



FIGHTING CANCER TOGETHER

KING'S DAUGHTERS

Report on cancer activities, 2019

Cancer **Committee Chair** report



Thank you for your interest in the oncology program at King's Daughters. We are committed to sharing our progress and outcomes with the medical community, patients and families as clearly and as completely as possible. Toward this end, we are pleased to present our Cancer Annual Report 2019, which includes information on 2019 program developments and cancer cases treated at King's Daughters from Jan. 1 through Dec. 31, 2018.

We are especially pleased to report on improvements in the detection and treatment of breast cancer, including expansion of 3D mammography to King's Daughters Ohio and our mobile mammography unit; enhancements to genetic testing program; and the introduction of our Multidisciplinary Clinic for Breast Cancer treatment. You can read about these developments on pages 12 and 13.

Over the past several years, we have placed an increasing emphasis on low-dose CT screening for lung cancer. This is an important issue for our area – and indeed all of Kentucky – as lung cancer rates here are among the highest in the nation. On page 7, we share the story of Mark Spradlin, a Portsmouth, Ohio, resident whose lung cancer was diagnosed at Stage I as the result of a LDCT. Our efforts have resulted in

a significant increase in screenings performed between FY 2018 and FY 2019. We share those statistics on page 6.

Cancers affecting the digestive tract – specifically esophageal and colorectal cancers – are examined on pages 10 and 11. Although esophageal cancer is not common, its incidence is increasing and many patients are being diagnosed at a late stage, in part because they fail to recognize the damage of long-term heartburn. On the other side of things, our digestive health team has been busy promoting FIT testing for patients who refuse colonoscopy. We share their data on page 11.

Finally, page 14 includes a brief about our skin cancer screening program. This program arose out of a Community Health Needs Assessment finding that Boyd County had the highest incidence rate of melanoma in Kentucky.

We are proud of the work we are accomplishing together and look forward to continuing to serve our communities with compassionate, effective, and evidence-based treatment for many years to come.



Terry Justice, M.D.
Radiation Oncologist,
Cancer Committee Chair

CANCER REGISTRY

King's Daughters cancer registry began in 1991, collecting data from all cancer patients diagnosed and treated at the medical center. This data, collected electronically, plays a vital role in the ongoing evaluation of cancer care – screening, treatments, planning, staging and continuity of care.

King's Daughters cancer registry is a member of the Kentucky Cancer Registry (KCR) and the American College of Surgeons (ACOS). Data is submitted to the KCR annually for the Kentucky Cancer Incidence Report. In addition, King's Daughters cancer registry is a participant in the annual "Call for Data" by the National Cancer Data Base (NCDB), which reviews information regarding patient care each year and provides a comparative summary of hospital statistics.

Information collected by King's Daughters cancer registry is kept strictly confidential; however, general information is available by calling (606) 408-1640.



Amy Shepard
certified tumor registrar



Bobbi Harbolt
cancer registrar



Jennifer Withrow
cancer registrar



Tumor boards review cases, guide treatment

Cancer treatment at King's Daughters is based on a planning approach called a tumor board.

During tumor board meetings, a number of physicians who are experts in various specialties review and discuss the medical condition and treatment options of a patient.

King's Daughters maintains two tumor boards: the Thoracic Tumor Board meets every Thursday and focuses on cancers affecting the lung and the esophagus. Pulmonologist Bjorn Thorarinnsson, M.D., serves as chair of the board.

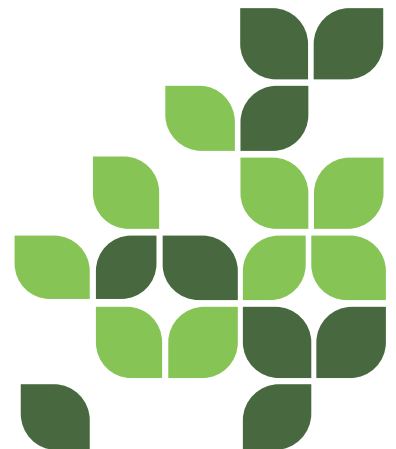
The Breast/General Tumor Board meets every Wednesday and focuses on cancers affecting the breast, colon, thyroid, kidney, and all other cancers. Radiation oncologist Terry Justice, M.D., serves as chair of the Breast/General Tumor Board.

Cases are presented to the tumor board by physician request. Each patient history is discussed, along with reviews of radiology and pathology reports.

Those attending tumor board meetings include:

- Medical oncology
- Radiation oncology
- Pulmonology
(Thoracic Tumor Board)
- Cardiothoracic surgery
(Thoracic Tumor Board)
- General surgery
- Breast surgery
- Pathology
- Radiology
- Nurse navigators
- Research nurse
- Cancer registrar

Additional health professionals may attend tumor board meetings, depending upon the case(s) being presented. Treatment recommendations are made based upon National Comprehensive Cancer Network (NCCN) guidelines.



Personalized Care for You

A cancer diagnosis can be profound, affecting not just the patient but their loved ones, co-workers, neighbors, and friends. Our medical oncologists and nurse practitioners work tirelessly to provide the highest quality care.

