We at the Kettering Health Network are excited about the start of construction of our new Patient-Focused Cancer Center scheduled to open next year. The planning and the design of this building proceeded with the advice and consent of our own cancer patient survivors to assure that it will be a comfortable place for our patients to come to learn about and fight their cancers. You can see a drawing of it below, on the east side of Southern Boulevard at our Kettering Medical Center campus. Those of us who have been part of the Kettering Health Network for years are figuratively bursting over the reality of the center. Now that I have that out of the way, 2015 has been a year of further innovation. We report in this publication the progress on attempting to diagnose lung cancers at the earliest, most curable stages. You will also learn of the wide range of services we provide to make our patients’ journeys with their cancer as pleasant and successful as possible. And, of course, there is an article about the new cancer center.

I’d like to start, however with attempting to answer the question why we have an annual report. There are actually several reasons. The Commission on Cancer, which is the primary accrediting body for cancer programs in the US and has granted us its coveted Outstanding Achievement Award at our last survey, asks that we annually report to our community. That publication may contain information about our prevention/screening programs or studies of quality in our hospital or quality initiatives we have undertaken in the reporting year. Of course, those of us who work
in our cancer program know the wonderful things that occur every day, but it is a great opportunity to tell those we serve what we do. We also include statistics of cancers seen at our institutions. This is useful to us as well as other cancer programs in the area to assess where we need to address resources for focused improvements which will help our population.

It is clear that people who smoke have a much higher risk of certain cancers, such as lung cancer. Although Ohio is not in the top 5 for percentage of smokers in the U.S., it is somewhere between 6 and 18. If you are curious, number one is Kentucky. With that our state’s rate of lung cancer is 66.8 cases for every 100,000 people in Ohio. Again, our rate is not as bad as Kentucky’s 92.4, but not as good as Utah’s 29.9. As such, identifying lung cancer early is a priority for our geographic area. Research has shown that screening high risk populations with CT scanning can identify lung cancer at an early stage and, therefore, we can cure more patients. Fort Hamilton Hospital and now Kettering Medical Center have made this screening available to our communities. You will learn more about this exciting program and its partner, the Lung Nodule Clinic in this report. With these advances, we hope to see a reduction in lung cancer deaths in the people we serve.

Designing and building our Cancer Center has given us an opportunity to review how we care for our patients and what additional services would be great to add. At this time, we are proud of our team of professionals to help our patients and their families. They include physicians, nurses, social workers, dieticians, therapists, navigators, clinical trial nurses, and supportive care professionals. We are in the process of adding even more services to make the journey more understandable, comfortable and successful. From prevention to screening to early detection to state-of-the-art treatment and equipment to support and hopefully to survivorship, our team is there for you.

If you have any questions, please feel free to contact our access center at **1-855-500-CURE (2873)**. Our staff can answer your inquiries and refer you to one of the members of dedicated professionals at Kettering Cancer Care.

AT KETTERING HEALTH NETWORK WE ARE STRIVING TO TAKE CARE OF THE WHOLE PATIENT AND NOT JUST TREAT A CANCER.
Mary Bechtel and Stephanie Fox, two members of the cancer patient advisory council.

**Kettering’s Cancer Care Is Designed For Patients, By Patients**

To transform the experience of cancer care, Kettering Health Network consulted the experts—ordinary people who have faced the extraordinary challenge of a cancer diagnosis.

“Our guiding principle is to keep the patient’s needs at the center of each decision we make,” says Thomas Reid, MD, medical director of the Women’s Cancer Center at Kettering Medical Center. “With this goal in mind, we created the patient advisory council as a way to involve patients in the care process. Those who are participating are universally excited about the opportunity to make a lasting impact on cancer care in the community.”

**AN ENERGIZING EXPERIENCE**

The council includes about 30 members, and meets monthly at Kettering Medical Center.

“I leave every meeting completely inspired to create a care experience that exceeds their expectations—our patients deserve the best,” says Elizabeth Koelker, director of the oncology service line for Kettering Health Network.

Topics of discussion include everything from the importance of support groups to how to best communicate resources to patients. Elizabeth leads the meetings, describing them as the highlight of her month.

The experience is energizing for advisory council members, too, says Mary Bechtel, a Beavercreek resident. “I think it’s awesome that they put this committee together. They really want to know what we think,” says Mary.

Fellow council member Lee Kockentiet considers himself more of a listener than a talker—he has enjoyed hearing others share their experiences and viewpoints during meetings. Recently he joined in on a discussion about when and how doctors should share information with patients about their diagnosis and treatment options.

“Finding out you have cancer opens up a whole world of unknowns, and the more you can learn about what to expect, the better,” Lee says. “I also feel strongly about promoting support groups so that every patient knows about them and can benefit.”
CREATING THE BEST IN CANCER CARE

Council members often share positives from their own experiences as cancer patients at Kettering Medical Center. Donna Hoyle, for example, felt that certain furry friends should continue to be a part of the treatment process. “Some of my radiation therapy sessions were very difficult for me emotionally,” says Donna, a Kettering resident. “A therapy dog came to my side, and he really lifted my spirits.”

Ideas like these keep Elizabeth busy between meetings. In fact, she’s already implementing new services for cancer patients.

“The council thought we should offer medical massage for patients while they receive infusions,” she explains. “So we’ve hired a massage therapist who provides therapy at our three outpatient infusion centers.”

Elizabeth believes the patient advisory council will guide all Kettering Health Network cancer caregivers in providing patient-centered care. “I am so proud of the care our doctors and staff provide for cancer patients,” she says. “And I’m determined to make it even better.”

A new era in cancer care

Kettering Health Network broke ground on a new cancer center in May. This five-story facility on the campus of Kettering Medical Center will open in late 2016, bringing all of Kettering Health Network’s cancer services under one roof, including:

- Radiation oncology
- A breast imaging diagnostic center
- A multi-specialty clinic for medical oncology
- An outpatient infusion center
- Specialty pharmacies
- Medical massage
- Dedicated cancer social workers, dietitians and nutritionists, nurse navigators, and financial navigators
- Support groups
- Clinical research trials
- A boutique offering specific products for cancer patients
- A café with menu items tailored to cancer patients’ nutritional needs

WANT UPDATES?

