



# 2022 Cancer Annual Report

**FirstHealth**  
OF THE CAROLINAS





As we come to the close of another year, it is an honor to look back at our many accomplishments throughout the past 12 months in the annual FirstHealth Cancer Report. I am thrilled to celebrate the hard work of our team and highlight the many achievements, both big and small, that make FirstHealth a destination for first-rate cancer services.

This has been a year of continued growth and expansion as we prepare for the opening of the Comprehensive Cancer Center in early 2023. Through the many positive developments, we have remained focused on our primary goal: to provide exceptional, compassionate care close to home. Our patients are at the heart of all we do at FirstHealth, and we are continually inspired as we fight cancer alongside them.

Throughout the year, we have watched the ongoing construction process of the new center and continued to expand our team of highly-skilled oncologists, surgeons, radiologists, nurse navigators and support staff. This multidisciplinary care team will provide world-class cancer services under one roof in the four-story, 120,000-square-foot building.

While we broke ground last May, there have since been many opportunities for the community to leave its mark on the center. In December of 2021, we hosted a beam signing event and invited patients, survivors, FirstHealth staff and members of the community to sign the steel beam that sits atop the building. This past January, with thousands of signatures and encouraging messages in place, the crew placed the steel beam on top of the structure to mark a milestone in the construction process.

Additionally, in June we kicked off the public phase of the Building the Dream campaign. This \$30 million effort, led by the Foundation of FirstHealth, brings the community alongside the health system to help complete the center. This center was built with a primary purpose to serve our local residents and we are thrilled to have the opportunity to closely include them in the process.

I hope you enjoy reading more about what our Cancer Care team has done in 2022, and I hope the following pages will lift your hopes for the future of what we can accomplish together.

Sincerely,

Laura Kuzma  
Administrative Director, Oncology  
Services and Clinical Trials  
Moore Regional Hospital  
FirstHealth of the Carolinas



# Building Better Results



## New Lung Cancer Treatments

Earlier this year, FirstHealth hosted its inaugural Innovation Summit, where keynote speaker Michael Pritchett, D.O., MPH, shared his groundbreaking work in the detection and treatment of early-stage lung cancers with a new robotic technology.

This work has led to FirstHealth receiving designation as the world's first site to train doctors in the robotic technology, called the Ion endoluminal robotic bronchoscopy platform (Ion).

In 2019, Dr. Pritchett, pulmonary specialist and director of the Chest Center of the Carolinas, led the nation's first clinical trial for the Ion platform, which detects lung cancer more accurately and

less invasively than ever before. Ion can access hard-to-reach areas of the lung, which allows physicians to take biopsies of nodules they would typically have a difficult time reaching.



"More than 70 percent of lung cancer is in the farthest reaches of the lung, so this technology allows us to reach nodules we never could before – and without invasive tactics," Dr. Pritchett said.

He has had success with the Ion system in more than 100 patient screenings, resulting in earlier treatment for patients. Dr. Pritchett will continue to train physicians in the Ion technology in an effort to increase early detection around the country.

## RSV Maternal Vaccine

Clinical trials at FirstHealth continue to create breakthroughs in patient care. In 2020, FirstHealth became the first site in North Carolina to enroll patients in a Pfizer clinical trial to test a maternal RSV vaccine.

RSV is a respiratory virus that can pose a serious, sometimes fatal, threat to young children and older populations. Cases of RSV increased this fall and led to a rise in hospitalizations, furthering the need for a viable vaccine.

John Byron, M.D., an obstetrician and gynecologist with Southern Pines Women's Health Center, a FirstHealth Clinic, is the principal investigator for the trial. Christoph Diasio, M.D., a pediatrician with Sandhills Pediatrics, served as sub investigator.

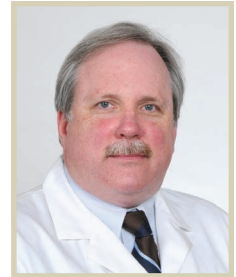
Throughout the trial, pregnant woman received one dose of the experimental vaccine during the late second to third trimester. Their providers met with participants multiple times after delivery to determine the level of immunity that was passed down to their baby.

"The vaccine was tolerated well, and we've seen great outcomes. Especially after the rise of infections we've seen

this year, we are thrilled that we may be able to offer children protection from RSV during the next cold season," Dr. Diasio said.

Pfizer recently announced the maternal vaccine is 81.8 percent effective in protecting infants from RSV in their first 90 days of life. The vaccine was also found to be 69.4 percent effective in preventing serious illness from RSV throughout the first six months of life. Pfizer plans to submit an application to the Food and Drug Administration for the vaccine's approval by the end of the year.

Additional clinical trials at FirstHealth include studies on numerous cancers, cancer related neuropathy, cancer diagnosis and other diseases such as COPD. The program will have a new home base on the fourth floor of the FirstHealth Comprehensive Cancer Center.



**John Byron, M.D.**



**Christoph Diasio, M.D.**

## Genetic Counseling

Genetic counseling can be a useful tool in whole-person cancer care and help patients receive more informed treatment.

FirstHealth now offers genetic counseling with the addition of Oncology Genetic Counselor Harleigh Quick, MMSc, CGC. Quick will work with individuals to determine their inherited risk of cancer, based on their family history, and may recommend genetic testing for those at greater risk.

During a genetic counseling session, Quick will discuss medical and family history with the patient and complete a risk analysis test that will identify the patient's genetic predisposition to cancer. Those with a genetic susceptibility to cancer do not always develop cancer, but increased awareness may impact diagnosis and care down the line. Quick also discusses recommendations for preventative care and screening with patients. Knowledge of cancer risk may lead patients to have more frequent

screenings, which could lead to early detection and better outcomes.

