

Jack C. Montgomery VA Medical Center

Cancer Program

2012 Annual Report

Journey to Curing Cancer

—
One Veteran at a Time



VA
HEALTH
CARE | Defining
EXCELLENCE
in the 21st Century

2012 Cancer Committee

James Smith, MD (Chair)
Chief of Surgery, Specialty Oncology

Bonnie Folkerts, MS RHIT
Cancer Program Manager

Vijay Aggarwal, MD
Chief of Radiology/Nuclear Medicine

Atulkumar Dave, MD
Medical Oncology

Dusti Johns, LCSW
*Oncology/Hospice/Palliative
Care Social Work Service*

Laurence Kandel, MD
Urology

Forrest Kirk, PhD, LADC, BCC
Chief of Chaplaincy

Manjula Krishnamurthi, MD
Medical Oncology

Tracy Guara, BJ
American Cancer Society

Cindy Smith, PharmD
Pharmacy

Glenda Mayfield, BA
Cancer Registry

Neal Mask, MD
Pulmonologist

Andrea Mosteller, BSN, RN, C ONC
Oncology Nurse Manager

Judy Walker, RHIT, CTR
Cancer Registrar

Joyce Sparks, RN BSN
Oncology Case Management

Richard Leroy Opp
Community Representative

Alicia Irvin, PhD
Psychology - Hospice/Palliative Care/GEC

Jared Benge, Ph.D. ABPP
Research and Development

Susie Hartsell, RN BSN
Women's Veterans Coordinator

Leslea Jernigan, RN BSN
Quality & Performance Improvement

David Potts, MD
Chief of Laboratory/Pathology

Thomas Schneider, DO
Chief of Medicine

Katrina Wafford, CSG RD/LD
Nutrition Service

**Pamela Hamrick, ARNP-CPN, FNP,
MS**
*Health Promotion Disease Prevention
Program Manager*

Executive Team

James R. Floyd, FACHE
Medical Center Director

Bryan C. Matthews, MBA
Associate Director

James Smith, MD
Acting Chief of Staff

Bonnie Pierce, MSN, RN
*Associate Director – Patient Care
Service*

The 2012 Annual Report describes the full spectrum of Cancer Services provided by the Jack C. Montgomery VA Medical Center (JCMVAMC). This report includes a statistical review of all cancer cases diagnosed and/or treated during 2011. Everyone involved in our Cancer Program strives to provide the highest quality of care to the patients we serve. The facility is accredited by the Joint Commission on Accreditation of Healthcare Organizations.

On January 1, 2011, the Cancer Program at the Jack C. Montgomery VA Medical Center entered its 7th year of existence as an organized program. The goal of the formal Cancer Program was to obtain accreditation through the American College of Surgeons Commission on Cancer which was completed when our facility received a full three-year accreditation with six commendations in August of 2010. The next survey will be in 2013 and at that time, the facility will be surveyed on the 2012 Cancer Program Standards.

The Cancer Program continues their hard work with focus shifting to creating a more comprehensive cancer center that is totally patient centric. In creating this center, we are using the Patient Aligned Care Team (PACT) as a model for the design and implementation.

To obtain this goal, the program has expanded the membership and roles of the Cancer Committee to include additional representatives including psychology and the American Cancer Society. New to 2012 is the inclusion of a Community Representative.

The committee meets quarterly and its deliberations are recorded in minutes distributed via the JCMVAMC Intranet and available to staff throughout the facility.

The Jack C. Montgomery VA Medical Center in Muskogee, OK resides in the heart of "Green Country" and is part of the Department of Veterans Affairs Healthcare System and one of ten facilities in VISN (Veterans Integrated Service Network) 16. The medical center is comprised of a 96-bed hospital. The medical center provides service to over 145,000 Veterans in 26 counties in eastern Oklahoma. The Veterans have a heavy disease burden with multiple diagnoses.

JCMVAMC is comprised of a hospital, which provides primary and secondary levels of inpatient medical and surgical care, and three community-based outpatient clinics (CBOCs) that provide medicine, surgery, mental health, rehabilitation, and social services.

In early 2012, Jack C. Montgomery VA Medical Center received the designation of a Level II Complexity facility. Because of this achievement, we will be able to provide more complex procedures here rather than sending patients to other facilities. However, as part of South Central VA Healthcare Network (SCVAHCN), we will continue to have access to nine sister facilities for referral.



Message from the Cancer Committee Chair

James W. Smith, M.D.

"As the Chairman of the Cancer Committee, it has been a pleasure seeing the growth of the program for the past four years. The Committee seeks process improvement, and the numerous process improvements implemented in 2011 have been a tribute to the team. I would like to personally thank the Committee for their efforts in making the Cancer Program at the JCMVAMC one of the best! Please take a moment to peruse this annual report and see the outstanding work this complex team has accomplished. Thank you for making 2011 a productive and memorable experience."

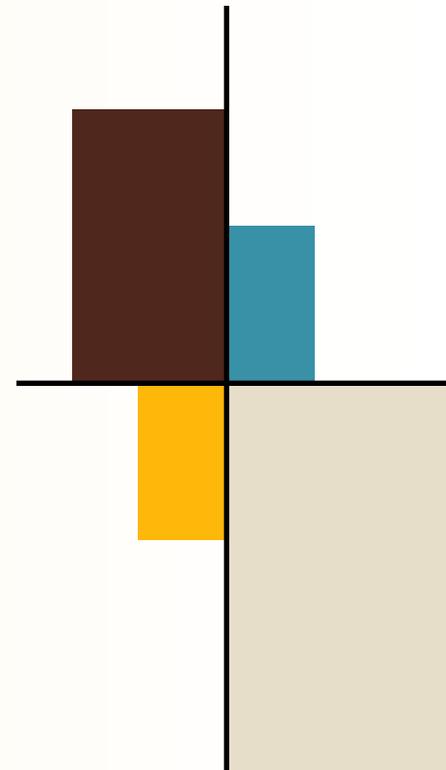
Mission Statement: To be of service to our patients and their loved ones, giving the best possible medical care with empathy at all times.

Vision Statement: To prevent cancer, to diagnose cancer at an early stage, and to provide the most advanced multidisciplinary cancer treatment and rehabilitation.

Cancer Prevention: Seventy percent of cancer cases are avoidable if diet and lifestyle is modified. At the Jack C. Montgomery VAMC, patient education is performed extensively by our physicians and nurses in the Primary Care Clinics.

Provide public education programs on prevention, early detection and risk reduction: Prevention and early detection programs such as smoking cessation, MOVE program and stress management are presented on an ongoing basis.

Provide educational activities for the interdisciplinary team through cancer conferences, Journal Club, Grand Rounds, Medical Staff Meetings, and SharePoint site: Weekly cancer conferences/tumor boards continue to be well attended by physicians representing a wide range of specialties. Grand Rounds and Journal Club are held regularly with a diverse representation of staff members. In addition, educational information presented at these meetings is uploaded onto the Cancer Committee SharePoint site. These activities are available to everyone and provide a wide range of educational venues for all of our staff.



Introducing your Cancer Center Staff...

Medical Oncology

Manjula Krishnamurthi, M.D.

Dr. Krishnamurthi, better known as Dr. K by her patients, has been with Jack C. Montgomery VA Medical Center since 1991. She attended medical school in Madras, India, and obtained post-graduate training in several centers in Madras with resident training in Pediatrics and Neurology. In 1988, Dr. Krishnamurthi began residency training at Johns Hopkins University in Baltimore, MD, and at the University of Oklahoma College of Medicine in Tulsa, OK, where she obtained her Fellowship in Oncology and continues to be an Assistant Professor of Medicine. Dr. Krishnamurthi is Board Certified in Oncology and in Internal Medicine.



Atul Kumar Dave, M.D.

Dr. Dave joined the staff at Jack C. Montgomery VA Medical Center in 2007. Prior to this, Dr. Dave served as team member at the Cancer Treatment Centers of America and Cancer Specialists, Inc., both in Tulsa, OK. Dr. Dave attended the H&HB Kotak Science College, D.K.V. Science College and M.P. Shah Medical College in Gujarat, India. He received his post-graduate training in Hematology/Oncology at the Allegheny University of Health Sciences in Philadelphia, PA, where he also served as the Assistant Professor of Hematology/Oncology from 1997-1999. Dr. Dave also completed his residency in Internal Medicine at the Kingsbrook Jewish Medical Center in Brooklyn, NY. Dr. Dave is Board Certified in Oncology, Hematology and Internal Medicine.

Chemotherapy/Infusion Clinic

The Oncology/Chemotherapy Nursing unit experienced several changes during 2011. In December 2011, Cathy Stinnett, RN, BSN, OCN retired after ten years of service to our Veterans. In Early 2012, Andrea Mosteller, BSN, RN, C OCN stepped down as the Nurse Manager of Oncology after three years on the unit. Serving as Acting Nurse Manager is Jere Shear, RN.