Our goal is to support patients and their families throughout the entire course of their treatment and beyond. We provide medical oncology/hematology in two locations:

The Oncology Center of Excellence is located on the 5th Floor of Medical Plaza A, 617 23rd St., **Ashland, Ky.** KDMS Portsmouth Oncology Associates is located at 916 11th St., **Portsmouth, Ohio.**

Types of Cancer Treated

- Gastrointestinal: Anal, colorectal, esophageal, gallbladder, biliary tract, liver, pancreatic, stomach and small intestine
- Reproductive: breast, cervical, uterine, endometrium, vaginal, vulvar, testicular, prostate and penile
- Head and Neck: Mouth, sinus, nose, throat, salivary glands, larynx, tongue
- Miscellaneous: Bone, brain, endocrine, thyroid, kidney, leukemia, lymphoma, skin, sarcoma, ureter



David Goebel, M.D.



Jaskirat Randhawa, M.D.



Galena Salem, M.D.



Chad Tarabolous, M.D.



Vinay Vermani, M.D.



Tsuyoshi Inoshita, M.D.



Eva Joseph, APRN



Kim Carey, APRN

SERVICES AVAILABLE

- Chemotherapy
- Immunotherapy
- Hormone agent
- Clinical trials
- Phlebotomy
- Immunoglobulins (IVIG)
- Bisphosphonate
- Blood/platelet transfusion
- Iron infusion
- Monoclonal antibodies
- B12 deficiency



Oncology Center of Excellence, Ashland, Ky.

Cancer Research Network



Bringing cutting-edge therapies to our communities

For more than 30 years, King's Daughters has worked in conjunction with the University of Kentucky's Markey Cancer Center to bring cutting-edge research and clinical trials to the people of this region.

In 2015, KDMC joined the Markey Research Network, a newly launched initiative conducting high-priority cancer research through a network of collaborative centers in eastern Kentucky and West Virginia. The Markey Cancer Center is a National Cancer Institute designated cancer center, the only one in the state of Kentucky.

Over the years, King's Daughters has enrolled more than 350 patients from nine surrounding counties in nearly 50 different clinical trials.

Clinical research studies are key to developing new methods to prevent, detect and treat cancer, and most treatments used today are the result of previous clinical studies. These may include studies in which patients receive their therapy under the observation of specially trained cancer doctors and staff. Patients who volunteer for cancer treatment studies receive either standard therapy or a new treatment that represents the researchers' best new ideas for how to improve cancer care.

Patients remain under the direct care of their King's Daughters oncologists, who collaborate closely with Markey Cancer Center researchers to monitor and report on patient progress. Markey cancer research focuses on areas with the highest rate of disease and the most common types of cancer affecting the region. Research protocols are offered through the Kentucky Clinical Trials Network; NRG Oncology; the Southwest Oncology Group; and the National Cancer Institute's Clinical Trials Support Unit.

For more information about research studies currently underway, please call **Sherry Davis**, RN, OCN, at (606) 408-1636 or **Kelly Murphy**, RN, at (606) 408-1649.



NCCN

National
Comprehensive
Cancer
Network

King's Daughters cancer program follows National Comprehensive Cancer Network[®] guidelines in the treatment of cancer. NCCN is a not-for-profit alliance of 28 leading cancer centers devoted to patient care, research, and education, and is dedicated to improving the quality, effectiveness, and efficiency of cancer care so patients can live better lives. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the healthcare delivery system.

The NCCN was created in 1995 to develop and institute standards of care for the treatment of cancer and perform outcomes research. The goal of the NCCN is to ensure delivery of high-quality, cost-effective services to people with cancer across the country. NCCN, now an alliance of 28 of the leading cancer centers, develops and communicates scientific, evaluative information to better inform the decision-making process between patients and physicians, ultimately improving patient outcomes.

Core resources made available by NCCN include clinical practice guidelines, which are recognized standards for clinical policy in oncology and are the most comprehensive and most frequently updated clinical practice guidelines available in any area of medicine. The guidelines cover 97 percent of all patients with cancer and are updated on a continual basis.

NCCN Guidelines[®] are developed through a comprehensive review of clinical trials, existing treatment protocols, etc. integrated with expert medical judgment and recommendations by panels comprised of representatives from the 28 NCCN Member Institutions.

Effective Screening for Lung Cancer

Low-dose CT screening has been demonstrated to be an effective screening tool for lung cancer. At King's Daughters, we diagnosed seven cases of lung cancer during FY 2018 through the screening. Of these, six were Stage I; one was Stage IV. Five of these were surgical candidates.

In FY 2019, LDCT identified nine cases of lung cancer: five at Stage I; one at Stage II; one at Stage III; and two at Stage IV. Six of these were surgical candidates. Incidental findings included one case each of lymphoma and kidney cancer.

Low-Dose CT Screening Results

| L-RADS Category | Description | FY 2018 | FY 2019 |
|-----------------------|--|------------|------------|
| 0 | Part or all of lungs cannot be evaluated. Additional lung cancer screening CT images and/or comparison to prior CT examinations is needed. | 5 | 2 |
| 1 | Negative. No nodules and definitely benign nodules. | 121 | 135 |
| 1S | Clinically significant or potentially significant non-lung cancer finding. | 12 | 11 |
| 2 | Benign appearance or behavior. Nodules with a very low likelihood of becoming a clinically active cancer due to size or lack of growth. | 133 | 201 |
| 2S | Clinically significant or potentially significant non-lung cancer finding. | 13 | 18 |
| 3 | Probably benign. 1-2 percent chance of malignancy. | 51 | 76 |
| 3S | Clinically significant or potentially significant non-lung cancer finding. | 3 | 7 |
| 4A | Suspicious. Findings for which diagnostic testing is recommended. | 22 | 45 |
| 4B | Very suspicious. Findings for which additional diagnostic testing and/or tissue sampling is recommended | 10 | 10 |
| 4X | Category 3 or 4 nodules with additional features or imaging findings that increases the suspicion of malignancy. | 3 | 2 |
| TOTAL SCREENED | | 373 | 507 |



