



2017

# CANCER ANNUAL REPORT

**ROPER**  **ST. FRANCIS**  
HEALTHCARE

## A WORD FROM OUR LEADERSHIP

We are pleased to present our 2017 Annual Report highlighting advances in state of the art cancer care at the Roper St. Francis Cancer Program. Our goal is to fulfill the Roper St. Francis Healthcare mission of healing all patients with compassion, faith and excellence. To that end, we provide a range of services in the areas of cancer prevention, screening, diagnostics, therapeutics, cancer patient support and survivorship. Highlights of the comprehensive services our multidisciplinary cancer care team provided in 2017 include:

- Outreach prevention and screening programs for breast and colorectal cancers held at Roper St. Francis Cancer Center and the Scottish Rite Conference Center in Charleston.
- Expanded efforts of the Hank and Laurel Greer Colorectal Cancer Program with regard to colorectal cancer prevention and screening.
- Continuing support for a dedicated new cancer patient survivorship clinic at the Roper St. Francis Cancer Center, staffed by an oncology-certified nurse practitioner.
- Expansion of the services provided by the Donna Fielding Cancer Wellness Institute that already included financial counseling, nutritional counseling, an exercise rehabilitation program, therapeutic massage, art and music therapy and a pro bono legal clinic, to include the services of a licensed psychosocial counselor.
- Expansion of 3D tomographic mammography to include five tomographic units.
- Continued emphasis on coordinated, multidisciplinary cancer care anchored by dedicated case conferences attended by surgeons, radiation and medical oncologists, our cancer geneticist, diagnostic radiologists and pathologists. Individual conferences are dedicated to breast cancer, thoracic malignancies, hepatobiliary and pancreatic malignancies, genitourinary cancers and central nervous system cancers.
- Recruitment of another fellowship trained surgical oncologist with expertise in hepatobiliary surgery.
- Continued emphasis on implementing state of the art technologies to improve patient care, including holding regular, collaborative molecular tumor boards.
- In collaboration with our primary care colleagues, continued the expansion of our low dose lung CT screening program for at risk individuals with an extensive smoking history. In 2017 we are on track to perform more than one thousand scans.

In this report we highlight our efforts in cancer prevention and screening. We focused on providing educational and screening opportunities for our community members who meet either breast or colorectal cancer screening guidelines but are limited by lack of resources for fee-for-service screenings. We chose breast and colorectal cancer because there is strong evidence that screening for those malignancies reduces cancer-related morbidity and mortality. In this annual report, Drs. Anthony Firilas elaborates on how we have reached out to our community to provide colorectal cancer screening for under resourced community members.

We hope that this report provides helpful information to the community we serve.



Steven A. Akman, MD

*Medical Director, Roper St. Francis Cancer Care*



## Cancer Prevention and Screening: *Early Detection of Colorectal Cancer*



*By Anthony Firilas, MD*

Cancer of the colon or rectum is a major health issue in the United States. The American Cancer Society estimates that 135,430 Americans will receive a diagnosis of colorectal cancer in 2017, and 50,260 Americans will die of these diseases.

Although colorectal cancer remains primarily a disease of those age 55 and older, its incidence is rising in younger people. According to recent data from the Surveillance, Epidemiology and End Results database, 25% of colorectal cancers are diagnosed in individuals under the age of 50. Many of the deaths from colorectal cancer can be prevented by practicing prevention and adhering to screening guidelines. First, however, knowing individual risk factors for development of colorectal cancer is integral to practicing prevention and adhering to screening guidelines. One such risk factor is the presence of an inherited colorectal cancer syndrome.

The two most common inherited syndromes are hereditary non-polyposis colorectal cancer syndrome, also known as Lynch syndrome and the familial adenomatous polyposis, or FAP, syndrome. Together, these two syndromes are estimated to cause approximately 5% of all colorectal cancers, and a range of other inherited syndromes account for an additional 5%. Patients who have not demonstrably inherited a colorectal cancer syndrome, but who have a personal or family history of colorectal cancer or adenomatous polyps, also carry an increased risk of developing a new colorectal cancer. Similarly, patients with a longstanding history of the inflammatory bowel diseases ulcerative colitis or Crohn's disease are at increased risk of developing colorectal cancer. African-American ethnicity also confers increased risk. While none of these risk factors are modifiable, some data suggest modifiable risk factors exist, including obesity, diabetes, red and processed meat consumption, tobacco and alcohol use, and physical inactivity.

