Cancer Committee

Ashraf Abou-Elella, MD
Pathologist

Valerie Adams, RN, MSN, CCRN
Director of Nursing

Caroline Barnhart, LCSW
Licensed Clinical Counselor

Vanessa Bramble
Director of Cancer Clinic Operations

Krista Budzik, BSN, RN, OCN
Clinical Trials Coordinator

Nikolas Buescher
Executive Director of Cancer Services

Mark Burlingame, MD
Chairman, Department of Surgery

Jody Clark, CTR
Certified Tumor Registrar

Amanda Cole, BSN, RN, OCN
Clinical Trials Coordinator

Daniel Connell, Jr., MD
Gastroenterologist

Kristen De La Torre, MJ, BSN, RN
Manager Radiation Oncology and Cancer Clinic

Elizabeth Diacont, MSW, LSW, OSW-C
Social Work

Daleela G. Dodge, MD
Cancer Liaison Physician

Kelly Edwards
American Cancer Society Representative

Jennifer Ellis, RD, CNSC, LDN
Dietitian, Patient Navigator

Jeffrey Eshleman, MD
Medical Director, Radiation Oncology

Kim Evans-Whitney, MSW, LSW
Social Work

Marianne Gault, BS, RN, OCN
Nurse Navigator

Rachel Gehr, MS, CGC
Genetic Counselor

Rachel Holliday
Data Analyst, Oncology Data Management

Walid Hesham, MD
Colorectal Surgery

Emily Hershey, BSN, RN, OCN
Manager, Oncology Outpatient Infusion

Elizabeth C. Horenkamp, MD
Medical Oncologist

Shana Jacobs, CTR
Certified Tumor Registrar

Peter Jupin, Chaplain
Psychosocial Coordinator

Jessica Klinkner, MPH, CHES
Community Outreach Coordinator

Caitlyn McNaughton, PA-C
Hematology & Medical Oncology

Melanie McCurdy, RTT
Administrative Director, Radiation Oncology & Gamma Knife

Kristina Newport, MD
Palliative Care

Randall Oyer, MD
Oncology Program Director, Cancer Committee Chairman

Amy Jo Pixley, MSN, RN, OCN
Nurse Navigator

Patti Roda, MSN, BS, RN
Manager, Oncology Clinical Support Services

Paul Russinko, MD
Urologist

Deborah Schrodi, DPT/CLT-LANA
Rehabilitation Supervisor

Phyllis Steinman, BSN, RN
Unit Case Manager

Erin Sutcliffe, MS, CGC
Genetic Counselor

Tammy Jo Stetler, BSN, CNML
Nurse Manager, Oncology Unit

Patrick Weybright, MD
Radiologist

Justin Wolgemuth, RN, BSN, CRNI
Manager, Nursing Services-HHS

Elizabeth Wilkie
Penn Cancer Network Administrator

Ad Hoc:
Erin Sutcliffe, MS, CGC
Genetic Counselor

GI Steering Committee Members

Shyam Balepur, MD
Medical Oncologist

Nikolas Buescher
Executive Director of Cancer Services

Daniel Connell, Jr., MD
Steering Chair, Gastroenterologist

Marianne Gault, BS, RN, OCN
Nurse Navigator

Rachel Holliday
Data Analyst, Oncology Data Management

Walid Hesham, MD
Surgeon

Mark Johnston, MD
Gastroenterologist

David Lawrence, MD
Radiologist

Paul Newman, MD
Surgeon

Randall Oyer, MD
Oncology Program Director, Cancer Committee Chairman

Nandi Reddy, MD
Medical Oncologist

Patti Roda, MSN, BS, RN
Manager, Oncology Clinical Support Services

Charles Romberger, MD
Pathologist

Kishor Singapuri, MD
Radiation Oncologist

Jennifer Worth, MD
Surgeon

Elizabeth Wilkie
Penn Cancer Network Administrator

Ad Hoc:
Erin Sutcliffe, MS, CGC
Genetic Counselor
The multidisciplinary team at the Lancaster General Health Ann B. Barshinger Cancer Institute provides and coordinates the best possible cancer care for each and every person who comes to us for diagnosis, treatment, recovery and support.