Low-Dose CT Screening Exams

| Fiscal Year | Baseline Exam | Annual Exam | Total Exams |
|-------------|---------------|-------------|-------------|
| 2018 | 335 | 38 | 373 |
| 2019 | 409 | 98 | 507 |

Smoking Rates

Of those who received low-dose CT screening:

- In FY 2018, 277, or 74 percent, were current smokers
- In FY 2019, 347, or 68 percent, were current smokers

Screening Criteria for Patients

The only recommended screening test for lung cancer is low-dose CT, also sometimes called lung cancer screening, or LDCT. Although the screening has been available for some time, it wasn't until 2015 that the Centers for Medicare/Medicaid Services (CMS) agreed to cover the screening.

In 2016, the U.S. Preventive Services Task Force recommended all people at high risk for lung cancer have a low-dose CT annually. Patients must meet the following criteria:

PATIENTS MUST:

- Be between 55 and 77 years old
- Have no signs or symptoms of lung cancer
- Be a current smoker (or quit in last 15 years)
- Have a tobacco use history of at least 30 pack-years (One pack-year equals smoking 20 cigarettes/day for a year)
- Have an order from a physician or healthcare provider for the exam

LOCATIONS

King's Daughters offers the low-dose CT screening for lung cancer at:

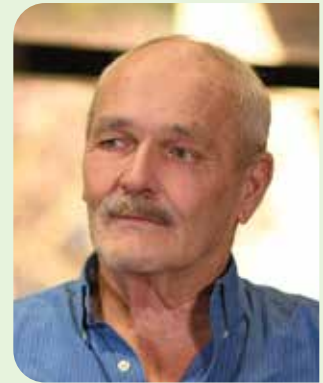
- Center for Advanced Imaging, 2225 Central Ave., Ashland, Ky.
- King's Daughters Medical Center Ohio, 2001 Scioto Trail, Portsmouth, Ohio
- KDMS - Grayson, 609 N. Carol Malone Blvd., Grayson, Ky.
- KDMS - Prestonsburg, 1279 Old Abbott Mountain Road, Prestonsburg, Ky.

For more information about lung cancer screening, call **(606) 408-8999**.

The 2-minute screening that saves lives



Mark Spradlin, 64, began smoking when he was 13. Like a lot of kids back then, he was trying to "look cool." After graduating from high school, he joined the Army, and deployed to Vietnam. Cigarettes were a regular part of his c-rations, and something of a stress reliever for him and his fellow soldiers.



MARK SPRADLIN

Spradlin returned home to Portsmouth, Ohio, after his military service. And he continued smoking. At his peak, he smoked three packs a day. "You know, nicotine is a hard thing to kick," he said. After decades of smoking, Spradlin developed a cough, along with other health problems. The coughing became worse and he got to the point that he was getting hoarse from coughing.

During an office visit last year, King's Daughters pulmonology nurse practitioner Anna Bayes, APRN, discussed lung cancer screening with Spradlin. "I always talk to people about do they want to have this done. Do they want to know? If it does show something abnormal, are you OK with that? Would you be willing to undergo treatment if we find something?" Bayes said.

Spradlin agreed to have the painless, two-minute screening.

It's a good thing ... the scan showed a small nodule in his left lung. A biopsy confirmed it was cancer. He was referred to cardiothoracic surgeon Eric Bronstein, M.D., who performed a minimally invasive procedure to remove the tumor. "This cancer would not have been identified if not for that low-dose CAT scan. This screening is a life-saver," Dr. Bronstein noted.

Since his surgery, Spradlin has been feeling better and has seen his breathing and sleep improve. He encourages other smokers to have the screening too. "It's one thing I would recommend to any smoker," he said.

His decision to have the screening likely saved his life.