2011 Chemotherapy/Infusion Clinic Staff



Left to Right:

Dianne Presley, Cathy Stinnett, Debbie Boyattia, Andrea Mosteller

Andrea Mosteller, BSN, RN, C OCN

Ms. Mosteller received her Bachelor of Nursing in 2008 from Oklahoma Wesleyan University. Ms. Mosteller obtained her National Oncology Certified Nurse in 2009. She has been working as an Oncology Nurse for over a decade. Andrea has been with the VA for over three years and shared her time between Oncology and the Hospice/Palliative Care unit. Though she is no longer the Nurse Manager, she keeps in close contact with the Veterans as they go through their journey with their disease process. Her love for oncology and the Veterans is something that she keeps close to her heart.



Left to Right: Dianne Presley, Debbie Boyattia, and Julie Hanselman

Debbie Boyattia, BSN, RN

Debbie Boyattia received her Associate Degree of Science in Nursing from Connors State College in 2001, and her Bachelor of Science in Nursing from Oklahoma Wesleyan University in 2007. She came to Jack C. Montgomery Medical Center in February of 2002 as a nurse on the In-Patient Medical/Surgical floor. In 2005, she joined the staff of the Outpatient Chemotherapy/Infusion Clinic. Ms. Boyattia holds a current ONS Certificate for Biotherapy/Chemotherapy administration. Debbie has received several "Good Catch" awards during her employment with the VA Medical Center and was also voted "Patriot of the Month" in 2007. Ms. Boyattia has served on the PICC Team, Career Development/Retention Committee, Black Emphasis Committee and the Nurse Professional Standards Board.

Dianne Presley, RN, OCN

Dianne Presley received her Associates of Nursing in 1997 through Connors State College. Ms. Presley obtained her OCN certification in 2009. Dianne joined the staff at Jack C. Montgomery VA Medical Center in October 2006 as a staff nurse for the Chemotherapy/Infusion Clinic. Prior to joining the VA, Dianne was employed at St. Francis Hospital in Tulsa as a clinical nurse in their Oncology/Medical and Bone Marrow Transplant Unit for ten years. In 2012, Dianne received the honor of being nominated by one of her patients for Nurse of the Year in CURE Magazine.

Julie Hanselman, RN, CERN

Julie Hanselman received her Associate Degree in Nursing at Tulsa Community College in 2005. She began working as a cardiovascular nurse at St. Francis CICU in 2006. During that time she completed her Bachelor in Nursing at OU-Schusterman in 2009. She began working at the Jack C. Montgomery VAMC ICU in 2011 and in 2012 began work in the Outpatient Chemotherapy Clinic. She has six months experience in Orthopedic nursing and has enjoyed working in nursing clinics at the Tulsa Day Center for the Homeless and in Northwest Haiti Christian Mission. Julie enjoys learning and is enthusiastic about working with chemotherapy patients.



Psychology

Alicia Irvin, PhD

Dr. Alicia Irvin is a psychologist with Jack C. Montgomery VAMC. Dr. Irvin earned her PhD in Counseling Psychology from Oklahoma State University in 2008, and her MS in Counseling Psychology from Northeastern State University in 2003. Dr. Irvin has been with the VA for two years. Currently, she is a psychologist for home-based primary care but assists hospice/palliative care. Dr. Irvin's primary areas of interest include working with geriatric populations, individuals with chronic and debilitating illnesses, and assessment of mental illness.



Cancer Case Manager

Joyce Sparks, BSN RN

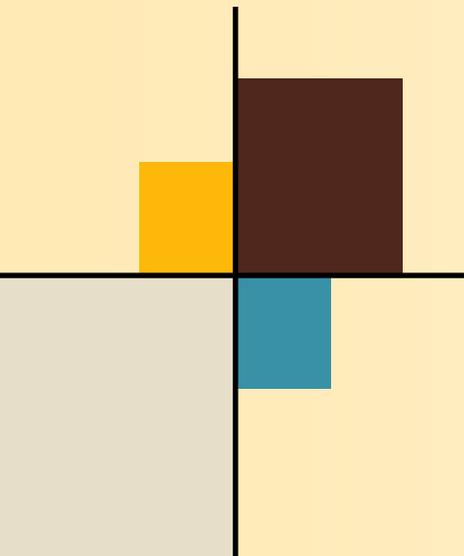
Joyce Sparks received her nursing degree in 1993 from Connors State College, then continued her education at Oklahoma Wesleyan, receiving her Bachelor in Nursing in 2002. She worked as a staff nurse, beginning her service in November 1990. Ms. Sparks has been with the VA for over 21 years. She spent seven years as a staff nurse, followed by ten years in ICU but has spent the last five years as a Case Manager, specializing in Oncology during the last three years.



Social Services

Dusti Johns, LCSW

Dusti Johns received her Bachelor of Social Work in 2005 from Northeastern State University and Master of Social Work in 2006 from University of Oklahoma. In addition, Dusti is currently working toward an Oncology certification (OSW-C). She has been with the VA for three years and shares her time between Oncology and the Hospice/Palliative Care unit. Although she has experience with mental health, community hospice, and acute rehabilitation, Dusti is eager to continue her work with Oncology and help build the psychosocial aspects of care for our Veterans and their family.



Cancer Program Manager

Bonnie Folkerts, MS RHJT

Bonnie Folkerts received her Associate of Science in Health Information Technology (2005) from Hutchinson Community College in Hutchinson, KS, her Bachelor degree in Technology Leadership (2009) and Master in Instructional Technology (2011) from Fort Hays State University in Hays, KS. Ms. Folkerts has worked in the healthcare field since 1988 in for-profit, non-profit and government hospitals (medical and psychiatric). Most recently, she served as the Director of Health Information Management at a psychiatric hospital in Kansas. Bonnie joined the VA in 2008 as a Cancer Registrar and accepted the position of Cancer Program Manager in 2011.



Cancer Registrars

Judy Walker, RHJT CTR

Judy Walker graduated from Connors State College in 1983, with an Associate in Science. Judy passed the exam for a Registered Health Information Technician (RHIT) in 1991, and Certified Tumor Registrar (CTR) in 2007. Ms. Walker has worked in the VA since November 2002. Prior to the VA, Judy worked at Muskogee Regional Medical Center for ten years as a medical records coder. Judy is an active member of the American Health Information Management Association (AHIMA) and the National Cancer Registrars Association (NCRA).

Glenda Mayfield, BA

Glenda Mayfield earned her Bachelor of Science in Business Management from the University of Phoenix. She is actively working toward becoming a Certified Tumor Registrar. Glenda has worked in for the VA for 4 years. Prior to that, she worked at Muskogee Regional Medical Center for 15 years as an admission registrar and cancer registrar. Glenda is a graduate of the 2012 EVAL class. Ms. Mayfield is active in the Black Emphasis Committee, Cancer Committee, Oklahoma Cancer Registrar's Association and the National Cancer Registrar Association.



Glenda Mayfield and Judy Walker

Cancer Conference/Tumor Board

The Cancer Conference (Tumor Board) meets weekly and consists of a multi-disciplinary team. This team discusses various cancer cases, including staging and treatment. All treatment recommendations follow appropriate national guidelines and this is noted on the consult report in the patient's chart.

The goal of this multidisciplinary team is to improve patient outcomes and provide education to the medical staff and other allied health professionals. Although the team requires specific participants, staff throughout the hospital are encouraged to attend these weekly conferences.

At the end of 2011, the Tumor Board had completed its second year of using the virtual teleconference equipment. This continues to be advantageous to our Veterans by allowing the Radiation Oncologist to visually participate in the discussion while viewing radiology exams and pathology slides. In addition, our providers have used this equipment to participate in Houston's specialized and general conferences.

In 2011, 44 conferences were held with 117 cases being presented, 98% of which were presented prospectively (115 cases). Staff members exceeded the minimum 90% attendance requirement as set forth in our policy.

The following are required participants and their compliance percentage:

2011 Attendance Compliance	
Medical Onc	100%
Radiology Onc	100%
Surgery	95%
Pathology	100%
Diagnostic Rad	100%
Tumor Registry	98%
Case Mgmt	98%
Social Services	98%

The frequency of the Cancer Conference was established in 2005 and is reviewed every year by the Cancer Committee and documented in the minutes. The current policy states the weekly conference format will remain facility wide and at least 10% of total number of analytic cases will be

presented each year. Of these cases, at least 80% should be presented prospectively*. These requirements meet the standards set by the American College of Surgeons Commission on Cancer (ACOS/CoC).

Percentage of analytic cases presented to Cancer Conference

Year	%
2005	52.4%
2006	46.6%
2007	38.3%
2008	21.4%
2009	35.4%
2010	39.5%
2011	27.1%

*According to the ACOS/CoC, “prospective” cases include:

- Previously diagnosed, initial treatment completed, but discussion of adjuvant treatment or treatment for recurrence or progression is needed.
- Previously diagnosed, and discussion of supportive or palliative care is needed.
- Newly diagnosed and treatment not yet initiated.
- Newly diagnosed and treatment not yet indicated.



