ACCREDITATION
Owensboro Health’s Mitchell Memorial Cancer Center is dedicated to providing care that meets nationally accepted standards to residents of Kentucky and Indiana. To demonstrate that commitment, the center has earned accreditation from multiple governing healthcare bodies, reflecting that we deliver treatment in keeping with the highest recognized standards of care. Owensboro Health Mitchell Memorial Cancer Center is accredited as a “Comprehensive Cancer Center,” the highest endorsement awarded to any community hospital by the Commission on Cancer of the American College of Surgeons.

The following accreditations have been earned by Owensboro Health’s Mitchell Memorial Cancer Center:

The American College of Surgeons’ Commission on Cancer
Established in 1922, the Commission on Cancer (CoC) is a consortium of professional organizations dedicated to improving patient outcomes and quality of life for patients with cancer through standard-setting, prevention, research, education and the monitoring of comprehensive quality care.

In 2015, Owensboro Health’s Mitchell Memorial Cancer Center received the CoC’s “Outstanding Achievement Award,” the highest possible award given for CoC accreditation. The Outstanding Achievement Award is granted to accredited cancer programs that receive compliance ratings for 27 standards as well as commendation ratings for seven standards. These 34 cancer program standards reflect program management, clinical services, continuum of care services, patient outcomes and data quality.

The American College of Surgeons’ National Accreditation Program for Breast Centers
This accreditation is awarded to facilities that voluntarily commit to providing the highest level of breast care. This accreditation requires a rigorous process of evaluation, survey and review before being granted.

The American College of Radiology Certificate of Accreditation in Radiation Oncology Services
The American College of Radiology (ACR) requires all facilities that seek accreditation to demonstrate a commitment to following nationally accepted standards of care. The process also includes a peer-review evaluation process involving respected experts in the field of radiation oncology.

The Radiation Oncology Accreditation Program provides third-party, impartial peer review and evaluation of patient care. Staff, equipment, treatment planning and records, patient safety and quality control activities are assessed.

The American College of Radiology Lung Cancer Screening Program
Owensboro Health was one of the first sites in Kentucky to join the Kentucky Clinical Trial Network for tobacco-related cancers and was one of the first centers in Kentucky to offer low-dose CT lung cancer screening. It is an ACR-designated Lung Cancer Screening Center.

The process of accreditation is challenging. We are proud to have earned these accreditations, in keeping with our mission to heal the sick and to improve the health of the communities we serve.
WHY WE FIGHT CANCER...

OWENSBORO HEALTH EXISTS TO HEAL THE SICK AND TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

That means we fight on two fronts against diseases great and small, and there is no greater foe in the Commonwealth of Kentucky than lung cancer. The fight against lung cancer is challenging and historically progress has been slow, but that is beginning to change.

We are now empowered with the ability to screen for lung cancer and detect it early, offering hope for a cure for more individuals than ever before.

We have more sophisticated diagnostic techniques and capabilities, helping us to understand cancer better and how we can treat it and beat it.

We have new medicines and therapies that can help prolong the lives of lung cancer patients and improve their quality of life.

For those who now struggle. For those who have yet to fight.
DEAR READERS...

IT’S MY PLEASURE TO SHARE WITH YOU THE 2018 PUBLIC REPORT OF OUTCOMES OF THE MITCHELL MEMORIAL CANCER CENTER.

As part of Owensboro Health, the center’s mission is to heal the sick and to improve the health of the communities we serve. We are committed to that mission on all fronts.

As an American College of Surgeons Commission on Cancer comprehensive cancer center, we offer national-level cancer care. We are working to catch cancer early with screenings, or prevent cancer altogether by increasing community awareness and promoting healthy behaviors.

This report represents our continued commitment to the communities we serve. By sharing this information with you, we hope to tell the story of our progress and what we see in the years ahead.

Thank you for reading and for allowing us to serve you and all the people of our region.

Sincerely,

Brian Ward, MD
CANCER COMMITTEE CHAIR
WHAT IS LUNG CANCER?

The cells of our body have ways to replace themselves as they age. Cancer occurs when something goes wrong in that process and cells begin to multiply uncontrollably.

Under normal circumstances, our body’s immune system responds by destroying these rogue cells. Cancer is different because the malfunctioning cells are able to hide from the immune system. Unchecked, these cancer cells will invade and damage other areas of the body, ultimately causing death.