Total cancer care in one location
The Cancer Institute is a state-of-the-art facility which supports medical and surgical consultation, radiation therapy, infusion therapy, image recovery and support services. Working closely together are the nearly 200 highly trained individuals, each dedicated to caring for people with cancer, who comprise the care team at the Cancer Institute. This team includes our physician partners from the Abramson Cancer Center of the University of Pennsylvania.

Our multidisciplinary approach
The diagnosis and treatment of cancer may involve many professional disciplines and specialties. At the Cancer Institute, we work as a multidisciplinary team that includes diagnostic radiologists, pathologists, medical and radiation oncologists, specialized surgeons, advanced practice nurses, genetics counselors, radiation therapists and others. Team members communicate daily via Lancaster General Health’s electronic medical record, one-on-one at the Cancer Institute, and in formal conferences called “tumor boards.” There are 144 tumor boards held annually at the Cancer Institute, at which individualized diagnostic and treatment recommendations are discussed in depth and later communicated to the patient and physician team.

As a member of The Penn Cancer Network, the Cancer Institute provides our patients early access to the most up-to-date research and clinical trials offered through the University of Pennsylvania’s Abramson Cancer Center.

A healing environment
The Cancer Institute was designed with natural elements to enhance healing, including wooden ceilings, terra cotta walls and live plants. Floor-to-ceiling windows provide restorative light and landscaped views, while a collection of beautiful contemporary artwork, hand-selected by our talented community volunteers, is displayed throughout the building. Patients and families needing a quiet moment can visit our tranquil healing garden or the peaceful meditation pavilion, which are accessible to visitors at all times.

A compassionate and dedicated team
From the moment a person enters the Cancer Institute, that individual is warmly greeted by our welcoming staff who assist with registration and escort patients to their appointments throughout the building. Each member of the care team is devoted to making a genuine connection and caring for the whole person.

The Cancer Institute’s community support services team—comprised of nurse navigators, dietitians, physical therapists, social workers, chaplains and counselors—provides an additional level of compassionate care and integrative services. Support groups are also offered throughout each month at the Cancer Institute.

On behalf of LG Health and the Ann B. Barshinger Cancer Institute, the cancer care team would like to express our gratitude to the individuals and family members who entrust us with their care. It is both a privilege and an honor.

Randall A. Oyer, MD
Medical Director

Nikolas Buescher
Executive Director

Accreditations
- American College of Surgeons-Commission on Cancer (ASOC-CoC) Accredited Cancer Program
- National Accreditation Program for Breast Centers (NAPBC)
- Breast Imaging Center of Excellence (BICOE)
- American College of Radiology (ACR) Breast MRI Accreditation
- American College of Radiology (ACR) for Radiation Therapy
Lancaster General Health provides a team approach to cancer care. A core group of professionals reviews each cancer case and develops a treatment plan that is individualized to meet the patient’s needs.

Facilities and programs
- Dedicated inpatient nursing unit for medical and surgical oncology patients at Lancaster General Hospital
- Dedicated surgical units at Women and Babies Hospital
- Penn Medicine’s Cancer Risk Evaluation Program
- Clinical Research Program
- Survivorship and Supportive Services Program
- Ann B. Barshinger Cancer Institute:
  - Integrated Multidisciplinary Clinic
  - Infusion
  - Image Recovery
  - Healing Arts Collection
  - Healing Garden
  - Oncology conference center
  - Cancer patient support services
  - Meditation Pavilion
- High Dose Rate Brachytherapy (HDR)
- IMRT and IGRT
- Radionuclide Therapy
- Molecular diagnostics
- CyberKnife® M6™
- Dose Edge Pharmacy Workflow Manager
- Plastic and reconstructive surgery
- Pulmonary medicine
- Radiation oncology
- Symptom management nurse practitioner
- Surgical oncology
- Thoracic and esophageal surgery
- Urology
- Clinical pharmacists
- Breast imaging nurses
- Disease-specific nurse navigators
- Clinical research nurses
- Financial counselors
- Behavioral health counselors