For details on the center’s progress, visit ketteringhealth.org/cancercenter
OUR GUIDING PRINCIPLE IS TO KEEP THE PATIENT’S NEEDS AT THE CENTER OF EACH DECISION WE MAKE.
2015 Kettering Health Network
Cancer Committee

Cancer Liaison
Physician and Surgeon
James Ouellette, DO
Rebecca Tuttle, MD

Cancer Committee Chair and Medical Oncologist
Stuart Merl, MD
Alejandro Calvo, MD

Cancer Conference Coordinator
Martin Jacobs, MD
Meike Schipper, MD

Cancer Program Administrator
Elizabeth Koelker, MHA
Linda McCall, RPh, MBA

Cancer Registry Quality Coordinator
Emily Vannorsdall, MD
Deborah Hamilton, BS, RHIT, CTR

Clinical Research Representative or Coordinator
Suzanne Coleman, PhD, DHSc, RNC-OB
Judy Bair, BSN, RN, OCN®, CBCN®

Community Outreach Coordinator
Karen Pelfrey, MSN, RN, OCN®, CBCNTM, CN-BN
Karen Stormer, MS, RN, OCN®

Psychosocial Services Coordinator and Social Worker/Case Manager
DeAnn Gallatin, MS, LSW
Martha Hoying, BS, LSW, ACM

Quality Improvement Coordinator and Performance Improvement/Quality Management Representative
Jeffrey Weinstein, MD
Robert T. Smith, MD

Diagnostic Radiologist
Nancy Reinhardt, MD
Ana Keppke, MD

Pathologist
Yvonne Dowdy, MD
Edward Ewing, DO

Physician Member of Palliative Care Team
Chirag Patel, MD
Jules Sherman, DO

Palliative Care Team Member
Jacqueline Matthews, MS, RN, AOCN®, CNS
Karla Shearer, MSN, ANP-BC

Radiation Oncologist
Douglas Einstein, MD, PhD
Louis Keiler, III, MD

Certified Tumor Registrar
Lori Nay, RHIT, CTR
Kim Mills, BS, CTR

Corporate Administrator
Steve Chavez
Mark Rita

Hospice Nurse or Administrator
Cleanne Cass, DO
Rebecca Collins, RN, OCN®, CHPN

Oncology Nurse Leader
Rae Norrod, MS, RN, AOCN®, CNS
Sharon Kershner, MSN, RN, OCN®, CBCN, CN-BN

Oncology Nurse from Ambulatory Setting
Terri VanZant, RN
Julie Strohminger, RN, OCN®

Pharmacist
Rachel Henderson, PharmD
Rachael Davis, PharmD

Registered Dietitian
Kelly Knisley, MS, RD, LD, CSO, CNSC
Terry Klein, MFA, RD, LD, CNSC

Rehabilitation Representative
Michelle Alexander, MA, CCC-SLP
Kelly Moberly, OTR/L

Pastoral Care Representative
Larry Kositsin, MDiv

American Cancer Society Staff Representative
Deborah Niese

American Cancer Society Staff Representative

Additional Members
Robert Barriger, MD, Radiation Oncologist
Ambujakshan Dildeep, MD, Head & Neck Surgeon
Susan Duplain, RN, Nursing Administration
Mark Floro, Director
Max Grady, Radiology Administrator
Linda Grizzel, CTR
Peggy Kent, RHIT, CTR
Shelly Martin-Kelly, CTR
Jan Morath, RHIT, CTR
Janifer Olds, RN, Manager
Marilyn Reed, RN
Thomas Reid, MD, GYN Oncologist
Hemant Shah, MD, Pulmonary/Critical Care Physician
Debbie Stahlheber, RN
Tiffany Thompson, BSN, RN, OCN®, Manager
Casie Poore, MSW, LSW
Kathy Wagoner, RT, (R), (T), BSW
Roxane Weighall, DO, Surgeon
Oncology Outcomes Management (Cancer Registry)

FACILITIES CONTRIBUTING TO THE NETWORK’S CANCER REGISTRY DATABASE:

1. Kettering Medical Center
2. Grandview Medical Center
3. Sycamore Medical Center
4. Southview Medical Center
5. Fort Hamilton Hospital
6. Greene Memorial Hospital
7. Indu & Raj Soin Medical Center

BY THE NUMBERS...

23,437 Total analytic* cases 2005-2014 currently maintained in the cancer registry database and reported to the NCDB (National Cancer Data Base)**: 9,644 Male, 13,793 Female**

2,351 Total 2014 analytic cases reportable to the NCDB**

2014 primary sites most collected by the KHN cancer registry and reported to the NCDB**: breast (548), lung (407), prostate (150), colon (127), corpus uteri (107)

355 Additional 2014 cases reportable to the Ohio Department of Health only

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* cases diagnosed at or receiving any part of the first course of treatment at the accessioning facility after the registry’s reference date (date after which all eligible cases must be included in the registry).

** also reported to the OH Department of Health

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2014 CANCER PATIENT DEMOGRAPHICS
COUNTY OF DIAGNOSIS
FROM PREVENTION, TO SCREENING, TO EARLY DETECTION, TO STATE-OF-THE-ART TREATMENT AND EQUIPMENT, TO SUPPORT, OUR TEAM IS THERE FOR YOU.
TOP FIVE CANCER SITES
2014 NETWORK DATA BY GENDER

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Case Count</th>
<th>Primary Site</th>
<th>Case Count</th>
</tr>
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<tbody>
<tr>
<td>Lung</td>
<td>220</td>
<td>Breast</td>
<td>577</td>
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<tr>
<td>Prostate</td>
<td>204</td>
<td>Lung</td>
<td>216</td>
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<tr>
<td>Bladder</td>
<td>100</td>
<td>Corpus uteri</td>
<td>110</td>
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<td>Colon</td>
<td>76</td>
<td>Thyroid</td>
<td>79</td>
</tr>
<tr>
<td>Hematopoietic</td>
<td>52</td>
<td>Colon</td>
<td>75</td>
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<tr>
<td>All other sites:</td>
<td>429</td>
<td>All other sites:</td>
<td>514</td>
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</tbody>
</table>

CANCER CONFERENCES

Per the Commission on Cancer’s Cancer Program Standards, “Cancer conferences improve the care of patients with cancer by providing multidisciplinary treatment planning and contributing to physician and allied medical staff education.”