Cancer Data Registry

The Cancer Data Registry plays a vital role in establishing and maintaining standards set by the American College of Surgeons for the Jack C. Montgomery VA Medical Center. The Cancer Registry manages an extensive data system that collects, analyzes and reports information on all cancer patients diagnosed and/or treated at this facility.

Data collection and lifetime follow-up on each cancer patient seen at the facility began in 2005. To date, our Registry contains more than 2,800 cases in the database and more than 2,000 are actively followed.

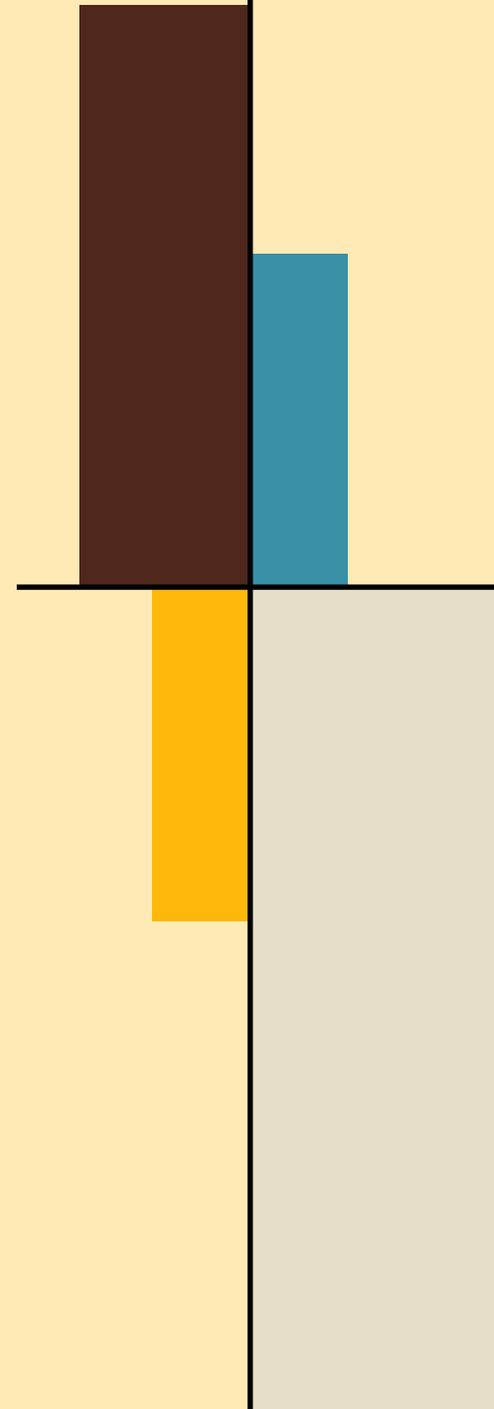
Each cancer site is staged on its own set of criteria based on the American Joint Commission on Cancer 7th Edition staging (AJCC). This staging system is an expression of the anatomic extent of disease and involves the assessment of three components:

- T – the extent of the primary tumor
- N – the absence, presence and extent of regional lymph node metastasis
- M – the absence or presence of distant metastasis.

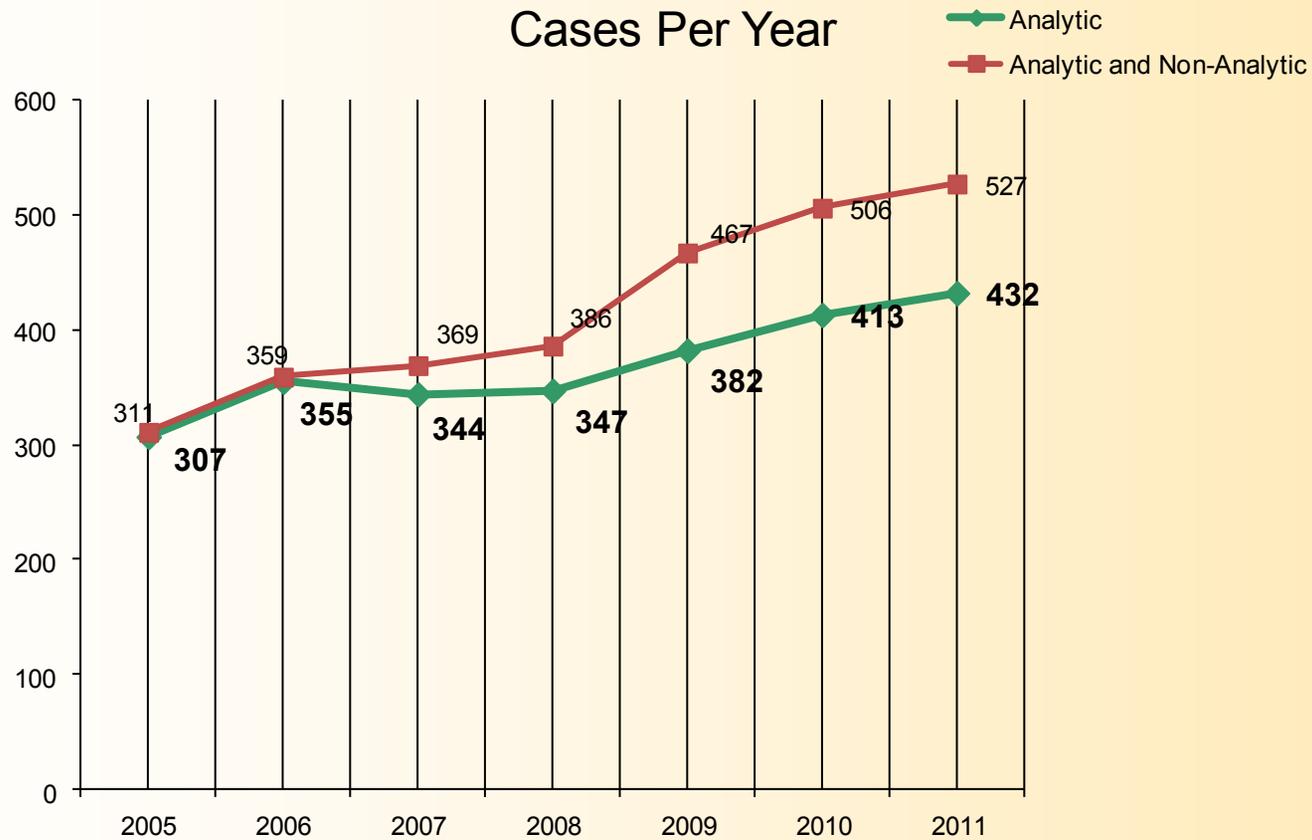
Documentation of staging is required by the American College of Surgeons for facilities accredited or pursuing accreditation by the Commission on Cancer (CoC) and must be coded in accordance with the International Classification of Disease for Oncology (ICD-O-3) system, the Facility Oncology Registry Data Standards and AJCC Staging manual. Other resources used are SEER Extent of Disease and College of American Pathologist cancer protocols.

The registrars abstract cases into the OncoTrax package. This abstract is a minimum of 15 pages summarizing the patient's information, including demographic, diagnostic, treatment and staging data. The data is entered through a series of nearly 200 questions that the registrars are required to input. Each case takes a minimum of 45 minutes to complete with more complex cases taking considerably more time.

The information entered into the registry is then available to be extracted and used to generate reports that offer valuable insight into the program in regard to statistics, quality control, cancer study and analysis, as well as provides data for annual data submissions to the National Cancer Data Base (NCDB).