Technologies
- Gamma Knife
- Tomotherapy
- Nucletron HDR Brachytherapy
- Orthovoltage X-rays
- Endobronchial Ultrasound (EBUS)
- Endoscopic Ultrasound (EUS)
- True Beam Linear Accelerator
- Radionuclide Therapy
- Molecular diagnostics
- CyberKnife® M6™
- Dose Edge Pharmacy Workflow Manager

Board-certified specialists
- Colorectal surgery
- Diagnostic radiology
- Gastroenterology
- General surgery
- Gynecologic oncology
- Hospice and palliative care
- Medical oncology
- Pathology

Additional team members
- Oncology certified nurses
- Certified genetic counselors
- Social workers
- Rehabilitation experts
- Registered oncology board-certified dietitians
- Community health educators
- Chaplains
- Clinical pharmacists
- Breast imaging nurses
- Disease-specific nurse navigators
- Clinical research nurses
- Financial counselors
- Behavioral health counselors

Support groups meet in the Seraph Conference Room on the second floor of the Ann B. Barshinger Cancer Institute. Patients and caregivers can register for classes, ask questions or get more information about the support groups currently being offered by calling 1-888-LGH-INFO (544-4636).

Support groups and participation*

<table>
<thead>
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<th>Support Group</th>
<th>Attendance</th>
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<tr>
<td>Brain Tumor Community Group</td>
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<tr>
<td>Iris Support Group – Breast Cancer</td>
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<tr>
<td>Leukemia and Lymphoma Support Group</td>
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<td>Support for People with Oral and Head and Neck Cancer (SPOHNC)</td>
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<tr>
<td>Survivorship Support Group</td>
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<tr>
<td>Urological Cancer Support Group</td>
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</tbody>
</table>

*Attendance is based on monthly participation annually totaled.
The top disease sites above account for 55% of cancer cases seen at LG Health.

The Oncology Data Management Team is responsible for abstracting and compiling data from each newly diagnosed cancer case annually. The team consist of certified tumor registrars (CTRs) as well as support staff.
Daniel C. Connell, Jr., MD

A board-certified gastroenterologist, Dr. Connell is chief of the GI Steering Committee at the Cancer Institute and has been a member of Regional Gastroenterology Associates of Lancaster (RGAL) for 15 years. He earned his medical degree at Jefferson Medical College and completed his internal medicine residency and GI fellowship at Barnes Hospital, Washington University of St Louis. Dr. Connell treats patients with many different types of GI disorders and performs routine GI procedures and ERCP, interprets esophageal manometry and has a special interest in inpatient nutrition. He is also board certified by the National Board of Nutrition Support Certification (NBNSC) in nutrition.

Mark H. Johnston, MD, FACP, FACG, AGAF, CAPT (ret), MC, USN

Dr. Johnston is board certified in internal medicine and gastroenterology and earned his medical degree at Hahnemann University. He completed his residency and GI fellowship at the National Naval Medical Center, where he served as Chief of Gastroenterology, treating numerous members of Congress, the Supreme Court and the White House. He retired as a Navy Captain in 2005. Dr. Johnston is internationally recognized for his expertise in esophageal disease. He is the author of numerous publications and holds several U.S. patents for treatment of Barrett’s esophagus and esophageal cancer. Dr. Johnston joined Lancaster Gastroenterology Inc. (LGI) in 2005 and serves as managing partner.

David P. Lawrence, MD

Board certified in diagnostic radiology, Dr. Lawrence is a graduate of the US Naval Academy and the University of Pennsylvania School of Medicine. He spent 22 years in the US Naval Medical Corps, serving as Residency Program Director and Chief Resident at the National Naval Medical Center, where he was fellowship-trained in body imaging. Dr. Lawrence has a special interest in abdominal imaging, and has introduced new protocols to Lancaster Radiology Associates, including MRI for staging of rectal cancer. He is the Director of Abdominal Imaging for LG Health and serves on the six-member American College of Radiology CT committee, overseeing accreditation of CT scanners across the country.