181 CANCER CONFERENCES IN 2014

KMC General Cancer Conference - weekly
Grandview General Cancer Conference - monthly
Fort Hamilton General Cancer Conference – monthly
Greene Memorial General Cancer Conference – monthly
Breast Cancer Conference - twice monthly
Head & Neck Conference - monthly (twice monthly if necessary)

Thyroid Conference - bimonthly
Neuro-Oncology Conference - twice monthly
Thoracic Conference - monthly
Gynecology Conference - twice monthly

Oncology Outcomes Management
(Cancer Registry)
“Kettering Cancer Care played a vital role in my survival and now I’m cancer-free.”

-Amber, Patient Advisory Council
## 2014 Caseload

<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Total (%)</th>
<th>M</th>
<th>F</th>
<th>Analy</th>
<th>NA</th>
<th>Alive</th>
<th>Exp</th>
<th>Stg 0</th>
<th>Stg I</th>
<th>Stg II</th>
<th>Stg III</th>
<th>Stg IV</th>
<th>88</th>
<th>Unk</th>
<th>Blank/Inv</th>
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<td>Base of Tongue</td>
<td>9 (0.4%)</td>
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<td>4</td>
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<td>Other Mouth</td>
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<td>Other Major Salivary Glands</td>
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<td>0</td>
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<tr>
<td>Tonsil</td>
<td>14 (0.6%)</td>
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<td>14</td>
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<td>14</td>
<td>0</td>
<td>0</td>
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<td>8</td>
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<td>Oropharynx</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>1</td>
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</tr>
<tr>
<td>Hypopharynx</td>
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<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
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<td>8</td>
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<td>4</td>
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<td>16</td>
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<td>11</td>
<td>1</td>
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<td>Colon</td>
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<td>Rectosigmoid Junction</td>
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<td>5</td>
<td>9</td>
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<td>11</td>
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<tr>
<td>Rectum</td>
<td>37 (1.6%)</td>
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<td>19</td>
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<td>0</td>
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<td>7</td>
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<td>15</td>
<td>6</td>
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</tr>
<tr>
<td>Anus &amp; Anal Canal</td>
<td>11 (0.5%)</td>
<td>5</td>
<td>6</td>
<td>11</td>
<td>0</td>
<td>10</td>
<td>1</td>
<td>3</td>
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<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Liver &amp; Intrahepatic Bile Duct</td>
<td>27 (1.1%)</td>
<td>21</td>
<td>6</td>
<td>27</td>
<td>0</td>
<td>14</td>
<td>13</td>
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<td>Gallbladder</td>
<td>5 (0.2%)</td>
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<td>3</td>
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<td>1</td>
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<tr>
<td>Other Parts Of Biliary Tract</td>
<td>9 (0.4%)</td>
<td>6</td>
<td>3</td>
<td>9</td>
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<tr>
<td>Pancreas</td>
<td>60 (2.6%)</td>
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<td>32</td>
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<td>Other Digestive Organs</td>
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<td>Accessory Sinuses</td>
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<td>Larynx</td>
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<tr>
<td>Bronchus &amp; Lung</td>
<td>407 (17.3%)</td>
<td>202</td>
<td>205</td>
<td>407</td>
<td>0</td>
<td>255</td>
<td>152</td>
<td>3</td>
<td>108</td>
<td>41</td>
<td>90</td>
<td>157</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Thymus</td>
<td>3 (0.1%)</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Heart, Mediastinum &amp; Pleura</td>
<td>3 (0.1%)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bones &amp; Cartilage of Other</td>
<td>4 (0.2%)</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hematopoietic &amp; Reticuloendo System</td>
<td>82 (3.5%)</td>
<td>51</td>
<td>31</td>
<td>82</td>
<td>0</td>
<td>59</td>
<td>23</td>
<td>0</td>
<td>1</td>
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<td>0</td>
<td>2</td>
<td>78</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Skin</td>
<td>87 (3.7%)</td>
<td>47</td>
<td>40</td>
<td>87</td>
<td>0</td>
<td>82</td>
<td>5</td>
<td>11</td>
<td>31</td>
<td>20</td>
<td>17</td>
<td>1</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Primary Site</td>
<td>Total (%)</td>
<td>M</td>
<td>F</td>
<td>Analy</td>
<td>NA</td>
<td>Alive</td>
<td>Exp</td>
<td>Stg 0</td>
<td>Stg I</td>
<td>Stg II</td>
<td>Stg III</td>
<td>Stg IV</td>
<td>88</td>
<td>Unk</td>
<td>Blank/Inv</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------</td>
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<td>-----</td>
<td>-----------</td>
</tr>
<tr>
<td>Retroperitoneum &amp; Peritoneum</td>
<td>5 (0.2%)</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Connective &amp; Other Soft Tissue</td>
<td>15 (0.6%)</td>
<td>10</td>
<td>5</td>
<td>15</td>
<td>0</td>
<td>11</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>548 (23.3%)</td>
<td>4</td>
<td>544</td>
<td>548</td>
<td>0</td>
<td>531</td>
<td>17</td>
<td>91</td>
<td>227</td>
<td>152</td>
<td>48</td>
<td>18</td>
<td>12</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Vulva</td>
<td>15 (0.6%)</td>
<td>0</td>
<td>15</td>
<td>15</td>
<td>0</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Vagina</td>
<td>2 (0.1%)</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>17 (0.7%)</td>
<td>0</td>
<td>17</td>
<td>17</td>
<td>0</td>
<td>14</td>
<td>3</td>
<td>0</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>107 (4.6%)</td>
<td>0</td>
<td>107</td>
<td>107</td>
<td>0</td>
<td>103</td>
<td>4</td>
<td>0</td>
<td>88</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Uterus, NOS</td>
<td>4 (0.2%)</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Ovary</td>
<td>46 (2.0%)</td>
<td>0</td>
<td>46</td>
<td>46</td>
<td>37</td>
<td>9</td>
<td>0</td>
<td>7</td>
<td>9</td>
<td>13</td>
<td>13</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other Female Genital Organs</td>
<td>2 (0.1%)</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>150 (6.4%)</td>
<td>150</td>
<td>0</td>
<td>150</td>
<td>0</td>
<td>143</td>
<td>7</td>
<td>0</td>
<td>12</td>
<td>89</td>
<td>23</td>
<td>12</td>
<td>0</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Testis</td>
<td>5 (0.2%)</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>38 (1.6%)</td>
<td>27</td>
<td>11</td>
<td>38</td>
<td>0</td>
<td>37</td>
<td>1</td>
<td>0</td>
<td>21</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td>Renal Pelvis</td>
<td>4 (0.2%)</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>4</td>
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<td>0</td>
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<td></td>
</tr>
<tr>
<td>Ureter</td>
<td>5 (0.2%)</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>Bladder</td>
<td>67 (2.8%)</td>
<td>49</td>
<td>18</td>
<td>67</td>
<td>0</td>
<td>58</td>
<td>9</td>
<td>35</td>
<td>12</td>
<td>11</td>
<td>2</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Other Urinary Organs</td>
<td>2 (0.1%)</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Meninges</td>
<td>30 (1.3%)</td>
<td>8</td>
<td>22</td>
<td>30</td>
<td>0</td>
<td>28</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Brain</td>
<td>34 (1.4%)</td>
<td>15</td>
<td>19</td>
<td>34</td>
<td>0</td>
<td>14</td>
<td>20</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Spinal Cord &amp; Other CNS</td>
<td>9 (0.4%)</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>104 (4.4%)</td>
<td>28</td>
<td>76</td>
<td>104</td>
<td>0</td>
<td>100</td>
<td>4</td>
<td>0</td>
<td>71</td>
<td>7</td>
<td>15</td>
<td>6</td>
<td>0</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Other Endocrine Glands</td>
<td>3 (0.1%)</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other Sites</td>
<td>1 (0.0%)</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>77 (3.3%)</td>
<td>39</td>
<td>38</td>
<td>77</td>
<td>0</td>
<td>64</td>
<td>13</td>
<td>0</td>
<td>9</td>
<td>19</td>
<td>19</td>
<td>26</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Unknown Primary Site</td>
<td>31 (1.3%)</td>
<td>11</td>
<td>20</td>
<td>31</td>
<td>0</td>
<td>17</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>26</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,351</td>
<td>908</td>
<td>1,443</td>
<td>2,351</td>
<td>0</td>
<td>1,960</td>
<td>391</td>
<td>165</td>
<td>693</td>
<td>467</td>
<td>334</td>
<td>387</td>
<td>196</td>
<td>109</td>
<td>0</td>
</tr>
</tbody>
</table>