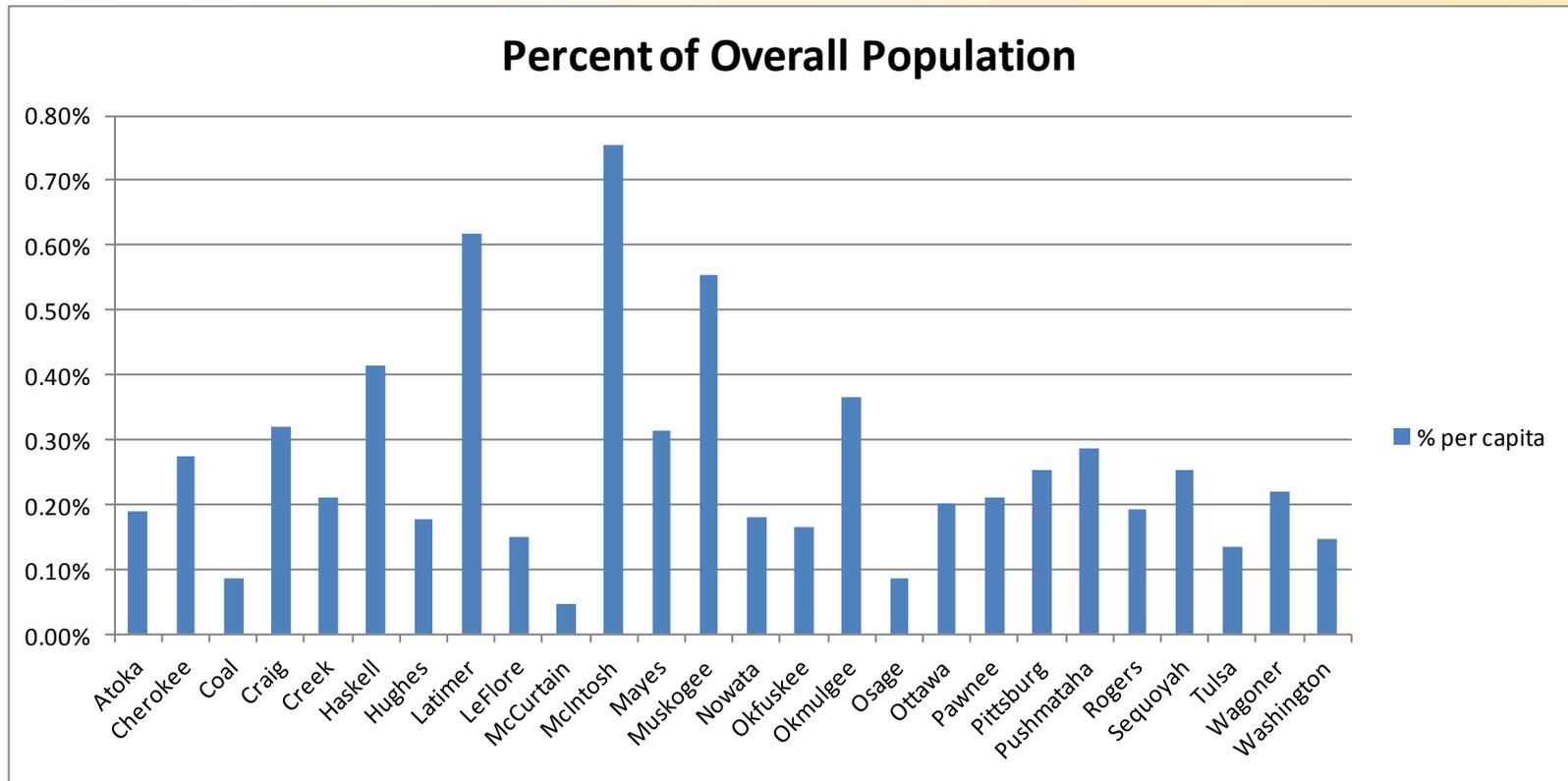


Review of statistics from the reference date (2005) through the end of 2011 show a 70% increase in both analytic* and non-analytic** cases.



*Analytic are cases that were first diagnosed and/or had the first course of treatment at JCMVAMC.

**Non-analytic cases are all other cancer cases and includes cases that are considered pre-cancerous but are accessioned at the request of VA Central Office.



As a Veteran-centered healthcare facility we are proud to serve 26 counties in Oklahoma. Of these 26 counties, 25 are considered rural or highly rural with Tulsa County counting as our only urban area. In order to provide a picture of our cancer patient population, the

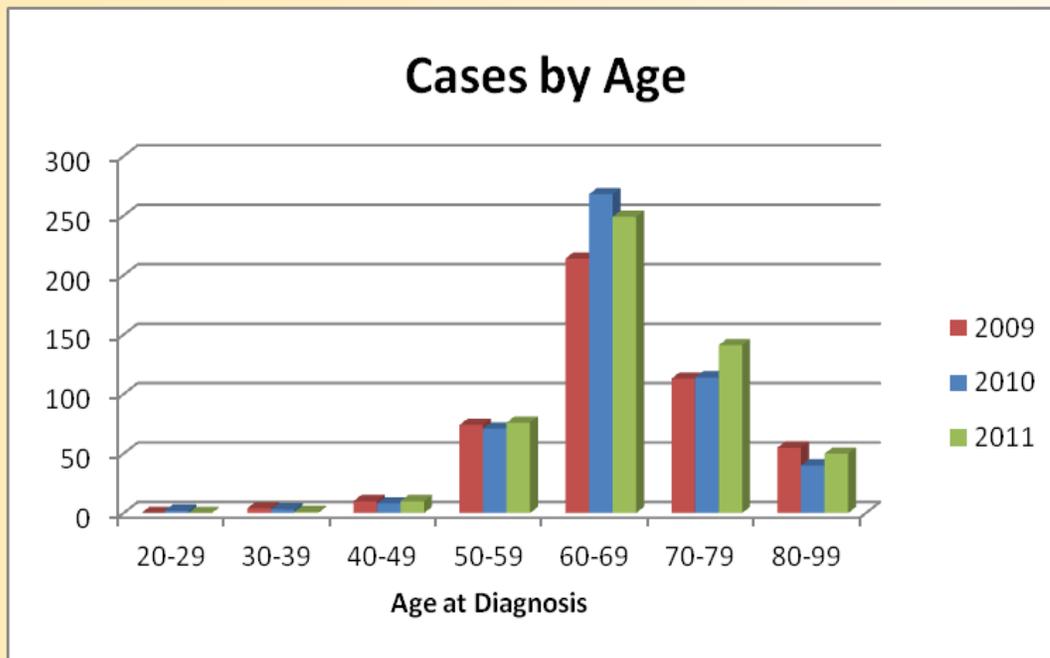
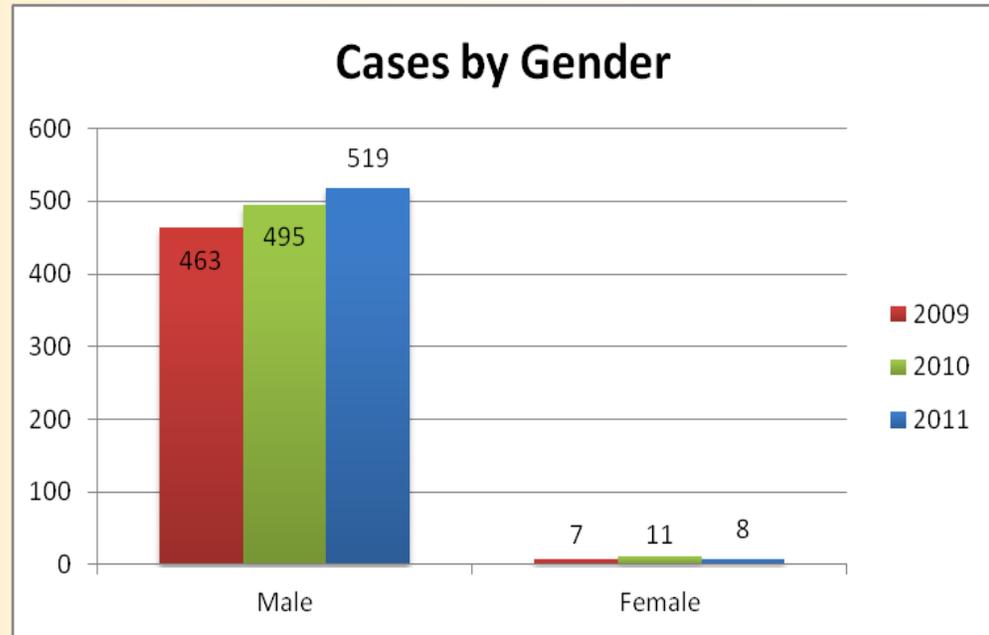
graph above shows each county and the percentage of overall the population (according to the 2010 US Census) that seek cancer care in our facility. Our Cancer Program is dedicated to providing excellent, accessible healthcare to all our Veterans.

Cancer Registry 2011 Statistical Analysis Table

		Cases	Gender		AJCC Stage at Diagnosis									
			M	F	O	I	II	III	IV	Unk	NA	Inc		
Oral Cavity/Pharynx	Tongue, Base	2	2	0			1	1						
	Tongue, Other, NOS	2	2	0			1	1						
	Gum	2	2	0	1	1								
	Floor of Mouth	3	3	0			1	2						
	Palate	1	1	0			1							
	Parotid Gland	2	2	0			1		1					
	Tonsil	4	4	0					3	1				
	Oropharynx	1	1	0		1								
	Digestive System	Esophagus	7	7	0		1	1	2	1	2			
Stomach		10	9	1		2	1	1	5	1				
Small Intestine		2	2	0			1		1					
Colon		29	29	0	3	6	7	7	5	1				
Rectosigmoid Junction		2	2	0			1	1						
Rectum		8	8	0		1	2	1	2	2				
Anus/Anal Canal		1	1	0				1						
Liver		11	11	0			1	2	4	2	2			
Pancreas		7	7	0		1		1	5					
Respiratory		Nasal Cav. Middle Ear	1	1	0					1				
	Larynx	13	12	1		4	4	2	3					
	Lung/Bronchus	98	97	1		17	7	20	40	12	2			
Skeletal	Bones/Joints/Articular	1	1	0							1			
Hematopoietic	Hematopoietic	30	29	1			1			2	27			
Skin/Subcutaneous Tissue	Skin	23	23	0	7	8	5	1		2				
	Retroperitoneum	1	1	0								1		
	Connective/Subcutaneous	3	3	0		1			2					
Breast	Breast	6	2	4	2		4							
Male Genital	Penis	1	1	0		1								
	Prostate Gland	199	199	0		27	97	10	4	60			1	
Urinary	Kidney	14	14	0		8	1	2	1	2				
	Bladder	23	23	0	15	2	1	1		4				
	Urinary Organs-Other	1	1	0		1								
Central Nervous System	Brain	1	1	0								1		
Glands	Thyroid Gland	9	9	0		3	1	4		1				
Lymph Nodes	Lymph Nodes	7	7	0			2	1		4				
Unknown	Unknown Primary Site	2	2	0								1	1	
		527	519	8	28	85	142	61	78	97	34	2		