Quick graduated from Emory University School of Medicine with a Master of Science in human genetics and genetic counseling. She received a bachelor's degree in molecular biology and psychological counseling from Coker University.

"Navigating health care, especially when it comes to a complex topic like genetics, can be scary. The most unique aspect to oncology genetic counseling is the time we get to spend with

patients," Quick said. "Appointments last anywhere from 60 to 90 minutes and we can build strong relationships as we educate patients about the impact of genetics as they make health care decisions."

Quick said she is excited to work at a community-based hospital and see the difference FirstHealth makes firsthand.





## Building Better Patient Experience



### Expanding the Team: FirstHealth Welcomes New Providers



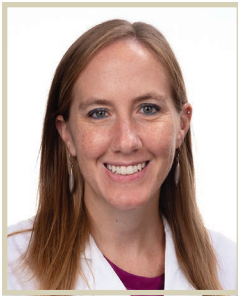
#### Medical Oncologist Saritha Ravella, M.D.

Saritha Ravella, M.D., joined Pinehurst Medical Clinic (PMC) and FirstHealth's expanding cancer care team, which includes additional oncologists, physician assistants, nurse practitioners, oncology nurse navigators and clinical trial professionals.

"My patient care philosophy is that I treat my patients as I would treat one of my family members," Ravella said. "I believe that everyone should be empowered with the knowledge about their diagnosis and treatment options to make a well-informed decision. Every day, I feel humbled and privileged to help my patients heal."

Prior to joining FirstHealth and PMC, Ravella cared for cancer patients at Penn State Health Medical Group in Pennsylvania. She earned her Bachelor of Medicine and Bachelor of Surgery degrees from Gandhi Medical College in India. Ravella completed a hematology/medical oncology fellowship at Lankenau Medical Center and is board certified in medical oncology, hematology and internal medicine.

Ravella and the rest of the PMC team will soon care for patients under one roof in the FirstHealth Comprehensive Cancer Center.



**Medical Oncologist**  
**Laura Hanson, M.D.**

Pinehurst Medical Clinic and FirstHealth also welcomed Laura Hanson, M.D., to their oncology departments.

Dr. Hanson earned her medical degree from Brody School of Medicine at East Carolina University. She went on to complete an internal medicine residency at the University of Virginia and a fellowship in hematology and oncology at Virginia Commonwealth University.

She credits her father, who worked as a physician in a small town, for her inspiration to practice medicine. "I knew I wanted a career that allowed me to focus on helping people and giving back to the community," Hanson said.



**Medical Oncologist**  
**Jeffery Klotz, M.D.**

Oncologist Jeffrey Klotz, M.D., joined FirstHealth Oncology & Hematology as part of the growing cancer care team.

Dr. Klotz earned his Doctor of Medicine from The Uniformed Services University of the Health Sciences, F. Edward Hebert School of Medicine in Bethesda, Maryland. He completed an internal medicine residency at Brooke Army Medical Center and Darnall Army Community Hospital, and a hematology and oncology fellowship at Walter Reed Army Medical Center. Klotz is also a certified diplomate in both hematology and oncology by the American Board of Internal Medicine.

Dr. Klotz previously worked at Scotland Cancer Treatment Center (Duke Cancer Network) in Laurinburg. Prior to that, he achieved the rank of colonel in the United States Army Medical Corps and was associated with Womack Army Medical Center on Fort Bragg.

"We have met many interesting people from all over the world here in the Sandhills, even some who have no association with the military, horses or golf," he said. "This combination of a growing community and a dynamic population make the Sandhills a great place to live."



**Nurse Practitioner**  
**Jamie Delivuk, DNP, FNP-C**

Nurse Practitioner Jamie Delivuk is another addition to the expanding oncology team at FirstHealth and Pinehurst Medical Clinic (PMC).

Delivuk earned her Master of Science as a Family Nurse Practitioner in 2022 at Georgetown University and completed a Bachelor of Science in Nursing at Pacific Lutheran University. She previously worked with oncology patients at FirstHealth of the Carolinas and as an emergency department nurse at FirstHealth's Moore Regional Hospital – Hoke campus.

"I am excited to be back with the FirstHealth and PMC team in my new role because the teams and both organizations are amazing," Delivuk said. "This team feels like a family. Working in medicine is truly rewarding, and I continue to look forward to what the future brings."

## Expanding Volumes

FirstHealth saw a 14 percent increase in cancer volumes in 2022, making it a priority to expand access to services throughout the area.

This year saw the expansion of FirstHealth Gynecologic Oncology services to FirstHealth's Lee campus. Gynecologic Oncologists Michael Sundborg, M.D., and Brian Burgess, D.O., Ph.D., and Certified Physician Assistants Adara Maness, PA-C, began seeing patients in February.

FirstHealth Gynecologic Oncology offers the full scope of gynecologic cancer care, including diagnosis, surgery, medical oncology, surveillance and support care. This level of specialized care is typically only available at an academic medical center.

"Many patients we care for at our Pinehurst office location are from Lee County and nearby communities, and we are thrilled to be able to offer them the ability to receive local care for their cancer," said Laura Kuzma, MSW, administrative director of oncology services and clinical trials, said. "The addition of FirstHealth Gynecologic Oncology on the Lee campus will have a positive impact on women's cancer care in their region."