**Exclusions:** Not Male and Not Female 0 Data from Kettering Medical Center, Grandview Medical Center, Fort Hamilton Hospital, Greene Memorial Hospital
Lung cancer is the leading cause of cancer death in the US, with more deaths than from the next three cancers combined (breast, colon and prostate).

Understandably there has been a fatalistic attitude towards lung cancer, different from the other cancers. It was often felt that lung cancer was “the patient’s own fault for smoking” even though now about 15% of lung cancers occur in never smokers. Furthermore we never had any proven ways to “screen” for lung cancers like we do for colon cancers (colonoscopy) and breast cancer (mammograms).

Finally in 2013 a large study by the National Lung Screening Trial (NLST) published in the New England Journal of Medicine and acknowledged by most national organizations (US Preventive Service Task Force, the National Comprehensive Cancer Network, National Cancer Institute, the American Cancer Society, etc) showed that in a properly run institution, annual low dose chest CT scans could detect early stage lung cancer and further, detecting them provided a means of treatment that actually led to a 20% reduction in deaths.

While there has been a healthy debate about this study, it is now accepted by major payors, including Medicare, which has started covering these CT scans if they are a part of a comprehensive screening program combined with smoking cessation. This means that in conjunction with a smoking cessation program:

1. Use of screening CT scans saves the same amount of lives, if not more, than screening mammograms for breast cancer and colonoscopy for colon cancer.

2. Use of screening CT scans would save 358,134 lives per year just among eligible Medicare beneficiaries. This is far more lives saved than with seat belt use or air bag use (8000 annually).

3. Screening CT scans are as cost effective, if not better, than screening mammograms or colonoscopies. The estimated cost is $241 annually per Medicare beneficiary or $1 per member per month or less than $19,000 per life year saved — a very modest screening cost.

These guidelines are however slow to be adopted by providers and the general public.

Kettering Health Network is on the leading edge in the area by offering low dose screening CT scans at $99 per person, if it is not covered by the patient’s insurance company. Kettering Health Network adopted an algorithm to use screening CT scans in the appropriate population (age 55-75, 30 pack-year smoking history, current smoker or quit less than 15 years, with slight variations). Board certified and well-trained radiologists led by Dhananjay Paranjpe, MD, review all findings. If positive findings are obtained, the primary/referring physician is notified or the patient can be referred to the proposed lung nodule clinic, currently being planned by Roger Rickel, Director of Cardiopulmonary Services.
The lung nodule clinic will be staffed by board certified pulmonologists, Patrick Allan, MD, Ehab Hussein, DO, and Hemant Shah, MD, and assisted by the Lung Cancer Nurse Navigator, Krista Bensman, BSN, RN, OCN®, and an assistant.

Kettering Health Network has offered lung cancer screening since 2013 at 17 of its imaging locations. In 2014, Kettering Health Network Cancer Committee began tracking the results as a part of the Commission on Cancer Standard 4.2 regarding Cancer Screening. Fifty screening CT scans were performed of which 35 (70%) were negative and 15 (30%) showed positive findings in 2014 and one lung cancer was found.

In the first half of 2015, 108 screening CT scans were performed with 27 (25%) demonstrating nodules or other abnormalities. One lung cancer was identified. If this increase in screening CT scans continues throughout the remainder of 2015, Kettering Health Network will complete four times more screenings than in 2014.

It is important to note that there was no excess morbidity or mortality from screening and no false positive nodules. Kettering Health Network’s 2014 and first half of 2015 results are similar to those found during the NLST. In that study, 24% of the screening CT scans demonstrated a nodule or other criteria requiring follow-up. In addition, NLST determined that 320 scans would be needed to prevent one lung cancer death.

So far, Kettering Health Network has found two lung cancers in only 158 screenings. These patients will be followed to document the stage of their cancers and their survivorship.

Kettering Health Network hopes to continue expansion of the lung screening program by educating the community and referring physicians as well as the general public.

A lung screening CT scan may be scheduled by calling or faxing an order to Central Scheduling at (937) 384-4510/fax: (937) 522-8000 or any Kettering Health Network radiology department.
Lung Cancer Prevention
Lung Nodule Clinic

Seventeen percent of the cancers diagnosed in Kettering Health Network in 2014 were lung and bronchus cancers. Unfortunately, more than 60% were diagnosed at a late stage, when the chance of survival is poor.