A coordinated strategy for treating colorectal cancer

The Ann B. Barshinger Cancer Institute, now an integral part of Lancaster General Health, has elevated colorectal cancer treatment in Lancaster County to the next level by offering coordinated care, state-of-the-art technology, support services and access to novel therapies. At its foundation is a group of compassionate health care providers who come together on a regular basis to provide patients with comprehensive care at one central location. Membership in the Penn Cancer Network gives patients with advanced GI cancers further access to the expertise and resources of the Abramson Cancer Center.

Our multidisciplinary care team includes gastroenterologists, surgeons, radiation oncologists, medical oncologists, dietitians, ostomy nurses and geneticists. Support from social workers, financial counselors and image recovery specialists is also available as needed.

Gastroenterologists from Regional Gastroenterology Associates of Lancaster and Lancaster Gastroenterology Inc. send patients who are diagnosed with colorectal cancer for prompt evaluation by the Cancer Institute specialists and participate in tumor boards as part of the care team. Through an order set in EPIC, they activate the services of Marianne Gault, RN, our nurse navigator for GI cancers, who schedules appointments, arranges for pre-operative testing and coordinates services throughout the continuum of care.

A Gastrointestinal Steering Committee at the Cancer Institute develops and updates diagnosis and treatment protocols based on those of the National Comprehensive Care Network (NCCN). Cases are reviewed regularly at our multidisciplinary tumor board, comprised of the specialists directly involved in the patient’s care. Following each tumor board, a letter summarizing the discussion and suggested treatment plan is sent to the primary care physician for each patient discussed. Our colleagues at Penn Medicine also regularly attend these meetings at the Cancer Institute and offer their expertise via teleconference.

Having a board-certified colorectal surgeon is key to the success of our program.

Colon Cancer Five-Year Survival

LG Health vs. NCDB

Cases diagnosed 2003 – 2006
Dr. Walid Hesham, after training at Penn Medicine, recently joined LG Health Physicians Surgical Group adding a specialized focus to the group’s surgical services. Dr. Hesham’s expertise ensures that the complex and nuanced decisions regarding preoperative staging, the timing of radiation therapy and the type of operation can be made without delay by a coordinated care team. Minimally invasive techniques, pelvic MRI and neoadjuvant strategies are now readily available to patients with rectal cancer, right here at the Cancer Institute.

Through our affiliation with the Penn Cancer Network, patients with liver metastases from colon and rectal cancer can now be quickly evaluated for new curative approaches involving upfront intensive chemotherapy followed by resection of the primary tumor and liver metastases. Dr. Robert Roses of Penn Medicine evaluates these patients on a weekly basis at the Cancer Institute and schedules surgery at Penn. All of these patients are first presented at our tumor board to ensure the optimal consensus treatment plan.

We are also working to expand access to clinical trials for patients with more complicated GI cancers, to increase their options with novel treatments.

Finally, the Cancer Institute is collaborating with the Physician Quality Committee of Lancaster General Health Physicians to improve colon cancer screening rates in our region. Through the efforts of Lancaster General Health Physicians, the gastroenterologists and LG Health, screening rates have increased from 60-77% over the past four years. By 2013, that rate had increased to 77 percent, surpassing both the national average and the national 90th percentile.

**Staging rectal cancer with MRI**

MRI of the pelvis is the best imaging technique available for local staging of rectal cancer and provides critical information for predicting the feasibility of total mesorectal excision and the likelihood of disease recurrence after treatment.

Compared to endorectal ultrasound, MRI offers superior visualization of the pelvic structures outside the ultrasound field.

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**Age at Diagnosis**

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of cases</th>
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<td>&lt; 39</td>
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<tr>
<td>40-49</td>
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</tr>
<tr>
<td>80-89</td>
<td>15</td>
</tr>
<tr>
<td>90+</td>
<td>10</td>
</tr>
</tbody>
</table>

**Paul G. Newman, MD, FACS**

Dr. Newman is board certified in general surgery and earned his medical degree at University of Medicine & Dentistry New Jersey Medical School at Newark. He completed his general surgery residency at Temple University School of Medicine and his fellowship in surgical critical care at Emory University School of Medicine. Dr. Newman has been in practice for 22 years and specializes in gastrointestinal surgery and minimally invasive surgery. He is particularly passionate about da Vinci® robotic assisted surgery, which promises equal or better outcomes, with less pain and shorter recovery times than traditional surgery.