## Expanding Patient Satisfaction

### Screening Saves Life of Former Pinehurst Caddy

Jack Sodoma, a former caddy for Pinehurst Resort, was used to being active. He walked miles a lot of miles in his career – it comes with the territory when you work in the golf industry. For the past decade, Sodoma has helped golfers navigate one of the best courses in the country as a caddy at the Pinehurst Resort. But last spring, the 51-year-old was getting unusually fatigued with his normal routine.

Concerned, Sodoma went to his primary care physician, who referred him for a colonoscopy. The screening showed a lime-size cancerous tumor growing in his lower intestine. The FirstHealth Cancer Services team, including surgeon Raymond Washington, M.D., with Pinehurst Surgical Clinic and medical oncologist Charles Kuzma, M.D., with Pinehurst Medical Clinic aggressively treated Sodoma's cancer.



He underwent surgery to remove the tumor and then began preventive chemotherapy to stop the cancer from returning.

"They were always available and made sure to explain things to me in ways I could understand," Sodoma said. "Every person in that building is amazing and treated me with the utmost care and understanding."

Today, Sodoma has recovered from cancer and is back on the golf course. He encourages others at risk to get screened for colorectal cancer. Regular colonoscopy screenings can help prevent disease by finding and removing precancerous growths or polyps before they have a chance to turn into cancer. It can also detect

colorectal cancer in its earliest stages, when it's most treatable.



## Breast Cancer Patient Sees Life Through Pink Glasses

It's difficult not to be happy in the presence of Southern Pines resident Elsa Pioquintoricardez. Her ever-present smile and infectious laugh exude joy and hide her difficult past and recent bout with breast cancer. Elsa, a patient at FirstHealth, shared her story to educate women about breast cancer and the importance of early detection as part of National Breast Cancer Awareness Month.

Elsa moved to Southern Pines from Mexico 20 years ago. "I was forced to migrate here for my safety," Elsa said and described how her former husband abused her and caused her to lose a child. "Security and safety are much different in Mexico than in America. I couldn't get any help and leaving was my only option."

Shortly after she arrived in Southern Pines, she met her now husband, Luis, who Elsa said showed her what it means to love.

One day in 2020, Elsa came home from work, and Luis hugged her. She felt pain in her left breast. In the shower, she explored the painful area but dismissed it. A year later, she saw her primary care doctor and requested a mammogram. "That's when the top blew off," she chuckled.

In January 2022, Elsa had a mammogram that confirmed lumps in her breast. A follow-up ultrasound and biopsy revealed advanced stage 2 breast cancer.

Elsa's biopsy results also revealed that she had triple-positive breast cancer, a somewhat unique form of the disease. Most breast cancer tumors are hormone-positive, which means they grow in response to either or both of two hormones, estrogen and progesterone. A smaller number of tumors are positive for these hormones plus HER2, a protein that promotes cell growth. This was Elsa's tumor type, triple-positive. "With something that rare, I considered buying a lottery ticket," Elsa joked.

Due to having both hormone-positive and HER2-positive cancer, Elsa required a triple-threat treatment plan to combat estrogen, progesterone and HER2. In early

March, she started a regimen of chemotherapy and HER2 therapy (commonly grouped under the single term "chemotherapy") that lasted for 13 weeks. On June 27, she underwent a lumpectomy to remove the tumor. After reviewing the removed tumor, it appeared there was still some cancer left behind, so surgeons performed another surgery on July 13 to remove the remaining tumor. Radiation followed every weekday for four weeks to kill any remaining cancer cells.

Now Elsa receives targeted chemotherapy to combat the HER2 protein, thereby inhibiting cancer growth, by intravenous (IV) infusion every three weeks until March 2023. In addition, she will also take Tamoxifen, a pill therapy, for at least five years, to block estrogen and progesterone's ability to attach to cancer cells and fuel their growth. "The last few weeks have been difficult, but I'm not throwing in the towel," said Elsa, a cook who has worked at local favorites Pine Crest Inn, Chef Warrens, and Meat and Greek.

While Elsa's treatment may be complete by the time the Comprehensive Cancer Center opens, she will likely have follow-up care in the new facility, spreading sunshine there, too. "I have to see my life with happiness," she said. "My family thinks I never take things seriously, but I'm just optimistic."

The four-story, 120,000 square-foot comprehensive outpatient cancer on the Moore Regional Hospital campus in Pinehurst will allow patients to receive FirstHealth's full scope of cancer care under one roof.

In addition to medical oncology, gynecologic oncology, infusion and radiation oncology, the Comprehensive Cancer Center will house a wide array of support services, including cancer wellness with meditation, yoga, chaplaincy, exercise, massage, canine and music therapies, teen center and support groups. The center will also be home to nurse and financial navigators, multidisciplinary clinics, expanded clinical trials, grief counseling and outpatient palliative care.



## Barbara Miller Testimonial

Barbara Miller is a spunky, 78-year-old retired entrepreneur who always has a steady stream of friends and family from across the nation visit her in Pinehurst. She dearly loves her “crazy group of friends of all ages” in town. Neither she nor her social life was prepared for a diagnosis of stage 4 endometrial cancer.

Now in her second battle with the disease, she remains optimistic about the future and agrees with FirstHealth’s cancer team that knowing about cancers affecting the female reproductive organs—the ovaries, cervix, uterus, vagina and vulva—is one of the best ways to beat them.

In October 2020, at age 76, Barbara experienced vaginal bleeding, uncommon for her age. She also didn’t feel well, so she contacted her primary care physician. Tests for bladder cancer came back negative, and Barbara’s symptoms had diminished. She was relieved.

