

CANCER CENTER OF THIBODAUX REGIONAL



ANNUAL REPORT 2017

Accredited with Gold 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: 2017 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, especially in higher risk population (African American men).

RESULTS/EVALUATION OF EFFECTIVENESS: The 2017 prostate screening was successful in overall screening numbers as well as increased participation by African American males. A total of 187 participants were screened during the event; 77 more than the previous year; 58% increase in participation. Seventeen percent of participants were African American males. Fifteen participants 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 15 participants with abnormal results requiring follow-up were contacted by phone and were mailed a copy of his results. These participants were offered assistance in making follow-up appointments; however, 100% reported they already had a primary care physician or urologist to contact for follow-up.

LUNG CANCER: 2017 Screening Program

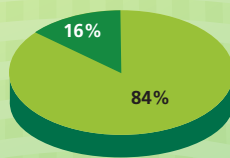
Currently, the majority of lung cancer patients are diagnosed at advanced stages of disease. New guidelines have been approved for screening patients, meeting specified criteria, with low dose

CT (LDCT) scanning to detect lung cancer. A multi-disciplinary team established 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.

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

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 navigator 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 program at Thibodaux Regional.



- Normal Results - Repeat 1 year
- 3 or 6 month follow-up LDCT: Pulmonary Referral

2017 LUNG CANCER SCREENING TO-DATE RESULTS

Individuals referred	78
Completed Screenings	64
Normal Results - Repeat 1 year	54
3 or 6 month follow-up LDCT: Pulmonary Referral	10



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