**Walid M. Hesham, MD**

Dr. Hesham is board certified in general and colorectal surgery. He earned his medical degree at Albany Medical College and completed his general surgery residency at Lahey Clinic Medical Center, a teaching hospital of Tufts University School of Medicine in Massachusetts, where he was taught and inspired by a team of world-renowned colorectal surgeons. Dr. Hesham completed a fellowship in colorectal surgery at the University of Pennsylvania, where he continued to hone his skills in colorectal surgical techniques, with a special emphasis on colorectal cancer.

**Robert E. Roses, MD**

Dr. Roses is a board-certified general surgeon at the Hospital of the University of Pennsylvania (HUP), where he serves as an Assistant Professor in the Division of Endocrine and Oncologic Surgery. After earning his medical degree at Tufts University School of Medicine, he completed a residency at HUP and a fellowship in surgical oncology at University of Texas M.D. Anderson Cancer Center, followed by a research fellowship at the University of Pennsylvania under the mentorship of Dr. Brian J. Czerniecki. Dr. Roses specializes in gastrointestinal surgery and endocrine and surgical oncology, with special interests in malignancies of the liver, gastrointestinal tract and pancreas, and disorders of the adrenal and thyroid glands.
of view. Although MRI has better soft tissue contrast, CT scanning provides a larger field of view and is able to detect nodal spread outside the pelvis and liver metastasis. For that reason, the two are considered complementary modalities.

MRI offers several advantages for local staging of rectal cancer. It can help determine whether the tumor has extended beyond the rectal wall; it shows if there are pathologically enlarged lymph nodes present; and most importantly, it can precisely depict the mesorectal fascia and its relation to the tumor margins. This relationship is the most important characteristic for predicting whether a tumor-free margin can be achieved, as well as the likelihood of local recurrence—information that is vital when deciding on a treatment plan.

MRI of the pelvis is a quick and simple examination. Intravenous gadolinium contrast is not used and there is no imaging probe placed in the rectum, which can be painful for a patient with a rectal mass. The entire examination takes about 35 minutes and is tolerated well by patients.

Dr. Charles F. Romberger, MD  
Dr. Romberger is a member of LG Health’s experienced and highly trained pathology team. He is board certified in anatomic & clinical pathology, cytopathology and immunopathology. A graduate of Temple University School of Medicine, he completed his residency at University of Chicago Hospital, followed by a fellowship at University of Minnesota Hospital. Dr. Romberger has been published in numerous medical journals.

Jeffrey S. Eshleman, MD  
Dr. Eshleman, a radiation oncologist with Lancaster Radiology Associates, is chief of the division of radiation oncology at the Cancer Institute. He served as Chief Resident of Radiation Oncology at the Mayo Clinic. The author of multiple peer-reviewed research publications, he remains very active in research, presenting studies performed at the Cancer Institute at national meetings. Dr. Eshleman’s interests include accelerated partial breast radiotherapy, brachytherapy, stereotactic radiosurgery and stereotactic body radiotherapy.

Nandi J. Reddy, MD  
Dr. Reddy is board certified in medical oncology, hematology, and clinical pharmacology. He earned his medical degree at Siddhartha Medical College in India and completed his internal medicine residency at Texas Tech University Health Sciences Center in Odessa, TX. Dr. Reddy completed fellowships in hematology and oncology, and clinical pharmacology at Dartmouth Hitchcock Medical Center in Lebanon, NH. His areas of expertise include gastrointestinal, liver and pancreatic malignancies. Dr. Reddy leads the GI tumor board at Ann B. Barshinger Cancer Institute.
spread to the liver, in collaboration with our hepatobiliary surgical colleagues at the University of Pennsylvania.

• Participation by LG Health surgeons in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP), an international outcomes-based initiative to measure and improve the quality of surgical care.