However, two months later, she woke up to horrible pains in her lower abdomen, and her daughter rushed her to the emergency department at FirstHealth Moore Regional Hospital. After several rounds of testing, she was referred to gynecologic oncologist Michael Sundborg, M.D.



“Dr. Sundborg told me I had stage 4 endometrial cancer,” Barbara said. “He was very candid, and I immediately liked him.”

After two rounds of chemotherapy, in March 2021, Barbara underwent a positron emission tomography (PET) scan of her uterus so doctors could see if there was any change. “Dr. Sundborg called me into his office and cracked a joke,” Barbara said, recalling her confusion. However, there was no joke: He turned his computer monitor around and showed Barbara an image of the area that once was full of tumors. It was now clear. The therapy worked, so the next stage was a hysterectomy which Dr. Sundborg completed to remove any remaining cancer. Her procedure was minimally invasive, using robot-assisted laparoscopic surgery.

Barbara felt strong and resumed her busy social schedule until March 2022. A follow-up scan then revealed a tiny

tumor at the base of where the uterus had been before the hysterectomy. More cancer.

Barbara started radiation therapy with FirstHealth radiation oncologist Sushma Patel, M.D.

Another scan on July 29, 2022, showed that Barbara’s cancer had spread to her chest and abdominal area. Again, Dr. Sundborg mentioned Hospice, and again, Barbara figured it was protocol. He also mentioned that since her chemotherapy regimen worked to remove the tumors the first time, she could consider it again.

When the medical bills started to add up, Dr. Sundborg reminded her to call FirstHealth’s financial assistance department. She balked, thinking others needed help more than she did. He gently balked back with, “Eligibility is for them to determine.” Through grants for specific cancer types and funds provided by The Foundation of FirstHealth, Barbara received assistance with her bills. “I’m so grateful,” she said.

Barbara remains hopeful, positive and thankful. “The caregivers at FirstHealth are wonderful people,” Barbara said, raving about her entire

care team, particularly highlighting the certified nurse assistants (CNAs) who also study at Sandhills Community College to become registered nurses. “And I can’t say enough about Dr. Sundborg. He is my friend, a true doctor and a healer. He cares.”

She continued, “I’m so grateful that I have exceptional care here in Pinehurst. I couldn’t imagine having to go to Duke or Chapel Hill. Not only would that be financially impossible, but it’s also good to be in your own bed.”

Women in the Sandhills facing a gynecologic cancer diagnosis like Barbara have access to first-rate care at FirstHealth with its full continuum of cancer services, including genetic counseling and testing, diagnosis, surgery, medical management, chemotherapy, radiation therapy, clinical trials, support services and long-term follow-up.

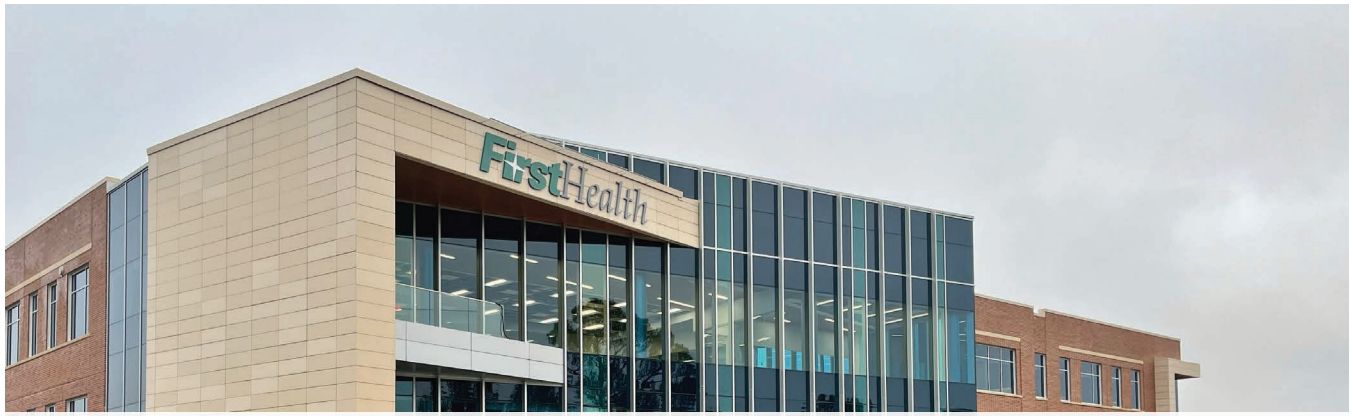
## Expanding Volunteer Roles

In an effort to enhance the patient experience at the comprehensive cancer center, FirstHealth has created a new Ambassador Volunteer program. Hospital volunteers will guide patients through the care process from the moment they step into the center.

"We know patients walking through that door the first time are typically dealing with the stress of a new diagnosis and a lot of fear," said Carolyn Helms, CARE Liaison. "Our mission is to ease that anxiety and have a friendly face there who can help them through the treatment process."

Volunteers will be present around the clock to greet patients at the door and to offer navigation assistance around the building. They will also work to connect individuals with the various resources offered in the cancer center, such as support services for patients and caregivers and the dedicated wellness center.





## Building Hope



We believe in the healing power of community and working together in the fight against cancer. Each year, FirstHealth holds various events to share stories of hope and to connect people with vital resources in the Sandhills.

### Cancer Survivors Day Picnic

Cancer affects one in three people in the United States. Nearly 17 million people are living with and beyond cancer in the country, and there are more than 43 million cancer survivors around the world.

In June, the FirstHealth cancer care team joined survivors and their families for a picnic at Cannon Park in Pinehurst to celebrate the 35th annual National Cancer Survivors Day. After two years of virtual and hybrid events, we were thrilled to again host an in-person event and cheer on former patients.