Several well recognized modalities are available to screen individuals for colorectal cancer. These include fecal occult blood testing (FOBT, guaiac), fecal immunochemical testing for occult blood (FIT), fecal immunochemical testing for multitargeted DNA (FIT-DNA), sigmoidoscopy ± FIT, colonoscopy, or computerized tomographic colonography. A number of organizations (United States Preventive Task Force, the American Cancer Society, the National Comprehensive Cancer Network, the American College of Physicians and the American Society of Family Physicians) have examined the outcome data regarding the use of these modalities and have made evidence-based screening recommendations.

Although there are minor variations in the guidelines issued by all of these organizations, they all agree on: (1) proper screening saves lives and prevents colorectal cancer-related deaths, (2) average risk Americans should start a screening program at age 50, (3) colonoscopy is the gold standard screening modality. The presence of colorectal cancer risk factors impacts screening recommendations, often to move initial screening to a younger age.

Given the evidence-based impact of prevention and screening on morbidity and mortality caused by colorectal cancer, Roper St. Francis Cancer Care is committed to supporting prevention and screening efforts in our community. Based on our assessment of frequently asked questions received from our constituent patient population, we concluded that a need existed for community education in the areas of diet, lifestyle and activity. In response, Roper St. Francis conducted two educational programs aimed at helping our community identify and change modifiable risk factors, e.g., diet and exercise. A total of 146 community members attended the programs and also demonstrated understanding of the programs' messages by completing a post-program evaluation measurement of learning objectives.

With regard to colorectal cancer screening, review of regional and state data indicated that our region fell short of meeting the benchmark of screening 80% of individuals who meet screening criteria. Therefore, we conducted Roper St. Francis-sponsored screening events. Our community outreach has focused on facilitating screening for community members who meet guidelines but do not have the personal resources to participate in screening programs. These efforts are enhanced by our philanthropically supported Hank and Laurel Greer Colorectal Cancer Program.

The Hank and Laurel Greer Colorectal Cancer Program is co-led by Dr. Anthony Firilas of Roper St. Francis Physician Partners - Colorectal Surgery, and Dr. John Corless of Charleston Gastroenterology Specialists. Based on national guidelines, we used FIT as our initial screening modality. Through the program, 91 community members were screened in 2017. One community member who had a positive FIT test in the initial screen subsequently underwent colonoscopy via the Hank and Laurel Greer Colorectal Cancer Program. Five additional community members were referred to other programs for colonoscopy. Given the success in 2017, we intend to expand these efforts in 2018.

## Program Outcomes: *Prevention and Screening*

### 2017 Community Outreach

In 2017, Roper St. Francis Cancer Care was pleased to offer numerous outreach opportunities to community members. Participants received education on cancer prevention and early detection with regard to lung, breast and colorectal cancers. In addition, The Donna Fielding Wellness Center Institute provided monthly wellness activities such as nutrition, exercise and yoga (Relax and Restore). Patients and caregivers also had access to massage and music therapy; self-exploration writing workshops; breast, bladder and general cancer support groups; and legal clinics offered in collaboration with the Charleston School of Law. In 2017, Roper St. Francis Cancer Care operated a dedicated Survivorship Clinic to help patients on their journey to recovery.

In 2017, Roper St. Francis Cancer Care offered cancer screening events throughout the year with the assistance of physicians and clinical volunteers. Screening focused on colorectal and breast for a total of 375 participants. All abnormal results found during the screening events were referred for further follow-up or intervention. Results from 2017 screenings:

#### BREAST SCREENING

- 284 Participants screened by CBE
- 157 Referred for screening mammography
- 52 Referred for diagnostic mammography
- 2 Invasive cancers detected to date

#### COLORECTAL SCREENING

- 91 Participants
- 91 FIT screened
- 6 Referred for colonoscopy
- 0 One negative finding and five to be scheduled