Exploring new options with GI clinical trials

The Ann B. Barshinger Cancer Institute participates in numerous studies sponsored by the National Cancer Institute through groups such as the Eastern Cooperative Oncology Group, the Radiation Therapy Oncology Group and the American College of Surgeons Oncology Group. In 2013, we had two clinical trials open for gastroenterology oncology patients through the Southwestern Oncology Group. We will continue to offer promising new therapies through clinical trials, as opportunities arise.

All patients at the Cancer Institute are evaluated and screened for possible trial participation by our highly skilled clinical trial coordinators. The Cancer Institute’s dedicated research nurses will discuss trials available in Lancaster and will help search Oncolink, Penn’ Medicine’s online cancer resource network, providing additional clinical trials and a Penn Medicine clinical trials navigator.

The Cancer Risk Evaluation Program: knowledge is power

Penn Medicine’s Cancer Risk Evaluation Program (CREP) at LG Health is a service for individuals who want to know if they are at increased risk for hereditary cancer based on family and personal history. Most genetic and molecular changes that cause cancer are acquired during a person’s lifetime; however, some genetic changes are inherited from parent to child. Our team of cancer genetic experts understands how to evaluate individuals and families for the possible genetic changes in cancer suppressing genes and can help them formulate a plan for risk reduction. As part of the Penn Cancer Network, our genetic counselors routinely discuss cases with Penn genetics specialists.

Our program helps patients:

• Understand how their family history, medical history and lifestyle affect their risk for developing colorectal and other cancers

• Know their risk for an inherited gene mutation and get tested when appropriate

• Develop a personalized risk-reduction strategy, including a checkup and surveillance plan

• Identify family members who may benefit from genetic counseling

Testing for Lynch Syndrome

Patients with Lynch syndrome (LS), also known as hereditary non-polyposis colorectal cancer (HNPPC), may have up to an 80 percent risk of developing colorectal cancer and up to a 60 percent risk for endometrial cancer, compared to the general population risk of five – six percent and two - three percent, respectively. In 2012, with the help of our genetic counselors, the LG Health Pathology Department implemented reflex tumor testing to aid in the identification of LS patients in our community. Immunohistochemical (IHC) staining of the MLH1, MSH2, MSH6, and PMS2 gene proteins is now automatically performed on colorectal cancers diagnosed at age 70 or less and endometrial cancers diagnosed at age 60 or less, at the time of surgical resection. Additional tumor testing may be done to rule out a sporadic cause. Patients with abnormal IHC staining not associated with a sporadic cause are recommended for referral to CREP for counseling and further assessment.

Advanced radiation therapy for colorectal cancer

The Cancer Institute provides patients access to the most advanced technologies and radiation treatments available for their gastrointestinal cancer.

Our radiation oncologists offer state-of-the-art treatment options for patients with colorectal carcinoma including:

• Three-dimensional conformal radiotherapy (3DCRT)

• Intensity-modulated radiation therapy (IMRT)

• Image-guided radiation therapy (IGRT)

<table>
<thead>
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<th>2013 GI Clinical Trials open at the Cancer Institute</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SWOG 1115</strong></td>
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<td><strong>SWOG 1201</strong></td>
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Colorectal Cancer

Stereotactic Body Radiation Therapy (SBRT)
Stereotactic radiosurgery (SRS)

We have the most sophisticated radiation technologies available in the world including:
- CyberKnife® M6™ (first center in the U.S. to offer the M6)
- Varian TrueBeam™ linear accelerator (first in the region)
- TomoTherapy® Hi-Art® linear accelerator (first in the region)
- Leksell Gamma Knife® (first in the region)

Our experienced radiation oncologists develop individualized treatment plans for all stages of colorectal, esophageal, liver, pancreatic and stomach cancer.

Neo-adjuvant chemoradiotherapy remains the standard of care for patients with locally advanced rectal cancer, and leads to a lower risk of pelvic relapse of disease. New radiotherapeutic techniques precisely target the primary tumor and high-risk regional lymph nodes while limiting radiation exposure, thus reducing the risk of side effects to surrounding normal tissues, such as small and large bowel, bladder and hips.