General surgeon Raymond Washington, M.D., of Pinehurst Surgical Clinic and radiation oncologist Sushma Patel, M.D., co-medical directors of the FirstHealth Cancer Center spoke and provided updates on the construction of the comprehensive cancer center. Despite a little rain, attendees enjoyed sharing a meal together and spreading a message of hope.



Scheduled to open in early 2023, the FirstHealth Cancer Center will have spaces for diagnosis, treatment and recovery, all under one roof. A section of the center will be dedicated to patient and caregiver wellness and will include a healing garden, spaces for support group meetings and an exercise area for patients.

## Shine a Light on Lung Cancer

FirstHealth is proud to take part in Shine a Light on Lung Cancer, the largest coordinated lung cancer awareness program in the United States. Lung cancer is the leading cause of cancer death in the United States and in North Carolina. Each year, more people die from lung cancer than the combined number of people with colon, breast and prostate cancers.

During Lung Cancer Awareness Month in November, the Shine a Light program educates, connects and celebrates the lung cancer community while raising awareness about the disease. FirstHealth hosted its 2022 event at the Clara McLean House. Advanced bronchoscopist Michael Pritchett, D.O., MPH, shared messages about lung cancer care and music therapist Rachel Shell celebrated survivors with song.



## Cancer CARE Fund

Established in 2000, the Cancer CARE Fund was the first of the Foundation of FirstHealth's Community CARE (Clinical, Advocacy, Resources, Education) Funds. Each of these Funds provides support, hope and safe travel for patients and their families.

This past year, the Cancer CARE Fund provided assistance to 600 patients with more than 25 types of cancer from 23

counties in North and South Carolina. With this assistance, these patients were able to overcome common barriers to timely and appropriate care.

Donations to the Cancer CARE Fund can help patients with treatment-related expenses, including medication co-payments, medical equipment and supplies and transportation costs.

# FirstHealth Cancer Program Committee

## Designated Physicians

---

**Jeffery Acker, M.D. – Chair**  
Radiation Oncology

**Joseph Allen, M.D.**  
Radiology

**Dan Barnes, D.O.**  
Administration

**Megan DiFurio, M.D.**  
Pathology

**Soledad Griffin, M.D.**  
Radiology

**Laura Hanson, M.D.**  
Medical Oncology

**Joshua Jeanty, M.D.**  
Pathology

**Stephen King, M.D.**  
Radiation Oncology

**Cliff Kitchens, M.D.**  
Thoracic Surgery

**Charles Kuzma, M.D.**  
Medical Oncology

**Sushma Patel, M.D.**  
Radiation Oncology

**Robert Pohlmeier, M.D.**  
Medical Oncology

**Michael Pritchett, D.O.**  
Pulmonology

**Thomas Richard, M.D.**  
Medical Oncology

**Bailey Sanders, M.D. –  
Co-chair**  
Cancer Liaison Physician

**Michael Sundborg, M.D.**  
Gynecology Oncology

**Reid Vegeler, M.D.**  
Colorectal Surgery

## Designated Non-Physicians

---

**Wanda Avetta**  
Quality Improvement  
Coordinator

**Barry Baber, R.N.**  
Oncology Nursing

**Susan Bazinet, R.N., MSN,  
FNP**  
Genetics Program

**David Botnick, DPT**  
Rehabilitation

**Jill Botnick, PT**  
Rehabilitation

**Stephanie Cain, R.N.**  
Nurse Navigator

**Ashley Carpenter, R.D., LDN**  
Nutritionist

**Kim Cobb, R.N.**  
Lung Nurse Navigator

**Roxanne Elliott**  
Community Outreach  
Coordinator

**Tiffany Fountain**  
American Cancer Society

**Taylor Galford, R.N.**  
Gynecological Oncology

**Lisa Ganem, RTR**  
Cancer Registrar  
Cancer Registry Quality  
Coordinator

**Tyler Gasvoda**  
Corporate Education

**Rachel Gayles, CTR**  
Cancer Registry

**Lisa Hogan**  
Clinical Data Coordinator

**Paige Howard, CTR**  
Cancer Conference  
Coordinator

**Rev. Dr. Beverly Jessup**  
Pastoral Care

**Deana Kearns, R.N.**  
Corporate Education

**Gretchen Kelly**  
Corporate Communications

**Dyane Krupp**  
Corporate Education

**Laura Kuzma, MSW**  
Administrative Director,  
Oncology Services  
Survivorship Program  
Coordinator

**Lynn Lanier, R.N.**  
Breast Nurse Navigator  
**Tara Ledford**  
Corporate Communications

**Robin Lynn, LCSW**  
Palliative Care

**Adara Maness, PA-C**  
Gynecologic Oncology

**Pam Mason, R.N.**  
Clinical Trials Coordinator

**Brittany McArn**  
Financial Navigator

**Cindy McDuffie, R.D.**  
Nutritionist

**Nikki McLendon, CTR**  
Cancer Conference  
Coordinator

**Kimberly McNeill, R.N.**  
Nurse Navigator

**Thomas Morris, RPh**  
Pharmacy

**Harleigh Quick, MMSc, CGC**  
Genetics Counselor

**Denise Ramsey**  
Provider Quality Coordinator

**Heidi Regan, R.N.**  
Quality Improvement  
Coordinator

**Jessica Renfrew**  
Oncology Office Manager

**Christy Romine, R.N.**  
Radiation Oncology Nursing

**Carolyn Ryner, R.N.**  
Oncology Nursing

**Linda Stout**  
Community Outreach  
Coordinator

**Fallon Wade**  
Financial Navigator

**Jennifer Wellman, R.N.**  
Nurse Navigator

**Alicia Wilkerson**  
Clinical Date Coordinator

**Julie Williams, Ph.D.**  
Clinical Trials Coordinator

**Deborah Yarborough, BSW**  
Psychosocial Distress

**Steven Zoellner, M.D.**  
Reconstructive Surgery

# Cancer Registry: By the Numbers

## Quality Measures

The Commission on Cancer Accreditation is the gold standard for cancer programs, defining practices and programs deemed to be necessary for optimal patient outcomes. FirstHealth of the Carolinas has been continuously accredited by the Commission on Cancer since 1995 and is committed to the high standard of quality for this accreditation.

