anywhere else."

To combat the dread he felt before each chemotherapy session, Carl decided that he would dress up for each of his treatments. He says, "If I have to be there, why not make it fun?" "Some of the staff dressed up with me on Star Wars day. It makes it fun for them and it makes it fun for me instead of dreading it. I'll dress up as long as I'm able to."

Carl encourages other people going through cancer treatment to "take it step by step, one treatment at a time. Don't look at the statistics – everyone's story is different." He also says his faith is stronger since he was diagnosed and he's grateful for the support of his family and friends. "I put my faith in God and whatever His plan is," he says. "The beginning of my cancer diagnosis has been a long, hard trip. Surviving the surgery and COVID-19 was nothing short of a miracle. It's been a rough year, but it's getting better. There's light at the end of the tunnel now." ♦



Donna's Story

BY DONNA GROSS



My breast cancer journey began on a beautiful summer solstice in 2018. That's the day I was diagnosed, and one breath later, the day I became a breast cancer survivor. Every breath you take after diagnosis confirms your survival, regardless of what stage the disease is at in your body. You learn all sorts of pearls of wisdom as you go along.

Did you know that there are quite a few different kinds of breast cancer, or that they don't all show up on imaging like mammograms? I do now!

Turns out I had something called Invasive Lobular Carcinoma, which is sometimes called the 'sneaky' breast cancer because you often can't see it in mammograms, CT scans, or ultrasounds. Mine was entirely invisible to all imaging. Only a biopsy finally confirmed its presence. Instead of presenting itself like a lump or bump inside your breast as we all were taught to check for every month, it grows and spreads like a spiderweb. My imaging was all clear. But I knew the shape, size, and outer appearance of my breast and nipple had changed. Those were all critical clues that I didn't ignore and helped me be here today.

By the time it was confirmed, the cancer had spread throughout my breast and into my lymph nodes under my arm. Scary! Although we live in the 21st century, cancer treatment can still feel downright medieval in nature due to its extreme methods of poisoning, ripping, & burning to remove it. To save my life, my brilliant medical team developed a comprehensive treatment plan you could characterize as the 'full meal deal'. I began with 16 chemotherapy treatments which were quite grueling. I had some fun ahead of my complete hair loss when my daughter and I dyed my hair a beautiful fuchsia pink!

I think I missed my eyebrows and eyelashes more than the hair on my head, honestly. Altogether I had four surgeries which included a double mastectomy and axillary lymph node removal. I opted to remain completely flat, medically known as 'aesthetic flat closure' instead of getting implants. This option is getting more popular with women, and I haven't regretted my decision for a single moment. After surgery I went through 28 radiation treatments. Those were exhausting and grueling in a completely different way than either chemotherapy or surgery.

After that I was declared NED: No Evidence of Disease (which is as good as it gets at this point). I finally had my life back! All in all, treatment took about a year of my life to complete, but I am hopeful that I will have many more to follow. I am on medication for the next 10 years and am also finishing up a worldwide clinical trial for a drug that is showing promise that helps to prevent recurrence in folks like me with my type of cancer. Yay!

Thankfully, I was blessed with an amazing husband who supported and cared for me every step of the way. I also had the care and love of my family, neighbors, friends, and extended church family. I have no doubt that I wouldn't be here without their love. During treatment, it honestly felt like I was being carried on the crest of an enormous wave of care and love. It was AMAZING! And of course I wouldn't be here without my brilliant medical team: chemotherapy oncologist Dr. Navin Anthony ('the poisoner'), breast cancer surgeon Dr. Jennifer McAlister ('the ripper'), and radiation oncologist Dr. Yaseen Zia ('the burner')... I love them oodles! ♦



Cancer Screenings

AT EVERY AGE

Do you know which cancer screenings you should have based on your stage in life? During an annual wellness visit, your primary care provider can help with screening referrals and plan a schedule based on your age and health risk factors. Based on your personal medical history, family history, lifestyle and environmental factors, you may be at increased risk for certain cancers. Learn more about which screenings are recommended at every age:

21-29

Starting at age 25, women should have a Human Papillomavirus (HPV) test every five years. HPV now causes most cases of oral, head, and neck cancer in the United States.

Women in their twenties should have a clinical breast exam every one to three years, and breast self-awareness (including self exams) is encouraged. Women should be aware of how their breasts normally look and feel, and report any changes to a health care provider right away.

While in your twenties, a physician may also refer you for periodic checkups and exams for cancer of the thyroid, oral cavity, skin, lymph nodes, colon, ovaries, or testes. This will be based on your family health history.

30-39

Your thirties are a good time to establish lifestyle patterns that can keep you healthy and help prevent cancer, such as a nutritious diet, a regular exercise routine, and quitting smoking or tobacco.

Did you wear sunscreen and practice regular UV protection in your younger years? If not, it's time for a skin cancer screening. This also applies if you have fair skin, a strong family history of skin cancer, and/or many or atypical moles.

Additionally, a Pap test is recommended every three years, a clinical breast exam every one to three years (along with regular self breast exams), and an HPV test is recommended every five years (for males and females). Your physician will continue to advise about any necessary screenings for other cancers.