For patients with cancer of the anus undergoing curative treatment with chemotherapy and radiation, recent clinical trials have shown that image-guided radiotherapy planning is associated with fewer significant adverse events, without compromising outcomes.

For patients with cancer of the liver, SBRT leads to local control rates higher than 70–80 percent, which may improve survival and quality of life. SBRT can be considered an effective, safe and noninvasive therapeutic option, with excellent rates of local control and a low treatment-related toxicity.

Nurse navigation: guiding patients through their journey

A diagnosis of colon or rectal cancer is complex and presents new information, with multiple choices and decisions to be made. At the Cancer Institute, we offer the personalized services of a nurse navigator to help patients and their families in this initial phase by coordinating care and providing education and support. As treatment continues, the nurse navigator is available for ongoing support and to help identify any barriers to treatment that the patient might be experiencing. The nurse navigator is part of the oncology clinical support team, which also includes social workers, a chaplain, a dietitian and a financial counselor—all of whom work together to ensure that the physical, emotional and logistical needs of patients and their families are being met.

In addition to working with patients, the nurse navigator consults with the GI Steering Committee to advance the GI oncology program and enhance quality of care. The nurse navigator also attends regular tumor board meetings to ensure prompt coordination of care for colorectal cancer patients. Referral to the nurse navigator can be made by any care team member.

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### Colon

<table>
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<th>First Course of Treatment</th>
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<th>II</th>
<th>III</th>
<th>IV</th>
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<td>2</td>
<td>2</td>
<td>7</td>
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</table>
Chris’ Story

At age 46, Chris didn’t think he had to worry about cancer. He was healthy; always went for regular check-ups, worked out and took care of himself. Then, some stomach problems prompted his doctor to refer him for a colonoscopy.

The results: stage 3B colon cancer.

Chris’ job took him many places and at the time of the diagnosis he was living in Kentucky. There, he had colon surgery and later chemotherapy. In 2011, Chris moved back to his hometown of Lancaster, PA with his wife and two teenage boys.

Upon the recommendation of friends, Chris selected Dr. Bradford Granger (Lancaster General Health Physicians Internal Medicine) as his primary physician. He was then referred to a medical oncologist for follow-up care—routine blood work to “keep an eye on things.” First his doctor was Dr. G. Thomas O’Conor and later when Dr. O’Conor retired, Dr. Nandi Reddy. Both with LG Health Physicians Hematology and Medical Oncology.

“I’ve very been very pleased with all of my doctors” says Chris. “They have not missed a beat”

A PET scan in 2013 showed that his colon cancer had spread to his liver. That’s when Chris was referred to nurse navigator Marianne Gault. Nurse navigators help cancer patients go through the process, finding the appropriate specialists and helping to identify any support services.

“Marianne is wonderful,” added Chris. “She helped schedule appointments and got me answers when I needed them most.”

When Chris found out he needed complex liver surgery, Dr. O’Conor referred him to Dr. Jeffrey Drebin, a renowned gastrointestinal surgical specialist at the University of Pennsylvania. “I didn’t realize that LG Health had a relationship with the cancer program at Penn,” commented Chris. “The connection was very smooth and easy and I was very happy with my care at Penn. I had no problem traveling for my surgery, as everything was coordinated. I knew I was going to come back to Lancaster for my care afterwards. I trusted my doctor’s recommendation and he was right.”

Chris was one of the first patients to receive chemotherapy treatment at the Ann B. Barshinger Cancer Institute in the summer of 2013. “My infusion therapy nurse was wonderful and the support services made things a little easier. I discovered the massage therapy towards the end of my treatment and that was great.”

A PET scan in January 2014 revealed no evidence of cancer. “Last year, I didn’t know where I would be. I had a lot anxiety about the future. I didn’t know if I would be able to continue my job and international travel as I was doing before,” says Chris. In December 2013 Chris travelled to China and has plans for business travel to Europe and Asia in 2014.

“My family, friends, and co-workers have been wonderful and so supportive. When something like this happens, you just have to keep positive, surround yourself with the best possible care and then pray for the best outcome. My doctors kept my expectations high and I wasn’t disappointed.”