FOLLOW-UP RATE FOR ALL PATIENTS (LIVING AND DEAD)		
Total patients from registry reference date (2005—current)	2898	100%
1. Less benign/borderline cases	2	
2. Less carcinoma in situ cervix cases	0	
3. Less in situ/localized basal and squamous cell carcinoma of skin cases.	0	
4. Less foreign residents	0	
5. Less non-analytic cases	300	
6. Less 2006+ Class of Case 00 cases	422	
SUBTOTAL CASES = ANALYTIC CASES	2174	100%
Class of Case 00-22		
1. Less number expired cases	938	43%
SUBTOTAL CASES = NUMBER LIVING	1236	57%
1. Less number current (known to be alive in the last 15 months)	1217	56%
TOTAL LOST TO FOLLOW UP OR NOT CURRENT	19	1%
* should be less than 20%		
NUMBER SUCCESSFUL FOLLOW-UP CURRENCY (ALL PATIENTS)	2155	99%
**should be at least or greater than 80%		

Three-year Statistical Comparison



Medical Oncology Statistics

The Medical Oncologists continue to see over 2,000 patients per year in the Muskogee and Tulsa outpatient clinics. Each Oncologist spends one day during the week at the Tulsa clinic for the convenience of our Veterans.

Outpatient Clinic Visits				
	2008	2009	2010	2011
Muskogee	1975	1548	1481	1478
Tulsa	0	403	737	662

Chemotherapy Clinic Statistics

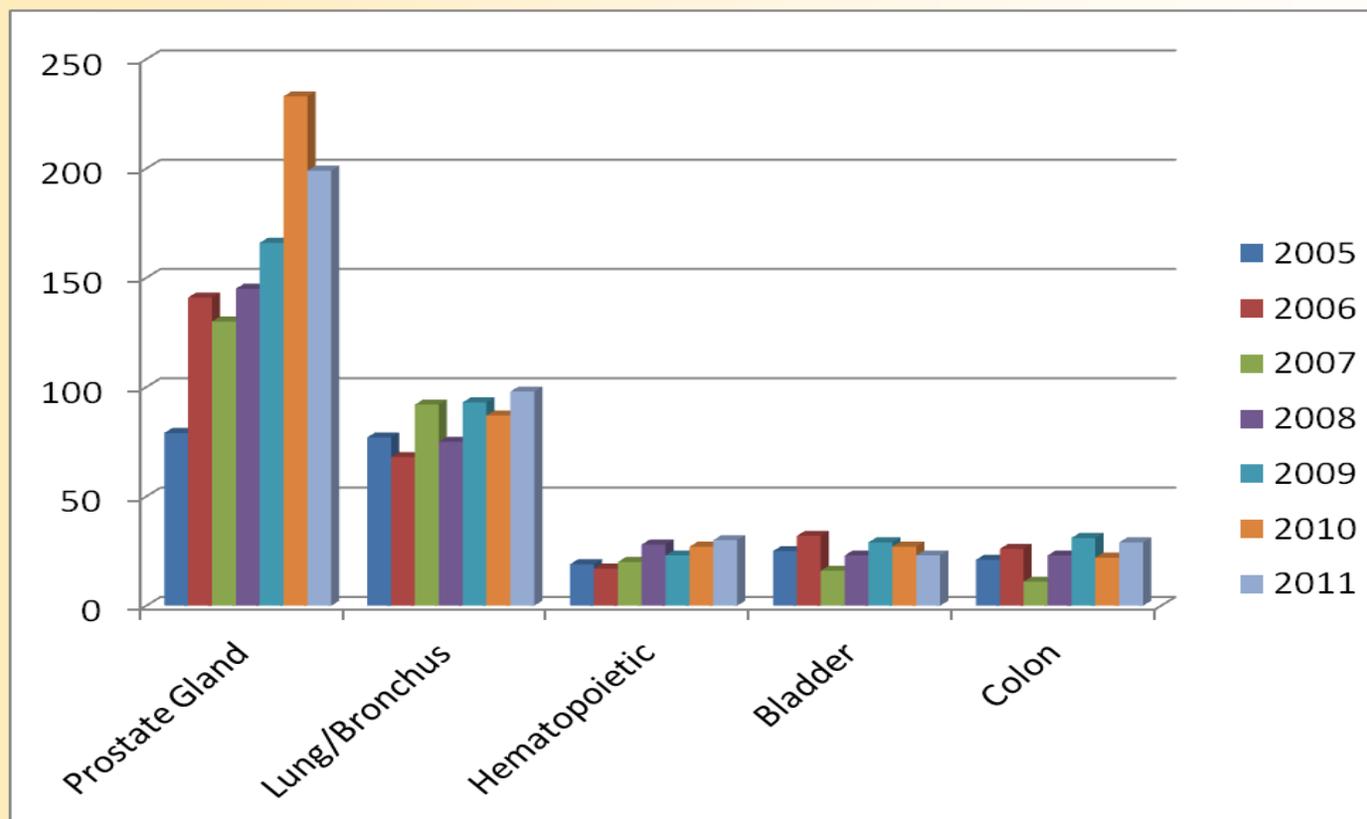
Outpatient Visits		
	2010	2011
Chemotherapy Clinic	2348	2531

The nursing staff in the chemotherapy/infusion clinic work with Veterans, family and caregivers to provide chemotherapy in a comfortable, friendly environment. Depending upon the type of treatment regimen prescribed, the Veteran may be in the infusion clinic up to eight hours. In addition, many Veterans take multiple courses of therapy and will frequent the infusion clinic for several months.

Our Top Cancer Sites

Top five cancer sites for this facility have remained relatively consistent since the reference date of our cancer program (2005). Although the last three are close enough in totals to change places each year, the two primary sites remain substantially greater in population.

The five sites are: prostate, lung, hematopoietic, bladder and colon.

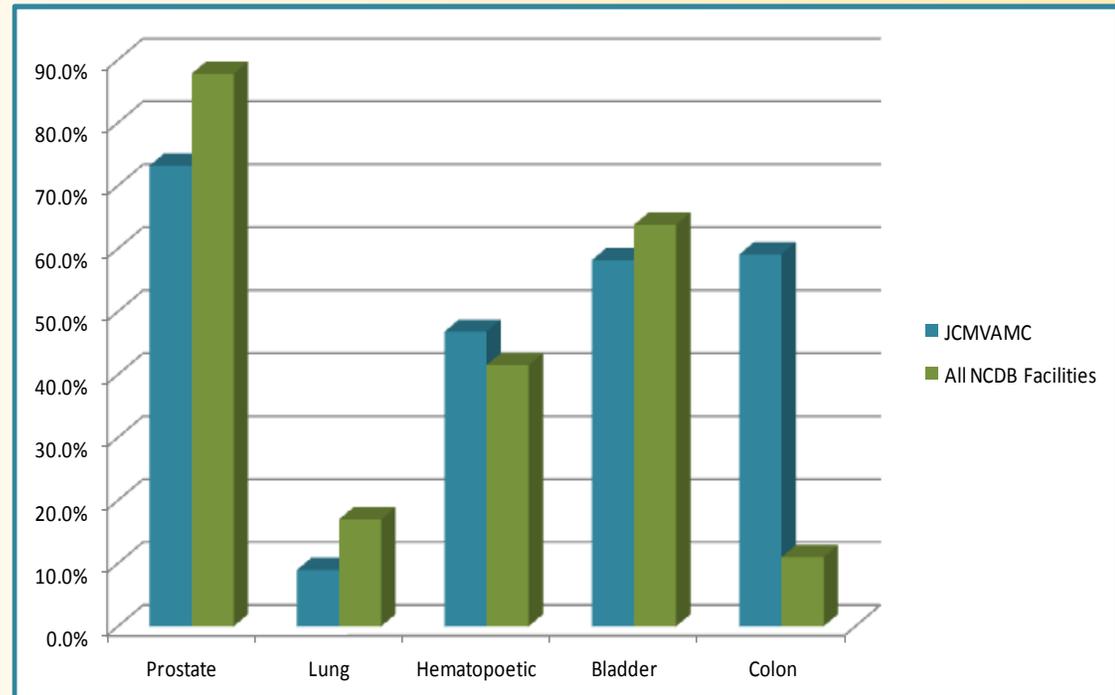


Five-Year Survival Rate

We are now able to provide good comparison between our 2005 and 2006 cancer survivor rates with the National Cancer Database (NCDB) figures from all participating CoC accredited hospitals.