One gauge of quality is the Cancer Program Practice Profile Reports. FirstHealth is measured as well as compared to other Commission on Cancer facilities. We are proud to meet the percentages for the selected measures as well as trend higher than all Commission on Cancer facilities in North Carolina.

## 2020 Data: Commission on Cancer Practice Program Profile Reports

(2020 is most recent data available)

Cancer	Select Measures	Measure	All CoC Programs	NC	FHC
GI	<b>Select Measures-Colon</b> At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement)	12RLN	94%	94%	94%
	<b>Select Measures-Rectum</b> Margin is greater than 1 mm from the tumor to the inked resection margin for Rectal Resections	RCRM	90%	88%	100%
	Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or Postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer (Quality Improvement)	RECRTCT	89%	92%	100%
Lung	<b>Select Measures</b> Systemic chemotherapy administered or recommended for pre or postoperatively resected NSCLC	LCT	91%	94%	100%
Breast	<b>Select Measures</b> Breast surgery is performed within 60 days of diagnosis for patients with AJCC Clinical Stage I-III breast cancer	BCSdx	83%	88%	96%
	Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer (Accountability)	BCSRT	91%	91%	94%
	Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0, or stage IB - III hormone receptor negative breast cancer (Accountability)	MAC	94%	96%	100%

# Cancer Registry: By the Numbers *Continued*

## Diagnosis by Vital Status, Gender, Class and Stage - SEER Diagnostic Groups

(2020 is most recent data available)

Diagnostic Site	Vital Status		Class Case		Gender		STAGE (Analytic Cases)							Total	% Total
	Alive	Dead	ANA	NON	M	F	0	I	II	III	IV	NA	Unk		
Oral Cavity, Pharynx	22	4	26	0	21	5	0	7	3	3	7	3	3	26	1.69
Lip	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Tongue	4	0	4	0	4	0	0	1	0	1	2	0	0	4	0.26
Salivary Gland	1	0	1	0	1	0	0	0	0	0	0	0	1	1	0.06
Floor Of Mouth	1	0	1	0	1	0	0	0	0	0	1	0	0	1	0.06
Gum, Other Mouth	2	0	2	0	0	2	0	0	0	0	1	0	1	2	0.13
Tonsil	6	1	7	0	6	1	0	4	1	1	0	1	0	7	0.45
Nasopharynx	1	0	1	0	0	1	0	1	0	0	0	0	0	1	0.06
Oropharynx	3	2	5	0	4	1	0	1	2	0	1	0	1	5	0.32
Hypopharynx	3	1	4	0	4	0	0	0	0	1	2	1	0	4	0.26
Other Oral Cavity And Pharynx	1	0	1	0	1	0	0	0	0	0	0	1	0	1	0.06
<b>Digestive System</b>	<b>119</b>	<b>117</b>	<b>236</b>	<b>0</b>	<b>136</b>	<b>100</b>	<b>1</b>	<b>26</b>	<b>31</b>	<b>57</b>	<b>74</b>	<b>6</b>	<b>41</b>	<b>236</b>	<b>15.31</b>
Esophagus	7	12	19	0	16	3	0	0	0	8	5	1	5	19	1.23
Stomach	3	13	16	0	13	3	0	3	2	2	5	0	4	16	1.04
Small Intestine	4	4	8	0	4	4	0	0	0	1	2	2	3	8	0.52
Colon, Rectum, Anus	86	35	121	0	66	55	1	16	22	39	27	0	16	121	7.85
Colon Excluding Rectum	52	26	78	0	41	37	1	12	14	24	18	0	9	78	5.06
Cecum	7	5	12	0	6	6	1	2	1	3	3	0	2	12	0.78
Appendix	2	0	2	0	2	0	0	0	1	1	0	0	0	2	0.13
Ascending Colon	16	6	22	0	8	14	0	4	7	8	2	0	1	22	1.43
Hepatic Flexure	2	1	3	0	2	1	0	0	1	1	0	0	1	3	0.19
Transverse Colon	7	5	12	0	7	5	0	3	2	2	4	0	1	12	0.78
Splenic Flexure	1	0	1	0	1	0	0	0	0	0	0	0	1	1	0.06
Descending Colon	3	0	3	0	3	0	0	2	1	0	0	0	0	3	0.19
Sigmoid Colon	13	6	19	0	10	9	0	1	1	9	6	0	2	19	1.23
Large Intestine, NOS	1	3	4	0	2	2	0	0	0	3	0	0	1	4	0.26
Rectosigmoid, Rectum, Anus	34	9	43	0	25	18	0	4	8	15	9	0	7	43	2.79
Rectosigmoid Junction	7	0	7	0	5	2	0	1	0	4	1	0	1	7	0.45
Rectum	19	8	27	0	16	11	0	2	3	8	8	0	6	27	1.75
Anus, Anal Canal, Anorectum	8	1	9	0	4	5	0	1	5	3	0	0	0	9	0.58
Liver, Gallbladder, Intrahep Bile Duct	9	17	26	0	11	15	0	3	3	1	7	3	9	26	1.69
Liver	6	5	11	0	6	5	0	2	3	0	2	0	4	11	0.71
Gallbladder	0	4	4	0	0	4	0	0	0	0	4	0	0	4	0.26
Intrahepatic Bile Duct	2	4	6	0	2	4	0	1	0	1	0	3	1	6	0.39
Other Biliary	1	4	5	0	3	2	0	0	0	0	1	0	4	5	0.32
Pancreas	10	36	46	0	26	20	0	4	4	6	28	0	4	46	2.99
Retroperitoneum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Peritoneum, Omentum, Mesentery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Other Digestive Organs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00