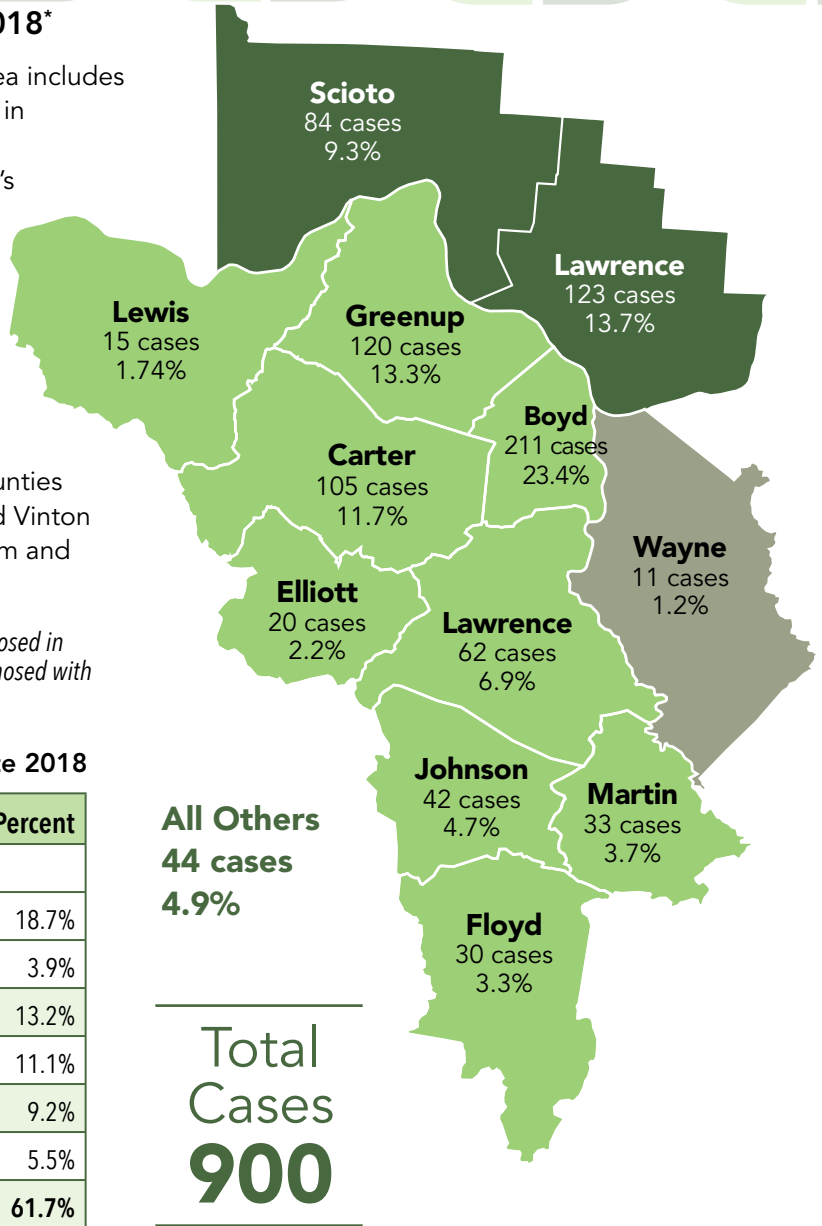
Treatment Statistics

KDMC CANCER CASES BY COUNTY BY DIAGNOSIS, 2018*

King's Daughters primary service area includes Boyd, Carter and Greenup counties in Kentucky and Lawrence and Scioto counties in Ohio. The health system's secondary market includes Floyd, Johnson, Lawrence and Martin counties in Kentucky and Wayne County in West Virginia.

In addition, King's Daughters provided cancer care to patients residing in Pike, Magoffin, Morgan, Rowan, Knott, and Montgomery counties in Kentucky; Jackson, Pike, Ross and Vinton counties in Ohio; and Mingo, Putnam and Cabell counties in West Virginia.

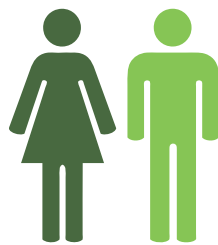
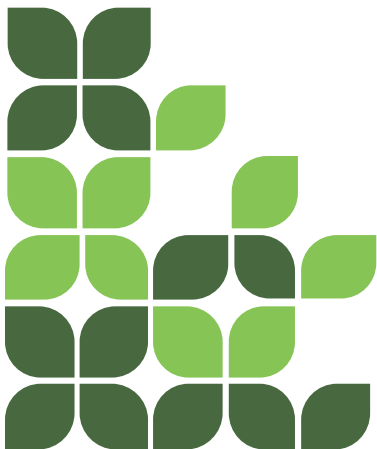
* Note: A total of 921 cancer cases were diagnosed in 2018, 21 of which occurred in patients diagnosed with an additional cancer.



Top 5 Cancer Cases Treated by Site 2018

| Cancer | Cases | Percent |
|--------------------------|------------|--------------|
| Lung, trachea & bronchus | | |
| Small Cell | 172 | 18.7% |
| Non-Small Cell | 36 | 3.9% |
| Breast | 122 | 13.2% |
| Colon | 102 | 11.1% |
| Thyroid | 85 | 9.2% |
| Bladder | 51 | 5.5% |
| TOTAL OF TOP 5 | 568 | 61.7% |

(% represents ALL cases diagnosed in 2018)