A few key factors to keep in mind when viewing this data are:

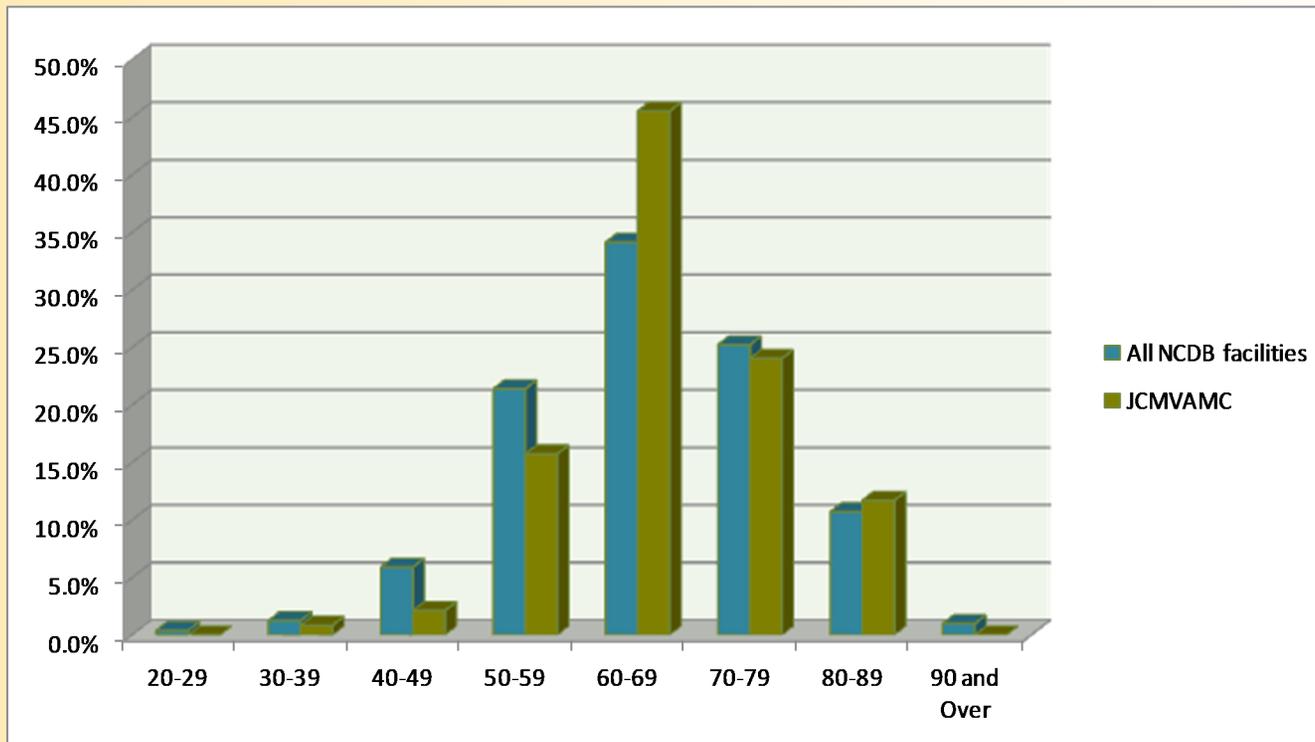
- Year
 - The patients referred to were diagnosed in 2005 and 2006
- Hospital
 - Size
 - Location (rural, highly rural, urban, etc.)
 - Ownership
 - Advances in diagnostic and treatment methods
- Patient population
 - Access to healthcare
 - Age of the patient at time of diagnosis
 - Risk factors (Agent Orange, chemical, smoking, etc.)
 - Additional diagnoses (coronary artery disease, end-stage renal failure, acute myocardial infarction, etc.)
 - Actual cause of death (these figures do not prove the cause of death was necessarily cancer)



2009 Data Comparison—Males by Age

Comparison data from NCDB shows individuals diagnosed with cancer in 2009*. This data is graphed by age at diagnosis and compares all NCDB facilities with those cases in the database

at Jack C. Montgomery VA Medical Center from the same year. Males were chosen due to the smaller number of females at our facility.



*2009 data is used for comparison as that is the most current information available through the NCDB at this time.



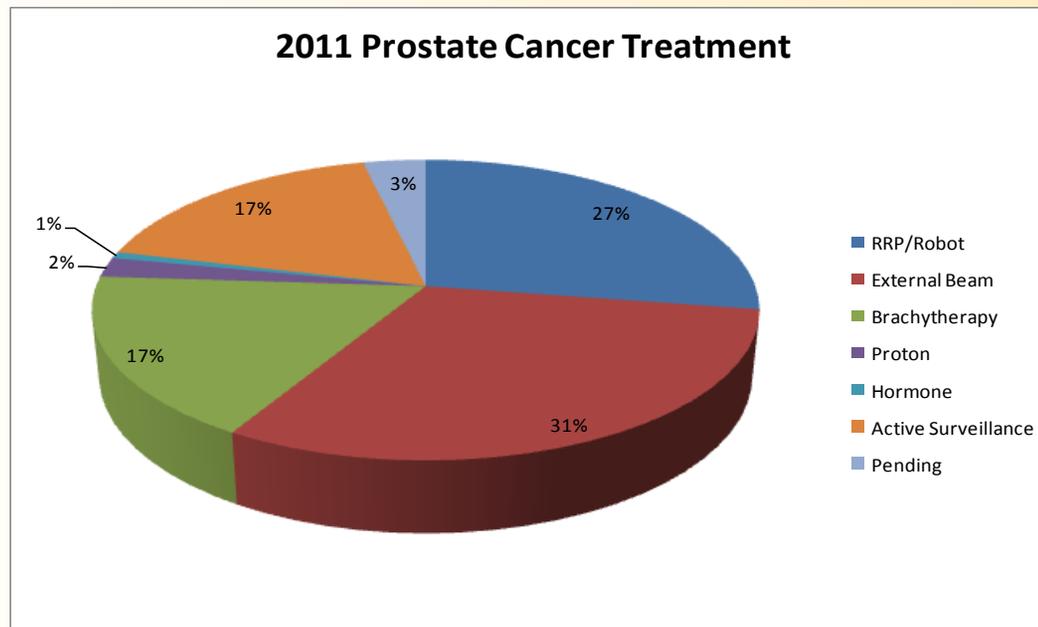
Site Focused Study—Prostate Cancer

Because the majority of the patient population at the Jack C. Montgomery VA Medical Center is male, the most frequently diagnosed cancer at our facility is prostate cancer.

Dr. Laurence Kandel (Urologist) and Joyce Sparks, RN BSN Case Manager, partner in taking care of these Veterans with prostate cancer. They discuss the many different treatment options with the Veteran and family and choose the best possible treatment regimen for the patient. In addition, they follow the patient throughout their chosen treatment.

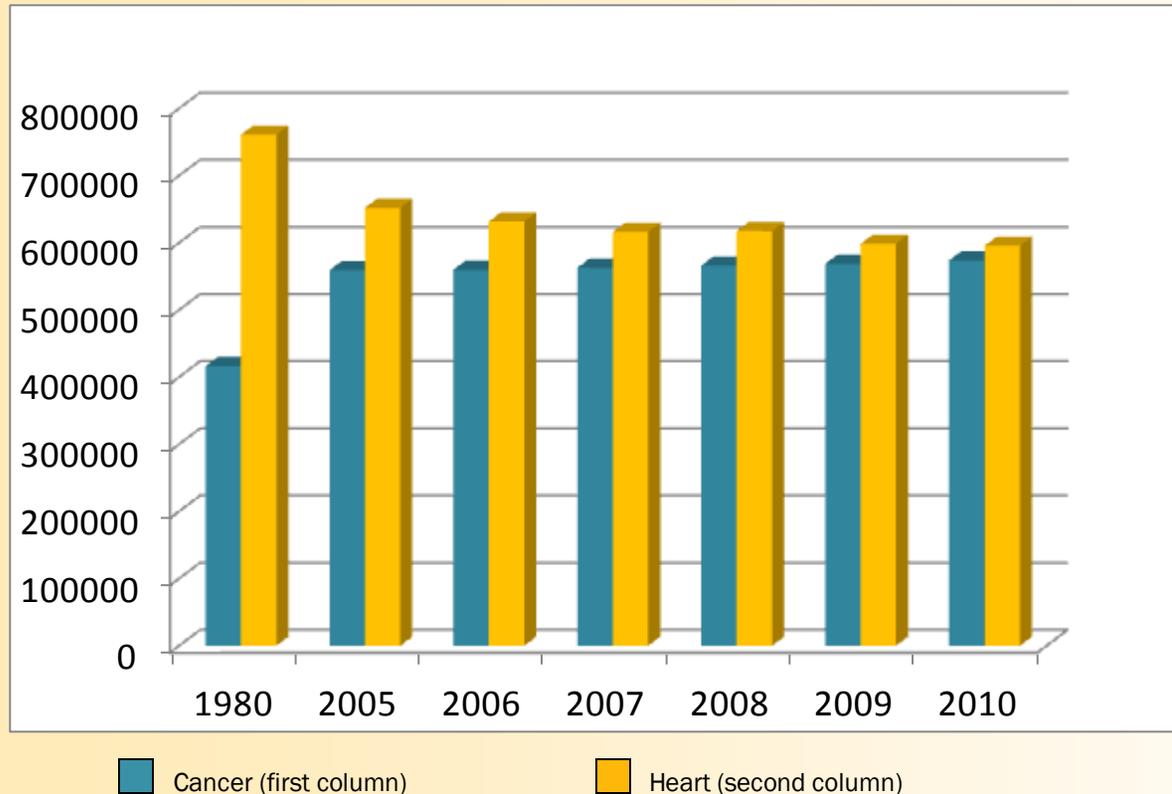
In 2010, the facility formed a partnership with Puget Sound and Houston VA to offer our Veterans brachytherapy and robotic prostatectomy as treatment alternatives. In 2011, 34 Veterans pursued robotic prostatectomy in Houston and 25 chose brachytherapy in Puget Sound.

