



**CANCER CENTER
OF THIBODAUX REGIONAL**



ANNUAL REPORT 2018

Accredited with Silver Level Commendation by the American College of Surgeons Commission on Cancer
Recipient, Outstanding Achievement Award by the American College of Surgeons Commission on Cancer

PROSTATE CANCER: 2018 Screening Program

Prostate Cancer is the most commonly diagnosed non-skin cancer in men in the United States, with a lifetime risk for diagnosis currently estimated at 15.9%. Most cases of prostate cancer have a good prognosis, even without treatment, but some are more aggressive and may require therapy.

Louisiana continues to rank as one of the highest in the nation when looking at the incidence of new prostate cancer cases.

The American Cancer Society (ACS) recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer. The decision should be made after getting the information about the uncertainties, risks and potential benefits of prostate cancer screening. Men should not be screened unless they have received this information.

The discussion about screening should take place at:

- **Age 50 for men who are at average risk of prostate cancer and are expected to live at least 10 more years**
- **Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65)**
- **Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age)**

GOAL: Increase screening numbers by 10% year over year

RESULTS/EVALUATION OF EFFECTIVENESS: The 2018 prostate screening saw an increase in overall screening numbers as compared to previous years.

A total of 217 participants were screened during the event; 30 more than in 2017 (14% increase) and 107 more than in 2016 (50% increase). Twenty-two participants, (10%) of total participants, were African American males. Seventy-five participants (35%) reported they reside outside of the 70301 zip code area. Fourteen participants (6%) had abnormal results (reference range 0.00-4.00) that required follow-up. All participants were notified of results within three days of screening by phone, email or mail as indicated by his preference on the registration form. The 14 participants with abnormal results requiring follow-up were contacted both by phone and were also mailed a copy of his results. All participants with elevated results were offered assistance in making follow-up appointments; however, all reported they already had a primary care physician or urologist to contact for follow-up and declined help with making an appointment. At six week follow-up there have been no biopsies or diagnosis of prostate cancer reported.

LUNG CANCER: 2018 Screening

Louisiana has the 11th highest incidence and the 8th highest death rate of lung cancer in the U.S. It is the most deadly cancer in Louisiana, causing almost one-third of the states' cancer deaths. The bayou parishes rank among one of the highest lung cancer death rates in the state (according to Louisiana Cancer Prevention and Control Program). Currently, the majority of lung cancer patients are diagnosed at Stage 3 & 4 when chances of cure are lowest. In 2015, guidelines were approved for screening patients meeting specified criteria using low dose CT (LDCT) scans to detect lung cancer. A multi-disciplinary team developed a process for identifying eligible patients, developed and disseminated physician and patient education and instituted a navigation process from scheduling of participants through the continuum to delivery of results. The program has continued to grow since it began in 2016 and the team has chosen to focus efforts to increase screening numbers by at least 25% over 2017.

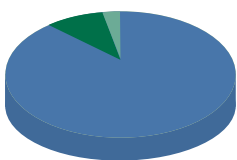
Individuals who meet criteria:

- Are between the age of 55-77 years old
- Have a smoking history equivalent to 30 pack years
- Are a current smoker or have quit within 15 years
- Are free of signs or symptoms of lung cancer

2018 LUNG CANCER SCREENING TO-DATE RESULTS

Individuals referred	99
Completed Screenings	78
Normal Results	68
3 to 6 month follow-up recommended.....	8
Biopsy/Bronchoscopy recommended & completed.....	2

18% increase in individuals screened compared to 2017



The Cancer Center Patient Care Coordinator met with Pulmonology Clinic staff to streamline the process and also spoke with Family Practice physician groups to provide reinforcement of criteria and ordering process and navigation of findings. If deemed an appropriate candidate by a healthcare provider, the patient is counseled on LDCT for Lung Cancer Screening and an informed decision-

making consent is obtained by the ordering physician. The Patient Care Coordinator receives orders and contacts the individual to schedule the screening. If a current smoker, the individual is also given information on smoking cessation including an application for the Quit Smoking for Life class at Thibodaux Regional. Once screening is done, the patient is notified within 24 hours by the Patient Care Coordinator who tracks all results. Abnormal results are called to the ordering physician immediately and the patient is given an appointment with the pulmonologist of his/her choice within 48 hours.

RESULTS OF PROGRAM: In 2017, 78 patients were referred for screening. The program has continued to grow since it began in 2016 and the committee has chosen to focus efforts to increase screening numbers by at least 25% over 2017. To date in 2018, 99 patients have been referred for screening and 78 participants completed screening. Ten participants required 3-6 month follow-up and two needed biopsy. No cancer diagnosed at present.

EVALUATION OF EFFECTIVENESS: Screening numbers have increased year over year. Total patients referred has increased by 18% (short of our goal of 25% but one month remains in the calendar year at the time of report out) and 14% more participants completed screening. Even though the goal of 25% increase was not met, the screening program is still effective in that more individuals who meet criteria are being screened and physicians continue to recognize LDCT as an effective screening for Lung Cancer.

ORAL CANCER: 2018 Screening Program

The number of new cases of oral cancer and the number of deaths from oral cancer have been decreasing slowly; however, Louisiana still has a higher incidence rate than most states in the U.S. The prevalence of tobacco and alcohol use (two known risk factors for oral/head and neck cancer) makes prevention and screening programs a top priority in the Bayou Region.

GOAL: Increase participation by 25% over previous year

OUTCOME: 30 participants screened

- No findings: 3
- Routine follow up with primary care physician: 15
- Further head and neck evaluation: 11
- Immediate consultation for suspected neoplasm: 0
- Additional info given: 1

EVALUATION OF EFFECTIVENESS: As participants arrived, they completed a brief questionnaire, and the oral and maxillofacial surgeon, Dr. Saal, completed an exam in a private area. Attendees who had abnormal findings were given instructions and information by Dr. Saal as how to proceed with follow-up. Thirty-seven percent of the attendees had findings that warranted follow-up for further head and neck evaluation which confirms the need for continued awareness and prevention efforts in this community. Our goal of increasing participation by 25% was exceeded with total number of attendees at a 50% increase. Holding the screening at the Wellness Center provided an opportunity for increased visualization of oral cancer education videos on large A/V screens in the education area. The Cancer Center was also present with information that was distributed to all who attended.



**CANCER CENTER
OF THIBODAUX REGIONAL**
608 N. Acadia Road, Thibodaux • 985.493.4008