LUNG CANCER IS ESPECIALLY DEADLY FOR MULTIPLE REASONS:

• Smoking – a proven cause of lung cancer – is widespread in this area. Cigarette smoking has declined nationally, going from 20.9% in 2005 to 15.5% in 2016, but Kentucky and Indiana still have much higher smoking rates.

As of 2016, 24.8% of Kentucky’s adult population – about 1 of every 4 – were smokers. Kentucky ranks second in percentage of adults who smoke (West Virginia is first, with 25.1%).

“Smoking is still the leading association with lung cancer. Today, 85% of all lung cancer diagnoses are associated with smoking, either now or in the patient’s past,” said Dr. Michael Muzoora, a pulmonologist with Owensboro Health Medical Group – Pulmonology.

• Lung cancer usually has no early symptoms. By the time a person has symptoms, the cancer has typically spread throughout the lungs and even to other places within the body.

Lung cancer survival is also affected by how early the cancer is diagnosed. (See the graph below)

FIVE-YEAR SURVIVAL RATES FOR NON-SMALL-CELL LUNG CANCER

*Depending on tumor features

BY THE NUMBERS

LUNG CANCER

BY THE NUMBERS

Kentucky is far above the national averages for new cases of and deaths from lung cancer. Indiana also ranks in the top 10 in both categories, coming in sixth in new cases and 10th in deaths.

Above cancer incidence and mortality data is from 2011-2015, the most recent year available, and is courtesy of the National Cancer Institute’s State Cancer Profiles website, statecancerprofiles.cancer.gov. Smoking data is from 2016 and was taken from the Centers for Disease Control and Prevention, the CDC Behavioral Risk Factor Surveillance Systems and from CountyHealthRankings.org, run by the Robert Wood Johnson Foundation.

How We Fight It

DETECTING CANCER EARLY

WITH DIAGNOSTIC RADIOLOGY

In the late 1990s, doctors and scientists began investigating if lung cancer could be detected using low-dose computerized tomography (CT) scans. CT scans use x-rays and computer processing to create detailed images. Their research found low-dose CT was much better than standard x-rays at detecting lung cancer, especially in the early stages.

From 2002 to 2009, the National Lung Screening Trial enrolled more than 53,000 participants across the United States. That study discovered low-dose CT scans lowered lung cancer death rates by 20%. In 2012, Owensboro Health was one of the first hospitals in Kentucky to participate in a similar statewide trial.

Today, low-dose CT screenings are covered by most insurance plans, including Medicare and Medicaid for patients who meet the following criteria established by the U.S. Preventive Services Task Force:

• Current smokers or smokers who quit within the last 15 years
• Those who meet the 30 pack-year requirement.

Those who meet the 30 pack-year requirement:

• This calculation takes the number of packs per day for a smoker and multiplies it by how long they smoked. A 30 pack-year history would mean an individual smoked one pack a day for 30 years, 2 packs a day for 15 years, and so on.
• Those who are 55-80 years of age.

Dr. Patrick Padgett, a diagnostic radiologist with Owensboro Health, said that early diagnosis of any cancer is key. Before low-dose CT scans, there was no effective way to screen for lung cancer. Now that low-dose CT is being used, more cancers will be detected early.

Colleen Brey, RN, the nurse navigator for lung cancer screenings, said Owensboro Health is already seeing that trend. In 2018, the center is projected to do more than 1,000 screenings – including new patients and follow-ups. As of October 31, 2018, 20 cases had been diagnosed, and 16 of those were detected early (in Stage I or II).

“The more people that survive, that’s saving lives. A lot of these patients, finding more cancers and early-stage cancer, they have surgery alone. ‘The majority of them don’t need chemotherapy or radiation. That’s huge.’”

Dr. Padgett said.

“This is an opportunity for all the patients who were affected by smoking. Am I in good shape or do I need more treatment? As it turns out, you may be eligible for a screening.”

Patrick Padgett, MD

RADIOLOGY

How We Fight It

DETECTING CANCER EARLY

WITH DIAGNOSTIC RADIOLOGY

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Dr. Padgett said.
GAINING GROUND: LUNG SCREENING
OWENSBORO HEALTH HAS HAD YEARS OF PROGRESSION IN HELPING LUNG SCREENING PATIENTS

Owensboro Health has kept pace with numerous nationally focused lung screening efforts: The National Lung Screening Trial (NLST), the American College of Surgeons’ National Cancer Database, the U.S. Preventative Services Task Force, and the American College of Surgeons’ Lung-RADS™ quality assurance tool.