2018 Cancer Cases by Gender

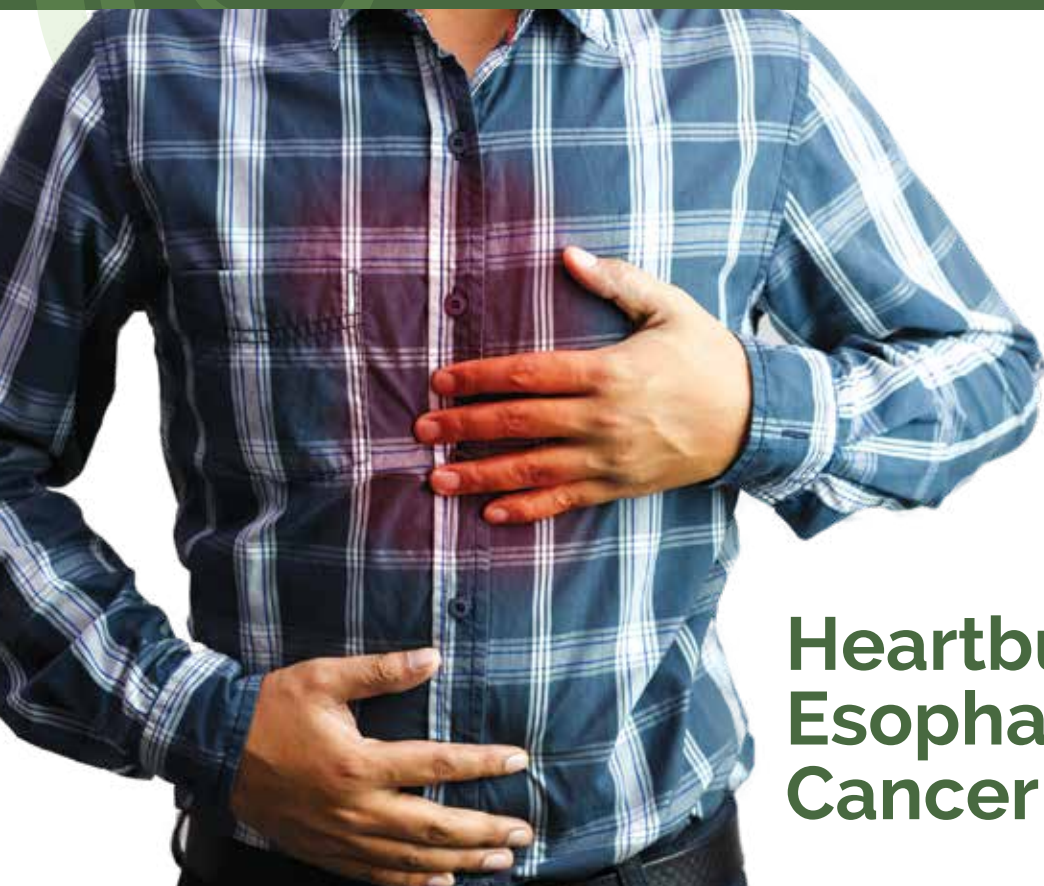
| Gender | Cases | Percent |
|--------------|------------|---------------|
| Male | 485 | 53.9% |
| Female | 415 | 46.1% |
| TOTAL | 900 | 100.0% |

Quality & Outcomes - CP3R Report

King's Daughters actively collects data and regularly evaluates performance to facilitate continuous improvements to quality, safety and patient outcomes. We've been designated as a Comprehensive Community Cancer Program; accredited by the American College of Surgeons Commission on Cancer; and participate in Cancer Program Practice Profile Reports (CP3R). The table below compares KDMC quality with other comprehensive cancer centers. The data is estimated performance rates for 2016, the most recent data available.

In most instances, King's Daughters exceeds the national standards. Where a standard is not met, our oncology team meets, conducts research and develops action plans for improvement. We are proud to share our performance measures with the public.

| Measure | | KDMC CCCP | National Average |
|-------------|--|--------------|---------------------|
| Lung | Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive (pN1) and (pN2) NSCLC (Quality Improvement) | 100.0% | 88.4% |
| | Surgery is not the first course of treatment for cN2, M0 lung cases (Quality Improvement) | 100.0% | 92.6% |
| | At least 10 regional lymph nodes are removed and pathologically examined for AJCC stage IA, IB, IIA, and IIB resected NSCLC (Surveillance) | 62.5% | 49.0% |
| Colon | At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer (Quality Improvement) | 82.6% | 92.6% |
| | Adjuvant chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC stage III (lymph node positive) colon cancer (Accountability) | 100.0% | 87.6% |
| Rectum | 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) | 100.0% | 85.9% |
| Breast | 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) | 90.5% | 90.9% |
| | Tamoxifen or third-generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer (Accountability) | 100.0% | 91.5% |
| | Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with greater than or equal to 4 positive regional lymph nodes | 100.0% | 85.2% |
| | Image or palpation-guided needle biopsy to the primary site is performed to establish diagnosis of breast cancer (Quality Improvement) | 100.0% | 89.6% |
| | Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II breast cancer | 68.2% | 67.1% |
| | 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) | 100.0% | 92.5% |
| Endometrium | Chemotherapy and/or radiation administered to patients with Stage IIIC or IV endometrial cancer (Surveillance) | no data | 79.4% |
| | Endoscopic, laparoscopic or robotic performed for all endometrial cancer (excluding sarcoma and lymphoma), for all stages except stage IV (Surveillance) | 100.0% | 79.7% |



Heartburn & Esophageal Cancer

Although esophageal cancer is far from the most frequently diagnosed cancer at King's Daughters (accounting for 10 to 12 cases annually), nationwide, it claims more lives each year than either melanoma or cervical cancer.

The American Cancer Society estimated that 17,650 new esophageal cancer cases would be diagnosed in 2019; 78% of these occurring in men. Overall, about 18.8% of patients diagnosed with esophageal cancer survive five years after diagnosis, a statistic due, in large part, to late stage diagnosis.

There are two types of esophageal cancer. Adenocarcinoma is the most common type in the U.S., and usually arises from long-lasting reflux disease. Squamous cell carcinoma, the second type, is often linked to smoking and alcohol consumption.

"One of the issues in finding esophageal cancer earlier is that people often treat their own heartburn for long periods of time, never realizing that the constant, ongoing exposure to stomach acid can change the lining of the esophagus," said Deena Stewart, RN, digestive

health nurse navigator. "This can lead to the development of Barrett's esophagus, a precursor to esophageal cancer," she noted.

Over-the-counter and/or prescription medications such as Tums or esomeprazole may provide symptom relief, but they do not cure the underlying causes of heartburn, gastroesophageal reflux disease (GERD), or Barrett's esophagus.

Recognizing that patients may not understand the seriousness of heartburn, King's Daughters Gastroenterology initiated a heartburn walk-in clinic to provide easy access to specialists. The clinic is open to patients 16 and older from 1 to 4 p.m. every Monday, no appointment or referral needed.