According to the American Cancer Society, the five-year relative survival rate for lung and bronchus cancer is 54% for localized disease (stages I & II), 27% for regional disease (stage III), and only 4% for distant disease (stage IV). Finding lung cancer earlier, when survival is more likely, is crucial in reducing these deaths and improving lung cancer survival.

The low-dose CT (LDCT) lung screening program at Kettering Health Network is a giant step in the right direction. The NLCST found 27.3% of patients undergoing LDCT screening had pulmonary nodules and 3.6% were diagnosed with lung cancer during the five-year follow-up. Screening with spiral CT has been shown to reduce lung cancer deaths by 16-20% compared to standard chest x-ray among adults with a 30 pack-year smoking history who are current smokers or have quit within 15 years.

According to the Association of Community Cancers Centers (ACCC), 77% of cancer programs now offer lung cancer screening services. In 2015, Centers for Medicare & Medicaid Services (CMMS) and the Affordable Care Act began to cover low-dose CT screening for lung cancer, when certain eligibility requirements are met. This coverage, as well as a growing awareness among primary care physicians and the general public about the lung cancer screening guidelines, is expected to generate an increased demand for low-dose CT lung screening.

During LDCT screening, incidental lung lesions that are uncovered can pose significant risks if there is lack of proper follow-up. Some studies report that as few as 20% of patients have follow-up for an incidental finding. In medical facilities that do not have an established, standardized management paradigm, the patient may not be aware of abnormal findings or fail to recognize the urgency about the need for follow-up. Primary care physicians may be focused only on the diagnostic findings and fail to notice incidental findings on the report. And timeliness can also be a concern. The time from suspicious CT scan to diagnosis for outpatients is reported to vary from 12 days to four months.

To address this concern of lack of follow-up, the American Cancer Society recommended in its 2015 annual report on cancer screening in the U.S., that when possible, adults who choose to be screened should enter an organized screening program at an institution with expertise in LDCT screening and access to a multidisciplinary team skilled in the evaluation, diagnosis, and treatment of abnormal lung lesions.

Kettering Health Network has proposed a new lung nodule clinic, offering the opportunity to have incidental lung findings and abnormal LDCT lung screening findings evaluated by an expert pulmonologist. The lung nodule clinic will be staffed by board certified pulmonologists, Patrick Allan MD, Ehab Hussein DO, and Hemant Shah MD, and assisted by the Lung Cancer Nurse Navigator, Krista Bensman BSN, RN, OCN®, and an assistant.

The goal of the proposed lung nodule clinic is to evaluate and manage patients with abnormal findings on chest CT while keeping in close communication with the patient’s primary care physician. A seamless process for identifying patients at-risk, scheduling clinic appointments, and guiding the patient through additional testing and surgery, if necessary, is currently under development.
The Rapid Access Chest and Lung Assessment Program (RACLAP) at Anne Arundel Medical Center in Annapolis, Maryland, is already reporting great success with their program. In the first 27 months, RACLAP was able to contact the primary care physician and patient within two days after LDCT or other imaging test, and reduced their median time from imaging to diagnosis of lung cancer to only 16 days. In addition, RACLAP has begun to see a significant shift from late stage lung cancer diagnose to earlier stage disease. Kettering Health Network has partnered with RACLAP and has modeled its own program in a similar manner.

For more information about the proposed lung nodule clinic, contact Roger Rickel, Administrative Director Clinical Services, at (937) 914-6485.

* How much smoking = 20 pack-years? ** How much smoking = 30 pack-years?

| 1 pack per day for 20 years | 1 pack per day for 30 years |
| 1/2 pack per day for 40 years | 1/2 pack per day for 60 years |
| 2 packs per day for 10 years | 2 packs per day for 15 years |

Current or former smokers who meet the following criteria may qualify for a CT Scan Lung Cancer Screening:

- age 55-74 years
- in good health – no signs or symptoms of lung disease
- no personal history of lung cancer
- at least a 30 pack-year history**
- if a former smoker, quit within the last 15 years

OR

- age 50+ with at least a 20 pack-year history*
- plus one of the following:
  - exposure to radon, asbestos, silica, or other cancer-causing substance
  - personal history of lymphoma or a smoking-related cancer such as head and neck, bladder, or colon cancer
  - family history of lung cancer
  - COPD or pulmonary fibrosis
“Nothing prepares you to hear those words, ‘You have cancer.’ Kettering Cancer Care gives you hope.”

-Criswell, Patient Advisory Council
Lung cancer is the second most commonly diagnosed cancer in the U.S. and within the Kettering Health Network (breast cancer is the most common). But it is the deadliest of all cancers, killing more people every year than colon, pancreas, breast, and prostate cancers combined. Twenty-seven percent of all cancer-related deaths are due to lung cancer.

Cigarette smoking is by far the most important risk factor for lung cancer. According to the American Cancer Society, the risk increases with both duration - how long a person smokes - and the quantity - how many packs per day a person smokes. Smoking risk includes cigarette, pipe, and cigar smoking. While other exposures such as radon gas, arsenic, and diesel exhaust contribute to lung cancer risk, smoking causes about 80% of lung cancers and 30% of cancers overall.

There is strong evidence that the incidence of lung cancer can be reduced through smoking cessation. The new low-dose screening lung CT scan recommendation for current and former smokers is not a substitute for smoking cessation. In fact, Medicare will pay for the screening CT scan only if it is a part of a comprehensive program that includes smoking cessation.

In 2014, Kettering Health Network Cancer Services, Health Outreach, Joslin Diabetes Center, Clinical Integration, Kettering Physician Network, and Cardiac Services collaborated to re-establish a smoking cessation program on-site. Public Health of Dayton and Montgomery County offers Clinical Best Practice Smoking Cessation, modeled after the Mayo Clinic program. In the past year, tobacco quitting services offered throughout Montgomery County have served over 350 community members with a 60% success rate.

This free program includes five one-hour sessions, held once per week. The topics range from “Thinking about Quitting” to “Staying Quit for Good.” In addition, participants will receive one month nicotine patches.

The Kettering Health Network Cancer Committee is committed to smoking cessation and has elected to document participation in these classes according to the American College of Surgeons Commission on Cancer Standard 4.1 regarding Cancer Prevention. From November 2014 to November 2015, 51 people participated in smoking cessation classes held at Kettering Medical Center.