EARLY DETECTION COULD SAVE YOUR LIFE!

Early detection can make an enormous difference for patients with lung cancer. That’s where low-dose CT screenings come in. These screenings are covered by Medicare, Medicaid and many private insurance carriers for patients who meet certain requirements.

If you meet the following criteria set by the U.S. Preventative Services Task Force, you may benefit from a screening:

• 55 - 80 years old
• Current smokers or smokers who quit within the last 15 years
• Those who meet the 30 pack-year requirement
  – This means smoking an average of a pack per day for 30 years, or two packs per day for 15 years, and so on.

TO LEARN MORE, VISIT WWW.OWENSBOROHEALTH.ORG/LUNGSCREENING

YOU CAN ALSO CALL OWENSBORO HEALTH’S 24-HOUR NURSE LINE TOLL-FREE AT 1-877-888-6647.
How We Fight It
DIAGNOSING AND STAGING LUNG CANCER WITH ADVANCED PULMONOLOGY TECHNIQUES AND TECHNOLOGY

How We Fight It
KNOW THE ENEMY: PATHOLOGY LEADS THE WAY

In the past, by the time a patient showed symptoms of lung cancer, it was almost always when the disease was advanced. Early detection, in the form of low-dose CT lung screening, is changing that, and pulmonologists also have new technologies that help them locate and learn more about patients’ lung cancer.

“We have the ability to evaluate lung cancer in detail, using endoscopic ultrasound (EUS) or endobronchial ultrasound (EBUS),” said Dr. Michael Muzoora, a pulmonologist with Owensboro Health Medical Group – Pulmonology. “We can diagnose smaller lung cancers using navigational bronchoscopy. We can also use endobronchial techniques to intervene on larger tumors that are obstructing airways.”

“THERAPY FOR LUNG CANCER DEPENDS ON BEING ABLE TO ADEQUATELY STAGE THE CANCER. NOW, PATIENTS CAN GET BETTER STAGING WITHOUT GOING THROUGH MORE INVASIVE SURGICAL TECHNIQUES,” DR. MUZOORA SAID. “WE ARE THEREFORE ABLE TO OFFER MORE TAILORED THERAPY. WE CAN OBTAIN QUALITY SPECIMENS USED FOR EVALUATION, GENETIC TESTING AND MUTATION ANALYSIS, ALL OF WHICH ARE VERY IMPORTANT IN TAILORING TREATMENT.”

In the long run, nothing can be acted on and treated until it’s biopsied and diagnosed by a pathologist. That’s required for treatments to be considered,” said Dr. Brian Ward, a pathologist at Owensboro Health and chair of the Cancer Committee at the Mitchell Memorial Cancer Center.

“Once a lung cancer is detected, it’s imperative to learn as much as possible about the type of cancer.”

“Once tissue is gathered, then analysis can begin. This includes diagnosing the type of cancer and some of its main characteristics. The question becomes, ‘What’s going to be the best treatment option for this particular type of lung cancer?’ Based on what the pathologists say, certain types of genetic testing can be done and may offer specific types of targeted therapy,” Dr. Ward said.

Genetic testing then digs even deeper.

“There’s an explosion of information as far as the genetics of any given cancer. Just 30 or 40 years ago, sequencing DNA was a laborious process. Now we have next-generation sequencing, which allows very rapid analysis. That lets us search for genes that are targetable.”

Targeted therapies exploit the cancer’s weaknesses and Dr. Ward said the emphasis on understanding cancer genetics will continue to increase.

“The number of targetable genetic abnormalities is only going to grow,” Dr. Ward said. “We’re going to see more genetic profiling. That will hopefully give patients a therapy that will bring benefits.”
One of the most important ways to combat lung cancer is using surgery to remove it, said Dr. Alan Mullins, a general surgeon with Owensboro Health Medical Group – Surgical Specialists. Dr. Mullins performs lung cancer surgeries on a regular basis in addition to his general surgery cases.

In years past, there were fewer lung cancer cases where surgery was an option. That is shifting as low-dose CT screening increases the number of cases detected while the cancer is still in its early stages.

"The overall outcome of lung cancer has not changed much, unfortunately. Screening may hold better hope for that," Dr. Mullins said. "That's certainly the hope and the intention of these screenings, to detect patients' cancer earlier, when more of them may be surgical candidates and be curable."

A minimally invasive surgical approach is one of the keys to success in these cases, Dr. Mullins said.