Also of note is that the average age of a Veteran with prostate cancer at our facility is 67 years old and has a Gleason score of six (6).



Why Cancer care is important to us...

Overall Deaths 1980-2010 Cancer vs Heart Disease



In 1980, heart disease was by far the most common cause of death in the United States overshadowing cancer by nearly 345,000 people.

Through advances in early diagnosis, medical treatment, and identifying risk factors, deaths due to heart disease have declined.

However, since that time cancer death rates have grown steadily. As of 2010, there is only approximately only 20,000 deaths separating the two major causes. In fact, cancer is the number one cause of death in those between the ages of 45-64 and second for those 25-44 (accidents claim the top spot).¹

¹ Data obtained from the Centers for Disease Control and Prevention reports:

2005—Number of deaths from 113 selected causes by age: United States, 2005;

obtained from <http://www.disastercenter.com/cdc/Age%20of%20Deaths%20113%20Causes%202005.html>

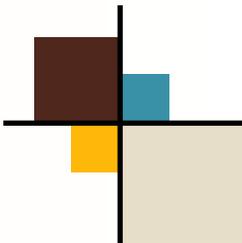
2006—Number of deaths from 113 selected causes by age: United States, 2006; obtained from http://www.disastercenter.com/cdc/Table_10_2006.html

1980 and 2007—Health, United States, 2010 With Special Feature on Death and Dying; obtained from <http://www.cdc.gov/nchs/data/hs/hs10.pdf>

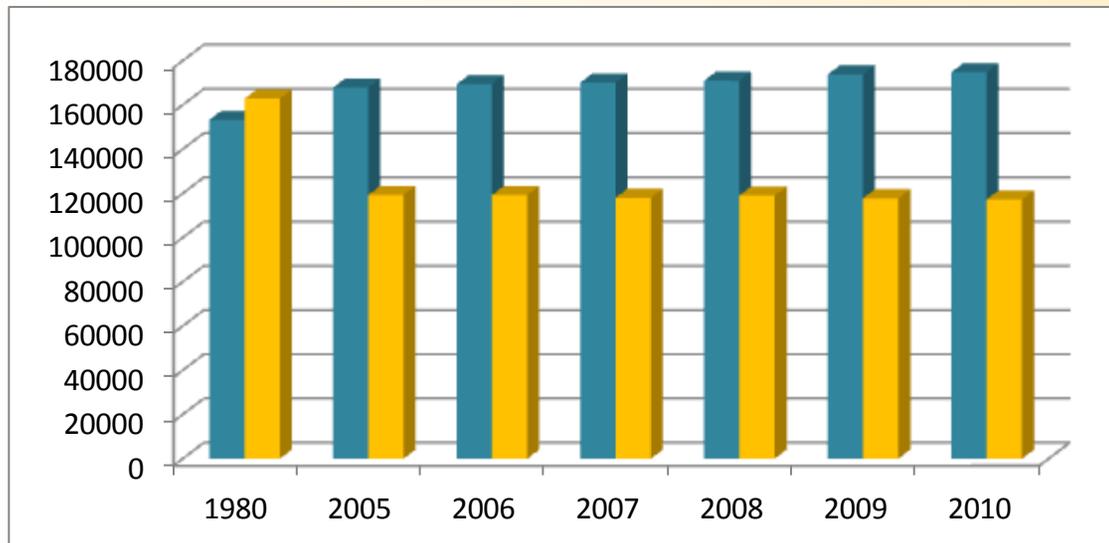
2008—National Vital Statistics Reports, Vol 59, Number 2, December 9, 2010; obtained from http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_02.pdf

2009—National Vital Statistics Reports, Vol 59, Number 4, March 16, 2011; obtained from http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_04.pdf

2010—Preliminary data from National Vital Statistics and obtained from http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_04.pdf



Cause of Death—Cancer vs Heart Disease 24-64 years

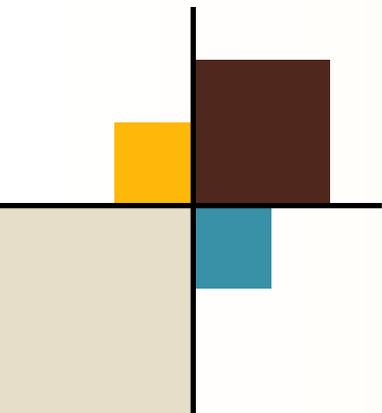
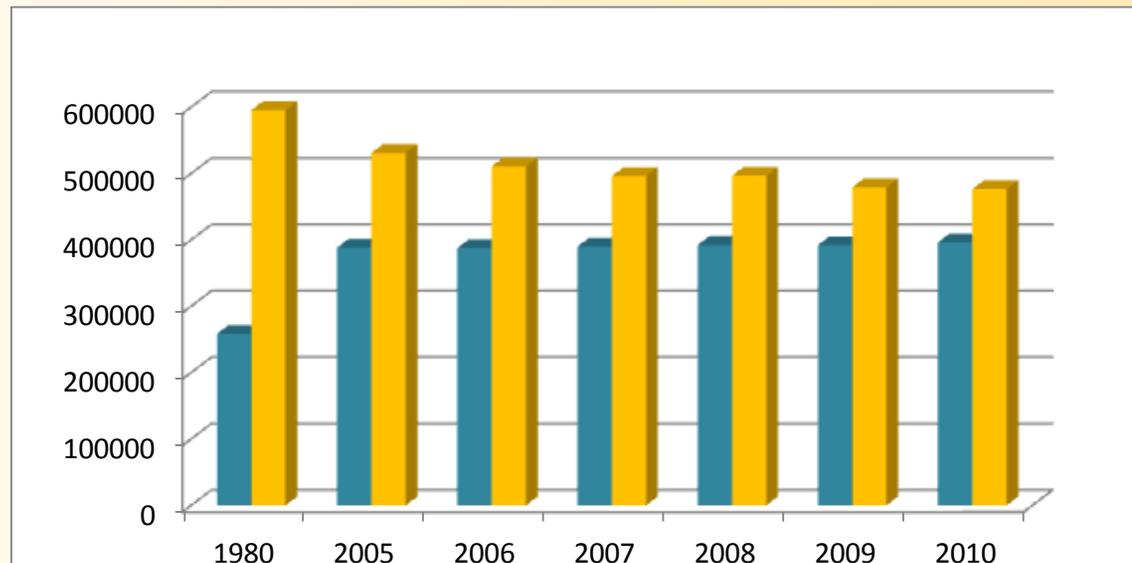


Given that the top two medical causes of death in those individuals 25-64 are consistently cancer and heart disease, the significant change since 1980 should be noted.

This information was obtained from the CDC (see previous page credit)

Cause of Death—Cancer vs Heart Disease 65 and Older

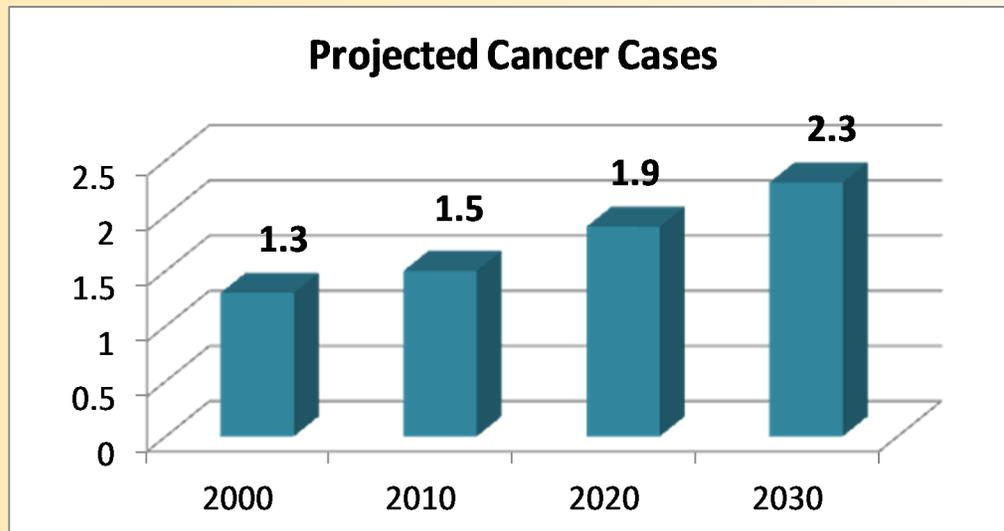
■ Cancer (first column)
 ■ Heart Disease (second column)



Expectations of things to come...