To register for Smoking Cessation classes, please call Health Outreach at (937) 558-3988 or 1-800-888-8362.
Cancer Genes
Genetic Testing

“Cancer genes” are making the headlines everywhere. But what are these news stories really about?

Gene changes or mutations can cause a cell to make (or not make) proteins that affect how it grows and divides into new cells. Certain gene mutations can cause cells to grow out of control, which can lead to cancer. Usually several gene changes are needed before a cell becomes cancer.

Some gene changes that lead to cancer may be inherited from a parent, but most are not. Only about 5% to 10% of all cancers are thought to be related to an inherited gene change that strongly affects a person’s risk for a certain type of cancer.

Most cancers start because of gene mutations that happen sometime during a person’s lifetime. Sometimes these gene changes have an outside cause, such as exposure to UV sunlight or tobacco. But gene changes can also just be random events that sometimes happen inside a cell, without an obvious cause. These types of acquired (as opposed to inherited) mutations only affect the cells that grow from the mutated cell and cannot be inherited by your child.

Genetic testing for cancer risk can be used to see if a person has a certain gene mutation known to increase the risk for a certain cancer(s) or to confirm a suspected gene mutation in a person or family.
Genetic testing to learn about your hereditary cancer risk is done only if you decide to have it. If you are concerned about your family’s pattern of disease, a cancer you’ve had in the past, or other cancer risk factors, you may want to talk to your doctor about whether to have genetic testing. Doctors will sometimes suggest genetic testing if others in your family have had a certain disease or certain patterns of disease.

If you have any of the following, you might consider genetic testing:

- Three or more close relatives on the same side of the family (1st, 2nd and 3rd degree relatives: i.e. parents, siblings, children, grandparents, aunts and uncles, great grandparents and first cousins) with the same or similar type of cancer.
- Certain types of cancer that are sometimes linked to a known gene mutation such as a combination of breast and ovarian or colon and uterine.
- Cancer diagnosed under the age of 50 years in either a close family member or yourself.
- Close relatives with rare cancers such as male breast cancer.
- More than one primary cancer (more than one type of cancer) in a single person.
- A known genetic mutation in a family member who has had genetic testing.
Genetic testing can help you better understand your risk for a certain disease. A negative result may help relieve anxiety or uncertainty if you have other family members that have tested positive for a known genetic mutation. However, you still have the same risk for developing certain types of cancer as the general population.

It’s important to know that a positive test result does not always mean you will get the disease – it simply means that you have an increased risk over the general population. A positive result can help you make important decisions about your future, including things you can do to help lower your risk. It may also lead to finding disease earlier, when treatment is more likely to be helpful. For people already diagnosed with cancer, genetic testing of the tumor can often help determine the prognosis (outlook), and can sometimes even help in deciding which treatments are most likely to work.

Meeting with a genetic counselor before having genetic testing can help you know what to expect. The counselor can tell you about the pros and cons of the gene test, what the results might mean, and what your options would be at that point. You will want to think about how the results might affect you and your relatives, and discuss these issues with the counselor before you have genetic testing.

After the test is done, your genetic counselor will share the test results with you. Although test results do not always give clear answers, genetic counselors are trained to interpret and explain the test results and what they might mean to you and your family. If a mutation is found, the counselor will talk to you about which of your family members might also be affected. Your family members can then discuss this information with their doctors and consider being tested, too.

If you have questions about cancer genes, talk to your doctor to see if genetic counseling and genetic testing may be right for you.
GENETIC TESTING CAN HELP YOU BETTER UNDERSTAND YOUR RISK FOR A CERTAIN DISEASE.
Providing Cancer Services

THE CANCER TEAM

Our cancer program provides quality cancer care close to home with an expert interdisciplinary team who works to provide comprehensive care.

When you or your family member faces a cancer diagnosis, finding the right care can seem overwhelming. Kettering Cancer Care’s dedicated oncology professionals work with you and your physician to plan the best care for you, both in and out of the hospital. Our goal is to provide high-quality care that is totally focused on you and your needs.

PREVENTION, EARLY DETECTION, AND AWARENESS

Kettering Health Network is pleased to offer a variety of free educational cancer presentations and cancer awareness/screening programs. For more information about cancer screening dates and locations, please call the Kettering Health Outreach at (937) 558-3988 or 1-800-888-8362.

NURSING CARE

The nurses at Kettering Health Network facilities provide oncology inpatient and outpatient care, including medical-surgical care, chemotherapy & biotherapy administration, and symptom management, according to Oncology Nursing Society national guidelines. Many of the nurses who care for patients and families who are experiencing a cancer diagnosis are nationally certified in medical-surgical nursing, geriatric nursing (the care of older adults), hospice-palliative care nursing, and oncology nursing (the care of people with cancer).

NAVIGATORS

Certified oncology nurses and social workers assist you to overcome barriers to optimal cancer care, keeping your cancer care on-time, so you can achieve the best possible outcome. Our team is here to assist you in understanding your cancer and cancer treatments, addressing financial concerns, transportation and other support needs throughout the entire cancer journey. Call Kettering Cancer Care at 855-500-CURE (2873).

SOCIAL SERVICES

Kettering Cancer Care Social Workers provide support and other services which can reduce stress for patients and loved ones through the entire cancer journey. Our social workers can help assist patients and families in finding affordable medical care and prescription drug coverage, transportation and home health care. They can also help patients understand the process of applying for Medicaid, social security disability benefits, and link patients to programs that offer financial assistance.

Our social workers can help you cope with the cancer diagnosis and the many emotions that you may be experiencing. Kettering Cancer Care social workers can assist patients in finding support groups, education programs and other resources in the community. For outpatient oncology social services, call Kettering Cancer Care at 855-500-CURE (2873).
NUTRITION SERVICES

Nutrition services are essential to comprehensive cancer care and rehabilitation. Kettering Cancer Care strives to provide safe and effective nutrition care across the cancer continuum, from prevention through treatment and into survivorship, to promote your best quality of life. Comprehensive nutritional assessment, counseling, and education can be provided by our team of registered dietitians. Call Kettering Cancer Care at 855-500-CURE (2873).

FROM PREVENTION AND EARLY DETECTION TO TREATMENT AND REHABILITATION, KETTERING CANCER CARE HAS THE RESOURCES AND EXPERTISE TO PROVIDE YOU AND YOUR LOVED ONES WITH EXCELLENT CANCER CARE.