# Cancer Registry: By the Numbers *Continued*

Diagnostic Site	Vital Status		Class Case		Gender		STAGE (Analytic Cases)							Total	% Total
	Alive	Dead	ANA	NON	M	F	0	I	II	III	IV	NA	Unk		
<b>Respiratory System</b>	155	157	312	0	164	148	0	115	32	51	90	11	13	312	20.25
Nose, Nasal Cavity,															
Middle Ear	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Larynx	8	6	14	0	11	3	0	3	4	3	3	0	1	14	0.91
Pleura	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Lung And Bronchus	147	151	298	0	153	145	0	112	28	48	87	11	12	298	19.34
Non-Small Cell	131	99	230	0	114	116	0	104	23	32	53	10	8	230	14.93
Small Cell	11	34	45	0	22	23	0	2	4	13	26	0	0	45	2.92
Other Lung	5	18	23	0	17	6	0	6	1	3	8	1	4	23	1.49
Trachea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Mediastinum, Other Resp.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Bones, Joints</b>	2	0	2	0	1	1	0	0	0	0	0	2	0	2	0.13
<b>Soft Tissue Including Heart</b>	10	5	15	0	9	6	0	1	0	1	2	5	6	15	0.97
<b>Skin</b>	15	1	16	0	8	8	0	3	3	1	3	2	4	16	1.04
Skin: Melanoma	12	1	13	0	8	5	0	3	3	1	3	0	3	13	0.84
Skin: Other Non-Epithelial	3	0	3	0	0	3	0	0	0	0	0	2	1	3	0.19
Epithelial Skin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Breast</b>	254	13	267	0	1	266	16	157	42	16	9	3	24	267	17.33
Female Breast	253	13	266	0	0	266	16	157	41	16	9	3	24	266	17.26
Male Breast	1	0	1	0	1	0	0	0	1	0	0	0	0	1	0.06
<b>Female Genital System</b>	88	13	101	0	0	101	0	50	7	18	11	4	11	101	6.55
Cervix Uteri	9	1	10	0	0	10	0	6	1	2	1	0	0	10	0.65
Corpus, Uterus: NOS	46	7	53	0	0	53	0	35	3	6	5	0	4	53	3.44
Corpus Uteri	46	7	53	0	0	53	0	35	3	6	5	0	4	53	3.44
Uterus: NOS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Ovary	20	1	21	0	0	21	0	8	2	7	1	0	3	21	1.36
Vagina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Vulva	5	1	6	0	0	6	0	1	1	0	2	0	2	6	0.39
Other Female Genital Organs	8	3	11	0	0	11	0	0	0	3	2	4	2	11	0.71
<b>Male Genital System</b>	131	10	141	0	141	0	0	10	66	47	11	0	7	141	9.15
Prostate	129	10	139	0	139	0	0	8	66	47	11	0	7	139	9.02
Testis	2	0	2	0	2	0	0	2	0	0	0	0	0	2	0.13
Penis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Other Male Genital Organs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Urinary System</b>	110	24	134	0	87	47	38	34	15	13	11	1	22	134	8.70
Urinary Bladder	66	15	81	0	57	24	37	9	12	6	3	0	14	81	5.26
Kidney	40	7	47	0	25	22	0	25	3	6	6	0	7	47	3.05
Renal Pelvis	2	2	4	0	4	0	0	0	0	1	2	0	1	4	0.26
Ureter	1	0	1	0	1	0	1	0	0	0	0	0	0	1	0.06
Other Urinary Organs	1	0	1	0	0	1	0	0	0	0	0	1	0	1	0.06