Heartburn, GERD, Barrett's esophagus and esophageal cancer awareness were promoted through posts on social media, videos, and live screening events.

For more information, please call Stewart at **(606) 408-1497**.

Colorectal Cancer

Year after year, colorectal cancer is among the Top 5 cancer cases diagnosed at King's Daughters.

COLORECTAL CANCER CASES

| Cancer Site | Cases Diagnosed <i>Jan. 1-Dec. 31, 2018</i> | Cases Diagnosed <i>Jan. 1-Dec. 31, 2017</i> |
|--------------|--|--|
| Colon | 73 | 59 |
| Rectum | 29 | 27 |
| TOTAL | 102 | 86 |

STAGING

| Stage at Diagnosis | CY 2018 |
|--------------------|-----------|
| Stage 0 | 3 |
| Stage I | 15 |
| Stage IIA | 10 |
| Stage IIB | 3 |
| Stage IIIA | 3 |
| Stage IIIB | 13 |
| Stage IIIC | 2 |
| Stage IVA | 5 |
| TOTAL | 54 |

Statistics reflect only those patients who had surgical resection for treatment.

FIT TEST STATISTICS - FY 2019

| Month & Year | Kits Received | Positives Results | Total % of F/U |
|----------------|---------------|-------------------|----------------|
| October 2018 | 219 | 70 | 32.0% |
| November 2018 | 224 | 90 | 40.2% |
| December 2018 | 177 | 61 | 34.5% |
| January 2019 | 215 | 78 | 36.3% |
| February 2019 | 169 | 58 | 34.3% |
| March 2019 | 204 | 62 | 30.4% |
| April 2019 | 219 | 82 | 37.4% |
| May 2019 | 184 | 68 | 37.0% |
| June 2019 | 158 | 74 | 46.8% |
| July 2019 | 188 | 83 | 44.1% |
| August 2019 | 155 | 61 | 39.4% |
| September 2019 | 141 | 58 | 41.1% |
| TOTALS | 2,253 | 845 | 37.5% |

GASTROENTEROLOGY



Cheryl Bascom, M.D.



Michael Canty, M.D.



Arthur Gaing, M.D.



Garfield Grandison, M.D.



Charles Wong, M.D.



GENERAL SURGERY



Kevin Miller, M.D.



Roderick Tompkins, M.D.



Timothy Wheeler, M.D.

CARDIOTHORACIC/ ESOPHAGEAL SURGERY



Juan Bastidas, M.D.



As with all cancers, early diagnosis impacts the successful treatment and survivorship of patients. One of the particular challenges in regard to colorectal cancer is patient reluctance to undergo screening colonoscopy.

During the past 18 months, King's Daughters has worked to increase provider and patient awareness of alternative at-home fecal immunochemical screenings, such as FIT and Cologuard. FIT testing is not as accurate as screening colonoscopy, but for those patients who refuse colonoscopy, it is an acceptable alternative. Unlike screening colonoscopy, FIT testing must be performed annually.

Advances in Treatment, Detection

MULTI-DISCIPLINARY CLINIC

Treating a complicated disease like breast cancer requires the involvement of several specialists, which can often feel overwhelming to a patient, especially at the beginning stages of treatment. This is where King's Daughters Multi-Disciplinary Breast Clinic, implemented in 2019, comes into play.

The clinic brings medical and radiation oncologists, plastic surgeons, pathologists, radiologists, a breast navigator, and the breast surgeon together in a single space, eliminating the need for patients to travel from one specialist to another.

The clinic is open to newly diagnosed breast cancer patients and is held every Wednesday beginning at 8 a.m. The specialists meet together at 7 a.m. as the breast/tumor board to review the case of each breast patient on that day's schedule and develop a plan of care. Each specialist leaves the conference with the same understanding of the patient's individual needs and the treatment plan, ensuring consistent communication to the patient.

Patients typically are seen in the Multi-D clinic about a week after diagnosis. Patients benefit from seeing all of the various disciplines/specialists in a series of meetings all on the same morning, saving patients time and allowing them the opportunity to ask follow-up questions as they move from oncologist to surgeon, to navigator, financial support and so on.

Participation in the Multi-D Clinic is voluntary and patients who choose to go the "traditional" route still receive the same state-of-the-art care.

A total of 58 patients were seen in the Multi-D Clinic between January 2019 and Sept. 30.

For more information about the Multi-D clinic, please call breast health nurse navigator Bethany Gentry at (606) 408-1639.

GENETIC TESTING

Genetic testing can help guide treatment choices and can reveal susceptibility to other cancers. "In patients with a cancer diagnosis, this information may change their treatment," said breast surgeon M. Katherine Hughes, M.D. "It may change their plan with drugs, like chemotherapy. It may also change whether they're a candidate for radiation, or impact their surgical management," she said.

King's Daughters offers genetic testing at KDMS Tri-State Hematology/Oncology, located on the fifth floor of Medical Plaza A, 617 23rd St., in Ashland. A physician order is required for the testing.

Counseling – both before and after testing – is an important part of genetic testing. Making sure that the patient, and their family members, have the knowledge, tools and resources to deal with whatever information may be uncovered by genetic testing is an important part of counseling.

Even patients who have undergone genetic testing as part of a cancer diagnosis in the past may benefit from having genetic testing performed again. That's because today's testing is much more sophisticated, returning results on a wider array of genetic markers for cancer than in the past.