REHABILITATION MEDICINE

Kettering Health Network offers high quality rehabilitation services including specialized care for our oncology patients. Our outstanding team of rehabilitation professionals is here to assist you. The goal of rehabilitation is to improve quality of life, increase daily functioning and independence as well as to decrease pain.

Our services include

- Physical and Occupational Therapy
- Lymphedema Therapy
- Speech-Language Pathology
- Swallowing Therapy
- Voice Therapy
- Vision Therapy
- Balance Therapy
- Pelvic Floor Therapy
- Amputee Therapy

Kettering Health Network offers rehabilitation services at numerous locations in the community. For more information on specific locations of services please contact:

Kettering and Sycamore medical centers:
(937) 395-8882

Grandview and Southview medical centers:
(937) 723-3238

Greene Memorial and Soin medical centers:
(937) 352-2300

Fort Hamilton Hospital:
(513) 867-2473
Providing Cancer Services

**CLINICAL TRIALS**

The Kettering Health Network’s Innovation Center provides access to unique cancer studies available through industry partners as well as nationally sponsored clinical trials. KHN collaborates with the Dayton Clinical Oncology Program (DCOP) to offer National Cancer Institute trials and with the University of Cincinnati to provide Gynecology Oncology Group (GOG) trials at the Women’s Cancer Center, in addition to other cancer clinical trials.

People experiencing a cancer diagnosis have the opportunity to participate in one of over 100 research studies, ranging from Phase II to Phase IV, for nearly every type of cancer. An experienced research nurse will assist your physician to determine if a cancer clinical trial is right for you and will follow you from enrollment through completion.

It is rare to find such a comprehensive array of cancer clinical trials and Kettering Health Network is pleased to offer this cutting edge research to patients in the greater Dayton area. Please contact the Innovation Center for more information about oncology clinical trials at (937) 395-8390.

**PALLIATIVE CARE**

Palliative care is an integral part of comprehensive cancer care. The goal of palliative care is to provide relief of suffering, in all of its dimensions, and to support the best possible quality of life for the patient and his or her family. Palliative care is offered simultaneously with all other medical therapies, working with the patient’s medical team, to support the primary plan of care.

Palliative care emphasizes the use of evidenced-based tools for symptom management, aligns medically appropriate goal setting among patients, families, and health care providers, and integrates this plan with clear communication among all members of the health care team. Major reasons for referral to palliative care service include medical decision-making/goals of care and symptom management.

At Kettering and Sycamore medical centers, inpatient palliative care consultation is provided through physician referral to Innovative Care Solutions (937) 334-4208 and at Fort Hamilton Hospital by Carebridge (513) 528-8150 / fax (513) 528-8151.
Spiral Care

Hospital visits can be a time of stress, anxiety, grief and fear. Our mission is to extend compassion and demonstrate the healing love of God to all of our patients and their loved ones.

At Kettering Health Network we are dedicated to continue the healing work not only with the best that medicine can provide, but also with compassion and care for your spiritual and emotional needs. Our chaplains understand the importance of prayer and faith as a part of healing. By providing spiritual support as a complement to medical treatment, KHN’s chaplains are able to make us a leader in healing the whole person.

Our chaplains are ready to assist you in any way we can. KHN chaplains are trained to offer emotional and spiritual support to persons of all faiths, from pre-surgery and outpatient testing through the entire hospital experience.

The on-call chaplain may be reached by dialing 0 for the hospital operator or by calling the Spiritual Care Service Department:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Contact</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Kettering Medical Center</td>
<td>Larry Kositsin</td>
<td>(937) 395-8640</td>
</tr>
<tr>
<td>Sycamore Medical Center</td>
<td>Raul Concha</td>
<td>(937) 395-8640</td>
</tr>
<tr>
<td>Southview Medical Center</td>
<td>Gordon Victorson</td>
<td>(937) 401-6387</td>
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<tr>
<td>Grandview Medical Center</td>
<td>Gordon Victorson</td>
<td>(937) 723-3878</td>
</tr>
<tr>
<td>Soin Medical Center</td>
<td>Linda Farley-Meyer</td>
<td>(937) 702-4463</td>
</tr>
<tr>
<td>Greene Memorial Hospital</td>
<td>Ron Swiger</td>
<td>(937) 352-2693</td>
</tr>
<tr>
<td>Fort Hamilton Hospital</td>
<td>Larry Davis</td>
<td>(513) 867-2133</td>
</tr>
<tr>
<td>Kettering Behavior Medicine Center</td>
<td>Rick LaVenture</td>
<td>(937) 395-8640</td>
</tr>
</tbody>
</table>
Cancer Support Groups and Resources

ACCESS CENTER - KETTERING CANCER CARE
Our trained information specialists will help you navigate your journey. If you need an oncologist, a second opinion, or have questions about treatment, we can connect you with the resources you need to make informed decisions. If you feel alone in your journey or just need someone to talk to, we can connect you with support groups or a nurse navigator. We are here for you. Call 1-855-500-CURE (2873).

CANCER COMPANIONS
Cancer Companions is a Christian support group for those with cancer and their loved ones. The 9-week program utilizes devotionals, videos, group discussion and prayer led by trained volunteers to support those on the cancer journey. Call 1-855-500-CURE (2873) to register.

CANCER RESOURCE CENTER
The Cancer Resource Center is located at Kettering Medical Center, adjacent to the Radiation Therapy, and is open to the public. FREE information about cancer, cancer treatments, coping and support groups and other resources is available. Call Kettering Cancer Care at 1-855-500-CURE (2873). Information may also be mailed upon request.

CANCER SUPPORT GROUP AT GREENE MEMORIAL HOSPITAL
A cancer support group for people coping with any type of cancer. Meets the first Tuesday of each month at 7 p.m. in the Ruth G. McMillan Cancer Center. Call Greene Memorial Hospital at (937) 352-2144.

CANCER SUPPORT GROUP AT FORT HAMILTON HOSPITAL
A cancer support group for people coping with any type of cancer. Meets the third Monday of each month at 6:30 p.m. in the Gebhart Center for Cancer Care. Call Fort Hamilton Hospital at (513) 867-2315.

CANCER YOGA
Kettering Cancer Care is pleased to partner with the Maple Tree Cancer Alliance to provide free, certified yoga instruction just for cancer patients and survivors. Call Kettering Cancer Care at 855-500-CURE (2873).