It is known that the average life expectancy has increased substantially. As the Baby Boomer generation nears retirement, increases in the number of cancer cases are expected. According to the National Cancer Institute (NCI), it is anticipated that there will be a 53% increase in new cancer cases between 2010 and 2030. This indicates that there will also be an increase in infusion room visits as well as surgical interventions.

The VA health system will certainly not be immune to these increases. Nanette Waller, OEF/OIF/OND Coordinator for JCMVAMC, reports approximately 3,000 National Guard members will return to Oklahoma and of those, over 1,000 are from our catchment area. Although we currently have many of those enrolled in our facility since it is a multiple deployment, we anticipate enrolling around 250 additional Veterans. It is important to note that these figures are only National Guard servicemen and does not include Marine Reserves, or Air Guard members.



Shown left: the projected number of cancer cases in the United States in the coming decades compared with the previous twelve years. All figures are shown in millions.

Source: SEER available at seer.cancer.gov; Shulman, L. et al., "Cancer Care and Cancer Survivorship Care in the United States: Will We Be Able to Care for These Patients in the Future?" *Journal of Oncology Practices*, 5(3): 119-123.



It has been shown that prevention, education and early detection are the key factors in reducing cancer. The National Center for Health Promotion and Disease Prevention (NCP) works with our VA to provide valuable resources to our Veterans. As a VA facility, the U.S. Preventative Services Task Force has made recommendations regarding Veteran-related issues such as smoking and alcohol cessation. However, we have expanded our focus to include weight management, healthy eating, and annual screening programs.



For more information, check out—
<http://www.prevention.va.gov/>

Education, Prevention and Early Detection

MOVE (Weight management program)

- On-site classes, individual on site sessions, video-conferencing, CCHT Weight Management (TeleHealth) and website support.

Smoking Cessation

- Education, medication assistance, website

Alcohol Cessation

- Education, medical assistance, website

Early Detection Screenings and Education

- Breast Cancer Awareness
- Cervical Cancer Awareness
- Prostate Cancer examinations
- Skin Cancer screening and education

2011 Improvement Goals

Clinical Goal:

New Chemotherapy Orientation/Chemotherapy Support Group – This is a work in progress.

Although staff identifies that these are both needs, building interest has been unsuccessful at this point. We will continue this goal into 2012 and will seek the help of our Community Representative.

Mind/Body Treatment – These classes began in 2012 after considerable planning. Veterans who attend have positive comments about this class.

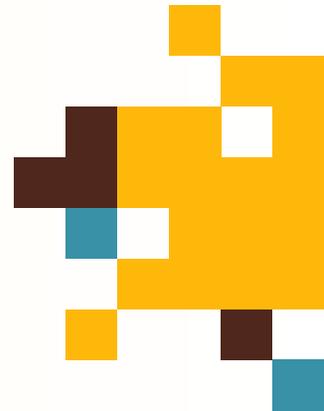
Programmatic:

Website – Created with the assistance of Public Affairs

Wi-Fi – This goal has been accomplished and the Veterans are enjoying the use of the infusion center's equipment as well as their own while they are receiving treatment.

iPads – Three iPads have been donated to the infusion clinic. Funds from the Elks Lodge purchased two iPads and the Garden of Lights Race purchased the third iPad. The Veterans enjoy having something extra to do while they are receiving their treatment.

Comprehensive Cancer Center — Although we have not been able to secure funding or space, this remains a goal going into 2012. We have formed a Systems Redesign Team and will be posting our efforts on the VISN 16 Intranet site.





Muskogee VA Medical Center

We held a Breast Cancer Awareness Program today in the auditorium. If you missed it, you missed two inspirational speeches by Carrie Genovese Black, a Veteran and breast cancer survivor, and Cassandra Gaines, also a breast cancer survivor. -Nate Schaeffer



Breast Cancer Awareness Program

By: Muskogee VA Medical Center
Photos: 3

Like · Comment · Tuesday at 10:59am



Muskogee VA Medical Center added 3 new photos to the album Elks Lodge Donates iPads to JCMVAMC Cancer Program.



Like · Comment · October 17 at 11:28am



Muskogee VA Medical Center

October is National Breast Cancer Awareness Month. My HealtheVet has some great information about Breast Cancer, risk factors and treatment. -Nate Schaeffer



My HealtheVet

<http://www.myhealth.va.gov/>

Breast cancer is a disease where abnormal cells in the breast grow uncontrollably and form lumps or tumors. If left untreated, breast cancer can spread to other parts of the body, or metastasize. Both men and women can have breast cancer, although male breast cancer is rare. The odds that a woman wi...

Like · Comment · October 17 at 7:33am

The Cancer Program believes that technology is a useful tool to educate the Veterans on the facility, our program and their diagnosis. To assist with technology use, the program pursued various methods including Facebook, webpage and external websites.

These avenues of communication and education will be helpful in the future as technology becomes more readily available in our rural and highly rural areas. In addition, as younger Veterans from OEF/OIF/OND seek care in our VA, we will see an increase in the demand for technology.



The Cancer Program worked with the Public Affairs Office to create and update a Cancer Program Internet web page to serve as a resource for our Veterans. This was completed in August 2011. This site was instrumental in reaching Veterans who were not enrolled in our VA, but are now receiving treatment with us.

Please check it out at http://www.muskogee.va.gov/Cancer_Program.asp.

The screenshot shows a web browser window displaying the website for the Jack C. Montgomery VA Medical Center's Cancer Program. The browser's address bar shows the URL http://www.muskogee.va.gov/Cancer_Program.asp. The website header features the United States Department of Veterans Affairs logo and a search bar. The navigation menu includes links for Home, Veteran Services, Business, About VA, Media Room, Locations, and Contact Us. The main content area is titled "Jack C. Montgomery VA Medical Center" and "Cancer Program". It contains a sidebar with various service links, a central text block with an image of a doctor and a patient, and a "Links" section with external resources. The footer includes a "Services Offered" section.

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

Search All VA Web Pages
Search
» Open Advanced Search

Home Veteran Services Business About VA Media Room Locations Contact Us

Jack C. Montgomery VA Medical Center

Jack C. Montgomery VA Medical Center Home
Newsroom
Veterans Transportation Service
Services
Patient Education
Patient Information
Visitor Information
Copays and Charges
Contact Us
Volunteer or Give
Careers
About this Facility
Emergency Response & Information
Site Index
Site Search

Cancer Program

The Cancer Program at the Jack C. Montgomery VA Medical Center thanks you for your service to our country.

We understand that when a person is diagnosed with cancer, it can be a very emotional time but we welcome you as a member of our cancer program family.

Because of our commitment to Veterans, VA offers state-of-the-art cancer treatment options.

We believe that treating the whole Veteran is the key to quality healthcare and our Cancer Program is comprised of various disciplines with years of experience in their respective areas. We are here to provide compassionate, personalized care.

Your cancer program consists of: two board certified medical oncologists, board certified surgical oncologist, certified oncology nursing staff, social workers, oncology case manager, cancer registry, palliative care, pathologists, radiologists, psychologists, dieticians, outreach coordinator, and quality improvement.



Links

- [American Cancer Society](#)
- [National Cancer Institute](#)
- [Clinical Trials](#)

Services Offered

Looking ahead...2012 and beyond

As we look at our facility patient's rising cancer rates and reflect on the projected number nationwide in the coming decades, we recognize that our goal to establish a patient-centered comprehensive cancer facility is imperative. Although this is a difficult process, we continue to recognize who we are serving and realize that our Veterans deserve our best.

Our goals for our program in the coming years include:

- Continue to better align staff in our program to assist in patient-centered care.
- Redesign infusion clinic to enhance the patient-centered care process.
- Increase the percentage of patient follow-up on prostate cancers where active surveillance is the chosen treatment.
- Recruit a Veteran to serve on the Cancer Committee as a Community Representative, giving our Veteran cancer patients a voice.
- Work with the MyHealtheVet coordinator to get the Cancer Program involved with secured messaging.

Contact Information

Muskogee VA Medical Center

1011 Honor Heights Dr
Muskogee, Oklahoma 74401
918-577-3000
Toll Free: 1-888-397-8387

Tulsa VA Outpatient Clinic

9322 East 41st St
Tulsa, OK 74145
918-628-2500
Toll Free: 1-888-398-8387

Hartshorne VA Outpatient Clinic

1429 Pennsylvania Ave.
Hartshorne, OK 74547
888-878-1598

Vinita VA Outpatient Clinic

269 S. 7th St
Vinita, OK 74301
918-713-5400



Jack C. Montgomery
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MEDICAL CENTER

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