Results are typically available in 10 to 14 days. For more information on genetic testing at King's Daughters, please call (606) 325-2221.



3D MAMMOGRAPHY

In calendar year 2018, King’s Daughters introduced 3D mammography (tomosynthesis) to its Breast Care Center located at 2225 Central Ave., Ashland.

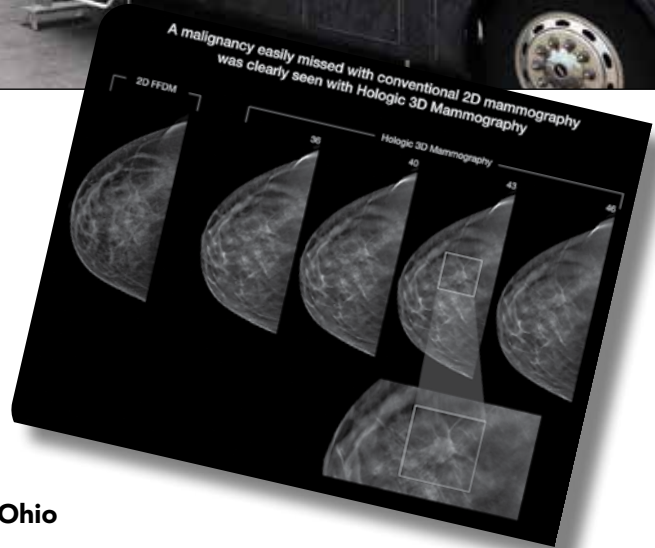
In calendar year 2019, King’s Daughters expanded the availability of 3D mammography, making this important service available at King’s Daughters Medical Center Ohio, 2001 Scioto Trail, Portsmouth. A 3D unit also was installed on King’s Daughters mobile mammography unit, making it the area’s only mobile 3D unit and one of very few in the state.

The mobile mammography unit travels throughout southeastern Ohio and eastern Kentucky. Regularly scheduled visits are made to King’s Daughters Family Care Centers in:

- **Prestonsburg, Grayson, Olive Hill and Sandy Hook, Ky.**
- **Ironton, Jackson and Wheelersburg, Ohio**

The mobile unit also visits area employers, shopping centers/malls and other locations throughout King’s Daughters service area. For more information about 3D mammography at King’s Daughters, please call (606) 408-1111. A physician referral is not required for screening mammography.

King’s Daughters has grant funding available for patients who are uninsured or underinsured and cannot afford mammography services.



MAMMOGRAPHY STATISTICS

(January 1, 2019 through October 31, 2019)

| Test | Volume |
|-----------------------|--------|
| Screening mammograms | |
| KDMC & Mobile Unit | 13,396 |
| King’s Daughters Ohio | 323 |
| Breast Ultrasounds | 1,246 |
| Breast MRIs | 69 |
| Breast Biopsies | 263 |

**During this timeframe,
108 people were diagnosed
with breast cancer.**



Skin Cancer

King's Daughters Community Needs Assessment identified our home county, Boyd, as having the highest incidence of melanoma in the state.

Further, a review of cancer registry data showed an increase in the number of malignant melanomas diagnosed throughout our service area.

To combat this, in 2018, King's Daughters developed a skin cancer screening program to educate the public about skin cancers and provide free screenings.

In FY 2019, we conducted six skin cancer screenings, serving 96 patients. Of these, 69 were female; 27 were male. All self-identified as Caucasian. Eight indicated a personal history of skin cancer: four with basal cell carcinoma; two with squamous cell; and two with melanoma.

Sixty percent of those participating in the screening indicated they had never had a skin cancer screening.



Fifty-six participants were referred for follow up, including 49 referred for biopsy.

As participants were free to follow up with a King's Daughters provider or with a provider at another institution, complete data on participant follow up is not available.

Individuals with positive findings were made appointments at the time of screening or were called back with appointment times. Several chose to follow up with a personal physician, at the VA or through non-King's Daughters providers.

Treatment & Supportive Services

The following treatment/supportive services area are available to patients receiving cancer treatment at King's Daughters:

- Survivorship Care Plan (SCP) provides a summary of cancer treatments and a plan for follow-up services.
- Ambulatory Care Manager program assists patients in keeping follow-up appointments; referrals to community resources; and medication assistance programs.
- Our Distress Management program helps patients work through the emotions of cancer diagnosis and treatment.
- Nutrition services are available to inpatients and outpatients. Call (606) 408-1650 for more information.
- Navigators help patients with advocacy, understanding and care coordination from diagnosis through treatment. Call (606) 408-1630.
- Lymphedema Services are available following treatment that involves the removal and/or radiation of lymph nodes. Call (606) 408-0428 for more information.
- Home Health provides skilled nursing, therapy and more. Call (606) 408-9700 for more information or to arrange services.
- Chaplains provide compassionate support to patients and families. Call (606) 408-1751.
- Social workers help ensure patients have needed support and resources. Call (606) 408-6294 for more information.
- Support Groups: Our Breast Cancer Support group meets monthly in the lobby of the KDMS Tri-State Hematology/Oncology. Call (606) 408-1639. Reach to Recovery, a group of breast cancer survivors, provides personal support to patients. Call the American Cancer Society at (606) 324-1819.
- ACS's Road to Recovery volunteers drive patients to and from physician appointments, treatment and therapy visits. Call the ACS at (606) 324-1819.