# Cancer Registry: By the Numbers *Continued*

Diagnostic Site	Vital Status		Class Case		Gender		STAGE (Analytic Cases)							Total	% Total	
	Alive	Dead	ANA	NON	M	F	0	I	II	III	IV	NA	Unk			
Eye, Orbit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Eye, Orbit: Non-Melanoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Eye, Orbit: Melanoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
<b>Brain, Other Nervous System</b>	<b>44</b>	<b>10</b>	<b>54</b>	<b>0</b>	<b>20</b>	<b>34</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>54</b>	<b>0</b>	<b>54</b>	<b>3.50</b>	
Brain: Malignant Cranial Nerves, Other Nervous System	1	8	9	0	5	4	0	0	0	0	0	9	0	9	0.58	
Brain-CNS: Benign, Borderline	2	0	2	0	1	1	0	0	0	0	0	2	0	2	0.13	
Brain-CNS: Benign, Borderline	41	2	43	0	14	29	0	0	0	0	0	43	0	43	2.79	
<b>Endocrine System</b>	<b>51</b>	<b>1</b>	<b>52</b>	<b>0</b>	<b>16</b>	<b>36</b>	<b>0</b>	<b>26</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>15</b>	<b>6</b>	<b>52</b>	<b>3.37</b>	
Thyroid	34	1	35	0	9	26	0	26	3	1	0	0	5	35	2.27	
Thymus	1	0	1	0	1	0	0	0	0	0	1	0	0	1	0.06	
Adrenal Gland	1	0	1	0	0	1	0	0	0	0	0	0	1	1	0.06	
Other Endocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	
Endocrine: Benign, Borderline	15	0	15	0	6	9	0	0	0	0	0	15	0	15	0.97	
<b>Lymphoma</b>	<b>39</b>	<b>12</b>	<b>51</b>	<b>0</b>	<b>30</b>	<b>21</b>	<b>0</b>	<b>7</b>	<b>8</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>14</b>	<b>51</b>	<b>3.31</b>	
Hodgkin Lymphoma	1	0	1	0	0	1	0	0	1	0	0	0	0	1	0.06	
Hodgkin - Nodal	1	0	1	0	0	1	0	0	1	0	0	0	0	1	0.06	
Hodgkin - Extranodal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	
Non-Hodgkin Lymphoma	38	12	50	0	30	20	0	7	7	11	10	1	14	50	3.24	
NHL - Nodal	29	8	37	0	22	15	0	4	5	11	5	0	12	37	2.40	
NHL - Extranodal	9	4	13	0	8	5	0	3	2	0	5	1	2	13	0.84	
<b>Myeloma</b>	<b>23</b>	<b>7</b>	<b>30</b>	<b>0</b>	<b>14</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>1.95</b>	
<b>Leukemia</b>	<b>32</b>	<b>9</b>	<b>41</b>	<b>0</b>	<b>23</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>22</b>	<b>14</b>	<b>41</b>	<b>2.66</b>	
Lymphocytic Leukemia	19	1	20	0	10	10	0	0	0	0	4	2	14	20	1.30	
Acute Lymphocytic Leukemia	1	0	1	0	0	1	0	0	0	0	0	1	0	1	0.06	
Chronic Lymphocytic Leukemia	17	1	18	0	10	8	0	0	0	0	4	0	14	18	1.17	
Other Lymphocytic Leukemia	1	0	1	0	0	1	0	0	0	0	0	1	0	1	0.06	
Non-Lymphocytic Leukemia	12	6	18	0	11	7	0	0	0	0	0	18	0	18	1.17	
Acute Myeloid Leukemia	6	3	9	0	5	4	0	0	0	0	0	9	0	9	0.58	
Acute Monocytic Leukemia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	
Chronic Myeloid Leukemia	6	2	8	0	5	3	0	0	0	0	0	8	0	8	0.52	
Other Myeloid-Monocytic Leukemia	0	1	1	0	1	0	0	0	0	0	0	1	0	1	0.06	
Other Leukemia	1	2	3	0	2	1	0	0	0	0	1	2	0	3	0.19	
Other Acute Leukemia, Aleukemic, Subleukemic, NOS	0	1	1	0	1	0	0	0	0	0	0	1	0	1	0.06	
Other Acute Leukemia, Aleukemic, Subleukemic, NOS	1	1	2	0	1	1	0	0	0	0	1	1	0	2	0.13	

# Cancer Registry: By the Numbers *Continued*

Diagnostic Site	Vital Status		Class Case		Gender		STAGE (Analytic Cases)								Total	% Total
	Dead	ANA	NON		M	F	0	I	II	III	IV	NA	Unk			
Mesothelioma	1	1	2	0	1	1	0	0	0	0	1	1	0	2	0.13	
Kaposi Sarcoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	
Miscellaneous	40	21	61	0	28	33	0	0	0	0	0	61	0	61	3.96	
Other: Benign, Borderline	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00	
<b>Totals</b>	<b>1136</b>	<b>405</b>	<b>1541</b>	<b>0</b>	<b>700</b>	<b>841</b>	<b>55</b>	<b>436</b>	<b>210</b>	<b>219</b>	<b>235</b>	<b>221</b>	<b>165</b>	<b>1541</b>	<b>100.00</b>	

## Diagnosis by Vital Status, Gender, Class and Stage - SEER Diagnostic Groups

This spreadsheet provides diagnostic frequencies for Vital Status, Class of Case, Gender, and Stage, grouped according to the diagnostic categories of the SEER Re-code system.

Stage at diagnosis is determined from OncoLog's "Dominant Stage" (equivalent to CoC "Best Stage"). Dominant stage is the same as AJCC pathologic stage when a value between 0 and 4 is available. Otherwise it is determined from the recorded AJCC clinical stage.

### Case Exclusion Rules

Cases will be rejected if they have errors or omissions of Class of Case, Vital Status, Sex, ICD-O Site Code, or ICD-O Histology Code.

Case selection rules for Class of Case and Histology Behavior Code can be assigned by the user at run time. If the Class of Case filter is used, cases with errors or omissions in this field will be excluded from the presentation report but listed in the errors/omissions QA report.

### In keeping standard practice (NCI, CCOP, CoC), the report also optionally excludes the following:

- (1) Benign and borderline tumors;
- (2) Carcinoma in-situ of the cervix;
- (3) Intra-epithelial neoplasia;
- (4) Basal and squamous cell skin cancers.

### Gather Instructions:

This report is compatible with virtually any group of patients selected by filtering or by Gather instructions, however it is customary to select patients based on Date of Diagnosis falling within a defined calendar year (e.g. 01/01/2010 to 12/31/2010).

### Multi-Facility

Cases that are shared by more than one facility are counted just once in this report.

**First**Health  
OF THE CAROLINAS

---