40-49

People at average risk for colorectal cancer should start testing at age 45, so talk to your health care provider if you haven't started yet. If you're younger than 45, find out if you are at higher than average risk for colon cancer because of family history, genetic disorders, or other factors. If not, then testing is not needed early. Talk with your health care provider about how often testing should be done.

Men in their forties should have a conversation with your physician about the risks and benefits of prostate cancer screening. Certain people have higher risk factors,



such as African Americans or those with a family history of prostate cancer, and may want start to an earlier screening routine.

Women will be referred for a mammogram starting at 40, unless they have determined with their doctor any risk factors that necessitate an earlier screening. Continue to have a clinical breast exam and pap test on the same schedule as in your thirties.

Both men and women should still have an HPV test every five years, and ask their physician about any other relevant cancer-related checkups and/or lifestyle counseling.

50-64

During this stage of life, you should plan on having a regular colonoscopy every ten years. Your routine of HPV screening, pap tests, and breast health screenings should be maintained. Men should determine a schedule for prostate cancer screening with their physician.

Depending on your health and results of your annual wellness exam, a provider may also refer you for periodic cancer-related checkups and exams for oral, head, and neck cancer, ovarian cancer, or testicular cancer.

For current smokers and those with a heavy smoking history, a Lung CT screening is recommended from ages 55 to 75.

65+

For women who have had regular screening with no history of abnormal pap tests, you may stop being tested for cervical cancer after age 65. A mammogram and clinical breast exam every year with breast self-awareness is encouraged. Men should plan for prostate exams on advice of their doctor.

A colon cancer screening should occur every ten years, as well as the Lung CT screening for smokers and those with a smoking history.

There is no specific age at which cancer screening stops. People aged 70 and older should discuss cancer screening with their doctor and make a decision based on their overall health and previous screening history. ◆

Sources: American Cancer Society, Centers for Disease Control and Prevention

KNOW YOUR CANCER RISK FACTORS

Breast Cancer

- Being female
- Age – risk increases as women age
- Genetic mutations
- Reproductive history, such as starting your period before the age of 12 and having first child after 30
- Dense breast tissue
- Personal or family history of breast cancer
- Previous chest radiation, before the age of 30
- Obesity, and/or not being physically active

Prostate Cancer

- Age – risk increases as men age
- Race – African Americans have a higher risk
- Family history

Lung Cancer

- Smoking
- Secondhand smoke exposure
- Exposure to radon, asbestos, arsenic, diesel exhaust, silica and chromium
- Personal or family history of lung cancer
- Previous radiation therapy

Colorectal Cancer

- Inflammatory bowel diseases
- Family history of colorectal cancer/colorectal polyps
- Genetic syndrome such as Familial Adenomatous Polyposis (FAP)

Skin Cancer

- Fair skin, and/or skin that burns, freckles, reddens easily or becomes painful in the sun
- Blue or green eyes
- Blonde or red hair
- Certain types and large number of moles
- Family history of skin cancer
- Older age

Oral, Head, and Neck Cancer

- Alcohol and tobacco use
- UV light exposure – may cause cancer on the lips
- Occupational exposure – may increase risk of cancer developing in the nasopharynx
- Infection with Epstein-Barr virus
- Previous radiation therapy

Clinical Trials Close to Home

The National Comprehensive Cancer Network believes that the best management of any cancer patient is in a clinical trial. With that in mind, the Cancer Research department at Pardee Cancer Center strives to provide a broad research portfolio for our patients to participate in. Led by Dr. James Radford and staffed by four certified and experienced oncology research nurses, Pardee offers national clinical trials close to home for patients in Western North Carolina. Deciding to take part in a clinical trial takes significant consideration between patient, provider and the research team. For patients who decide that clinical trial participation is the right option for them, we are happy to become part of their care team and treatment journey.

This year our cancer research department has enrolled patients in a wide array of treatment, cancer control, registry and cancer care delivery research trials. In 2020, we enrolled 48 patients to trials, adding to our overall programmatic enrollment of 1,131 patients since inception. Pardee's work has contributed to research studying new therapies and treatment plans, as well as lifestyle modifications such as smoking cessation and weight loss. When a patient participates in a clinical trial, not only are they potentially receiving a cutting-edge therapy, they are also contributing to future developments in cancer care. We are grateful to continue this work in evolving cancer care forward and improving quality of life for all patients facing a cancer diagnosis. ♦

Who's Serving Whom?

MYLES FISH, DIRECTOR
PARDEE HOSPITAL FOUNDATION

That question summarizes a paradox that permeates all of philanthropy. It is frequently true that the givers become receivers and the receivers become givers. From one perspective we literally have thousands of people from this community who have given of their surplus to support Pardee Cancer Center. They helped to build the building. They have helped to provide the equipment and supplies that makes the cancer treatments possible. They have supported groundbreaking research and they are helping to fund a Mobile Mammography Unit so there can be early detection of life-threatening disease. The donations from these generous people have helped to encourage, treat, and even cure those who have been afflicted with cancer. If that were the whole story it would be enough. The people of Western North Carolina are receiving first class cancer treatment right here at home. That is a great story all by itself. But, there is another dynamic to this story that we can't overlook.