Physician Directory

ONCOLOGY/HEMATOLOGY

KDMS - Tri-State Hematology/Oncology

Kim Carey, APRN
David Goebel, M.D.
Eva Joseph, APRN
Jaskirat Randhawa, M.D.
Galena Salem, M.D.
Chad Tarabolous, M.D.
Vinay Vermani, M.D.
Medical Plaza A | 617 23rd St. | 5th Floor
Ashland, Ky. | (606) 325-2221

KDMS - Portsmouth Cancer Care Associates

Tsuyoshi Inoshita, M.D.
916 11th St. | Portsmouth, Ohio
(740) 353-4884

RADIATION ONCOLOGY

Tri-State Regional Cancer Center

Terry Justice, M.D.
Jeffrey Lopez, M.D.
706 23rd St. | Ashland, Ky.
(606) 329-0060

BREAST SURGERY

KDMS - Breast Health Specialists

M. Katherine Hughes, M.D.
Medical Plaza A | 617 23rd St. | 5th Floor
Ashland, Ky. | (606) 325-2221

GENERAL SURGERY

KDMS - Surgery

Darren Barker, APRN
Jeannie Jones, APRN
Matthew Maze, APRN
Kevin Miller, M.D.
Kim Short, APRN
Roderick Tompkins, M.D.
Timothy Wheeler, M.D.
Medical Plaza B | 613 23rd St. | Suite 440
Ashland, Ky. | (606) 329-2888
Also in Portsmouth and Prestonsburg

CARDIOTHORACIC SURGERY

KDMS - Cardiothoracic Surgery

Juan Bastidas, M.D.
Eric Bronstein, M.D.
Robert Fried, M.D.
Angela Geary, APRN
Larissa Pitts, APRN
Medical Plaza B | 613 23rd St. | Suite 210
Ashland, Ky. | (606) 326-9847
Also in Portsmouth & Prestonsburg

DERMATOLOGY

Tri-State Dermatology

Carol H. Cooper, M.D.
1200 Central Ave. | Suite 4 | Ashland, Ky.
(606) 324-1483

GASTROENTEROLOGY

KDMS - Gastroenterology

Cheryl Bascom, M.D.
Jessica Bryant, APRN
Ashlee Eichenlaub, APRN
Arthur Gaing, M.D.
Garfield Grandison, M.D.
Gregory Moore, PA
Medical Plaza B | 613 23rd St. | Suite 350
Ashland, Ky. | (606) 408-8200
Also in Grayson & Prestonsburg

Tri-State Digestive Disease Associates

Michael Canty, M.D.
Sara Everman, PA-C
Medical Plaza A | 617 23rd St. | Suite 11
Ashland, Ky. | (606) 324-3188

KDMS - Portsmouth Gastroenterology

Charles Wong, M.D.
1729 Kinneys Lane | Suite 203
Portsmouth, Ohio | (740) 354-2942

OTOLARYNGOLOGY

KDMS - Otolaryngology

Gregory Baker, M.D.
Jon Brinkman, D.O.
William Van Beneden, D.O.
Medical Plaza B | 613 23rd St. | Suite 420
Ashland, Ky. | (606) 408-8100
Also in Portsmouth & Prestonsburg

PATHOLOGY

Professional Pathology

Shamsa Haroon, M.D.
Malisha Johnson, D.O.
Katalin Kovacs, M.D.
Diane Pierson, D.O.
2201 Lexington Ave. | Ashland, Ky.
(606) 408-0287

PULMONOLOGY

King's Daughters Lung Center

Mohamad Abul-Khoudoud, M.D.
Anna Bayes, APRN
Jerry Dickess, PA
William Hensley, APRN
Jessica Hicks, APRN
Kenneth Leung, M.D.
Scott Nelson, M.D.
Traci Sanchez, M.D.
Gregory Stark, M.D.
Bjorn Thorarinsson, M.D.
Chelsey White, D.O.
Ground Floor, Parkview Patient Tower
22nd St. | Suite G10 | Ashland, Ky.
(606) 329-1185
Also in Grayson, Prestonsburg & Portsmouth

PLASTIC SURGERY

KDMS - Plastic & Reconstructive Surgery

Peter Andolina, D.O.
W. Bryan Rogers III, M.D.
Medical Plaza A | 617 23rd St. | Suite 105
Ashland, Ky. | (606) 408-7500

RADIOLOGY

Ashland Radiology Associates

Susan Aliff, APRN
Mayola Boykin, M.D.
Dhirenkumar Desai, M.D.
Erik Fraley, M.D.
Matt Harper, M.D.
Scott Moore, M.D.
2201 Lexington Ave. | Ashland, Ky.
(606) 408-0746

INTERVENTIONAL RADIOLOGY

Ashland Radiology Associates

Wes Lewis, M.D.
Pho Nguyen, M.D.
Medical Plaza A | 617 23rd St.
Suite 105 | Ashland, Ky.
(606) 408-7500

UROLOGY

KDMS - Bluegrass Urology

William Boykin, M.D.
Justin Dixon, M.D.
Timothy Dixon, M.D.
Lindsay Montgomery, PA
Angela Pannuti, PA
Charles Thorndyke, M.D.
336 29th St. | Suite 101
Ashland, Ky. | (606) 324-4404

KDMS - Urology

Christopher Schmidt, D.O.
1729 Kinneys Lane | Suite 103
Portsmouth, Ohio | (740) 355-1900
Also in Jackson



KING'S DAUGHTERS

Ashland, Ky. | KingsDaughtersHealth.com