CARING & SHARING
A cancer support group for people coping with any type of cancer, their families and friends. Includes those newly diagnosed with cancer as well as long-term survivors with any type of cancer. Meets the first Tuesday of each month at 6:30 p.m. Call Kettering Cancer Care at 1-855-500-CURE (2873).

CINDY WILDE VOGEL MEMORIAL LIBRARY
The Cindy Wilde Vogel Memorial Library is located at Kettering Breast Evaluation Center, 580 Lincoln Park, Suite 200. The library offers information on women’s health. Call Kettering Breast Evaluation Center at (937) 299-0099.
CANCER SUPPORT GROUPS AND RESOURCES

COUNSELING CARE CENTER

The Counseling Care Center provides assistance for people who need a confidential place to talk about frustrations, feelings of loneliness, depression, worry or fear, relationship difficulties, recovery from a traumatic or stressful event, and day-to-day challenges. Licensed Professional Clinical Counselors provide these services. Call Kettering Counseling Care (937) 395-8149.

I CAN COPE

An American Cancer Society program offering a series of classes for people with cancer, their families and friends. The program helps people meet the challenge of coping with cancer by distinguishing cancer myths from facts. This FREE program provides practical information about cancer, cancer treatments, and offers self-care strategies and resources for those facing cancer. FREE classes are available on-line at cancer.org, under “Support Programs and Services”.

LEUKEMIA, LYMPHOMA, & MYELOMA FAMILY SUPPORT GROUP

A Leukemia & Lymphoma Society Support Group for adult patients and survivors with leukemia, lymphoma, Hodgkin’s disease, multiple myeloma, and other blood-related diseases. Families and friends are welcome. Meets the first Tuesday of each month at 6:30 p.m. Call Kettering Cancer Care at 1-855-500-CURE (2873) or the Leukemia & Lymphoma Society at (513) 698-2424.

LOOK GOOD, FEEL BETTER

A FREE American Cancer Society program designed specifically for women experiencing side effects of cancer treatments. The program was developed by the Cosmetic, Toiletry and Fragrance Association, the National Cosmetology Association and the American Cancer Society to provide information on ways to enhance appearance and take care of your skin, hair, and fingernails during treatment. The program includes instruction by licensed cosmetologists and a demonstration kit. Programs are offered at Dayton area locations every month throughout the year. Call the American Cancer Society toll-free at 1-800-227-2345 for information and to register.

LOOKING AHEAD NEWSLETTER

A FREE newsletter published every-other-month for cancer patients, survivors, families and friends, featuring KHN cancer support groups and services, as well as selected local cancer-related events and other resources.

To subscribe to the mail or email newsletter, call Kettering Cancer Care at 1-855-500-CURE (2873) or visitketteringhealth.org/cancercare/.

MOVING FORWARD HAND-IN-HAND

A support service in which breast cancer survivors offer support and encouragement to individuals newly diagnosed with breast cancer. Call Kettering Cancer Care at 1-855-500-CURE (2873).

NAVIGATING THE BREAST CANCER JOURNEY

A FREE class for women and men with breast cancer and their support persons. Provides a working knowledge of the language and treatment options so women can be active participants in their own care and in physical and emotional healing. Call Kettering Cancer Care at 1-855-500-CURE (2873).

PROSTATE CANCER FORUM

A forum for men to discuss the concerns related to prostate cancer. Meets the first Tuesday of each month at 6:30 p.m. Call Kettering Cancer Care at 1-855-500-CURE (2873).
REACH TO RECOVERY
An American Cancer Society program for women with breast cancer. Reach to Recovery volunteers are specially trained women who are breast cancer survivors. They may visit you in the hospital or call you at home to offer support. To request a Reach to Recovery volunteer, call the American Cancer Society at 1-800-227-2345.

SMOKING CESSION CLASS
Public Health of Dayton & Montgomery County is partnering with Kettering Health Network to offer free Clinical Best Practice Smoking Cessation. Call Health Outreach at (937) 558-3988 for current dates, times, and complete registration information.

S.O.A.R. (STRENGTH, OPTIMISM, AND RECOVERY)
For women with breast cancer. Focuses on the issues and concerns unique to breast cancer, from new diagnosis through long-term survivor. Meets the first Tuesday of each month at 6:30 p.m. Call Kettering Cancer Care at 1-855-500-CURE (2873).

SOUTHWEST OHIO BRAIN TUMOR SUPPORT GROUP
Provides encouragement and support to brain tumor patients (cancer and non-cancer), their families and friends. Meets the second Monday of each month at 7 p.m. Call Kettering Medical Center, (937) 298-3399 extension 55299.

THE CANCER CLASS
The Cancer Class is for people who are just starting a cancer journey. The class explores common questions about cancer, cancer stage, and treatment options as well as local resources and support. Call Kettering Cancer Care at 1-855-500-CURE (2873).

WELLSPRINGS OF HOPE
Kettering Cancer Care is pleased to partner with the Maple Tree Cancer Alliance to provide this free program on nutrition, wellness, and prayer. Call Kettering Cancer Care at 1-855-500-CURE (2873).

WOMEN’S WELLNESS FUND
An annual Walk for Women’s Wellness is held the first Sunday in May to raise funds for mammograms, breast prostheses, and other assistance for women experiencing cancer who have no insurance. Call Kettering Breast Evaluation Centers at (937) 299-0099 to apply for assistance. To make a donation, call Kettering Medical Center Foundation at (937) 395-8607 or visit our website at kmcfoundation.org.
Be strong and take heart, all you who hope in the LORD

Psalm 31:24 NIV

GIVE THE GIFT OF LIFE
You can help bring innovative care to our communities.
To make a gift, visit ketteringhealth.org/foundation or call:

Fort Hamilton Foundation
Fort Hamilton Hospital
(513) 867-5492

Grandview Foundation
Grandview and Southview medical centers
(937) 723-3358

Greene Medical Foundation
Greene Memorial Hospital and Soin Medical Center
(937) 352-2250

Kettering Medical Center Foundation
Kettering and Sycamore medical centers
(937) 395-8607

YOUR GIFTS SUPPORT
• Equipment and technological advances
• Cancer research
• Encouragement for oncology patients
• Community education and outreach
• Facility expansion

1-855-500-CURE (2873)

Fort Hamilton • Grandview • Greene • Kettering • Soin • Southview • Sycamore