For those with the interest to give, supporting Pardee Cancer Center is a privilege. We have, in our own

community, a nationally-recognized cancer facility that has a proven effectiveness in treating our own families and friends. It is a facility that has attracted physicians with national reputations and world-class training. It is a facility with a leadership team we can trust to use our donations well and to accomplish their stated purpose. Giving to a program like this is not just a privilege but it can also be a life-enriching joyful experience. When that happens, the "giver" becomes a "receiver," and without even knowing it the assumed "receiver" becomes a "giver." Our task at the Pardee Hospital Foundation is to create opportunities where the needs of the patients are met while we simultaneously create meaningful and joyful giving experiences for the donor and their families. When that happens well, the "who is serving whom" question no longer matters, because we all benefit. ♦

Learn more about how you can support Pardee Cancer Center services at pardeehospitalfoundation.org

Relief for Financial Toxicity

When facing a cancer diagnosis, patients are already experiencing worry and stress. The burden of concern about the financial impact of treatments can increase this anxiety. This is known as “financial toxicity.” Since Pardee Cancer Center focuses on the whole you, we have added a Financial Navigator to our team to help guide patients through financial barriers by directing them to assistance programs, answering questions, and offering support during their cancer journey. Learn more about this role and how the navigator serves as a resource to our patients:

What is financial toxicity?

Financial toxicity describes the negative impact medical expenses can have on patients in terms of their health related quality of life, leading to negative mental and physical effects as well as, in some cases, bankruptcy.

How does financial toxicity make a patient and their family feel? Do patients ever delay or refuse treatment due to finances?

When a patient is given a cancer diagnosis they almost immediately begin to think about how expensive treatment is going to be. Many patients have worked their entire life to save and invest their earnings in order to provide for their families and prepare for end of life care. Not many people prepare for a cancer diagnosis to become part of that plan. Many patients will delay or refuse treatment entirely in order to not stretch their family financially. We often see people that would prefer to know their family is taken care of financially rather than having to deal with the lasting cost of cancer treatments.

How has our navigator eased the burden for Pardee patients?

Financial navigators are tasked with evaluating each patient’s insurance plan to determine whether their coverage will allow for minimum patient responsibility. It is important for a navigator to be knowledgeable about the many different financial grants and patient assistance programs as most are specific to a certain medication or diagnosis. To be successful at guiding patients through financial barriers it is important for a navigator to utilize co-pay assistance programs when patients are prescribed medications that have high out-of-pocket expense. You can visibly see the relief on a patient’s face when they learn that there is help available to them to navigate the financial aspect of their cancer care. This allows them to focus on getting better and to not worry as much about the finances. ♦

Mark Your Calendar

This year, help us make cancer awareness a priority! Save this calendar as a reminder to schedule your cancer screening appointments, continue to spread awareness about prevention, remember a loved one, and celebrate survivorship!

JANUARY	FEBRUARY	MARCH
 Cervical Cancer Awareness Month <i>This month, schedule your annual appointment with your GYN for a pap test to screen for cervical cancer.</i>	 Cancer Prevention Month  Gallbladder Cancer Awareness Month	 Colorectal Cancer Awareness Month  Kidney Cancer Awareness Month <i>Are you 50 or older? It's time to ask your physician about a colonoscopy.</i>
APRIL	MAY	JUNE
 Testicular Cancer Awareness Month  Esophageal Cancer Awareness Month  Head & Neck Cancer Awareness Month	 Melanoma & Skin Cancer Awareness Month  Brain Cancer Awareness Month  Bladder Cancer Awareness Month	 National Cancer Survivor Month <i>Have you heard about Pardee's Survivorship Program? Contact Leann Noakes, General Cancer Navigator, at 828-698-7317 to find out more about how to participate.</i>
JULY	AUGUST	SEPTEMBER
 Bone Cancer Awareness Month <i>Haven't had your annual mammogram? It's time to schedule!</i>	<p><i>If you haven't already, remember to schedule a skin cancer screening. Visit our event calendar online at pardeehospital.org for a schedule of free screening events.</i></p>	 Prostate Cancer  Lymphoma Awareness  Ovarian Cancer  Uterine Cancer  Thyroid Cancer  Leukemia Awareness
OCTOBER	NOVEMBER	DECEMBER
 Breast Cancer Awareness Month  Liver Cancer Awareness Month <i>Did you know that Pardee has a Breast Care Navigator? You can reach Marché Tucker at 828-698-7334.</i>	 Lung Cancer Awareness Month  Stomach Cancer Awareness Month  Pancreatic Cancer Awareness Month  Honoring Caregivers Month	<p><i>Struggling to quit smoking? Contact Cathy Jenkins, Lung Cancer Navigator, at 828-698-7364 to find out more about Pardee's tobacco cessation programs.</i></p>