"It's clear that a minimally invasive technique is superior to open surgery in terms of patient outcome," Dr. Mullins said. "It's less blood loss. It's a better, quicker recovery. There's less pain and fewer problems for the patient."

Dr. Mullins added that his work as a surgeon greatly benefits from the work of pulmonologists like Dr. Michael Muzoora.

"One of the other things that's a big change in cancer is that staging is better, a lot more accurate, and less invasive because of the capabilities of pulmonologists," Dr. Mullins said. "The patients that are getting surgery are more accurately staged, and therefore doing better."

Dr. Mullins, MD
Surgery

Lung cancer care is not the same as it was when Dr. Kevin Ridenhour finished his medical oncology fellowship in 2002.

"It's almost completely different. Genetics and molecular targeting have revolutionized non-small cell lung cancer treatment," Dr. Ridenhour explained. "One of the first things we do is look at the genetics of the tumor to help guide optimal therapy."

Understanding a tumor's genetics often reveals weaknesses, said Dr. Ridenhour, who is a medical oncologist at Owensboro Health Medical Group – Hematology & Oncology.

"Most of our treatments are more guided by molecular aspects of the tumor," Dr. Ridenhour said. "The choice of treatment is based on the molecular markers (which show what drugs are most likely to kill the cancer cells)."

There are also advances in the drugs used to treat cancer.

"I have more options available to treat patients with, and the side effects of these drugs will help guide the ones you select," Dr. Ridenhour said. "Some patients that couldn't tolerate traditional chemotherapy are likely able to tolerate targeted therapies."

"I go home and I get three to five different cancer journals every day. By the end of the week, I might have 20 to 30 pieces of information trying to tell me the latest changes," Dr. Ridenhour said. "It's hard to keep up, but we do the best we can. That's why tumor boards are also helpful."

Dr. Ridenhour added that the team approach happens within the clinic where he practices. Dr. Jacob Hodskins, the newest doctor in the practice, has eight years of experience. Dr. Datatraya Prajapati, the most senior, has been practicing medicine for 46 years.

"I'm glad to be in a group of five because we all have varying levels of experience," Dr. Ridenhour said. "It's very helpful to ask each other's advice."

Having that amount of experience – both within the practice and throughout the health system – means patients can get the treatment they need without leaving Owensboro.

"We have most of the representative specialties. People don't have to travel to major academic centers far away to get their treatment," Dr. Ridenhour said.

Dr. Ridenhour, MD
Medical Oncology & Hematology

Kevin Ridenhour, MD
MEDICAL ONCOLOGY & HEMATOLOGY

Alan Mullins, MD
Surgery

I HAVE MORE OPTIONS AVAILABLE TO TREAT PATIENTS WITH, AND THE SIDE EFFECTS OF THESE DRUGS WILL HELP GUIDE THE ONES YOU SELECT," DR. RIDENHOUR SAID. "SOME PATIENTS THAT COULDN'T TOLERATE TRADITIONAL CHEMOTHERAPY ARE LIKELY ABLE TO TOLERATE TARGETED THERAPIES."
Radiation therapy is much more accurate now than in years past, and the radiation can be more precisely controlled, Dr. Ryan Abel, a radiation oncologist, said. A widely used approach that relies on accuracy and precision is stereotactic radiation, which uses multiple radiation beams simultaneously.

“The idea is that you are delivering radiation to the tumor with very minimal surrounding tissue radiation,” Dr. Abel said. “This allows us to give a lethal dose to whatever is being targeted, while sparing the normal cells around it.”

One of the most important tools at the Mitchell Memorial Cancer Center is also one of the newest. The TrueBeam™ linear accelerator, made by Varian Medical Systems, came to the center in late 2017. The TrueBeam is capable of controlling accuracy to within a fraction of a millimeter, the size of a pencil lead.

Dr. Abel added that his work relies heavily on supporting medical specialists.

“IT IS VERY TIGHTLY CONFINED, SO THEY DON’T EVEN HAVE SYMPTOMS,” DR. ABEL SAID. “MOST OF THE TIME WHEN PATIENTS GET STEREOTACTIC RADIATION, THEY DON’T EVEN KNOW WE’RE DOING IT. THEY COME IN...AND THEN THEY CAN CONTINUE ON WITH THEIR NORMAL LIFE.”

For accurate staging, diagnosis and treatment, it helps to know what you’re dealing with. I can’t do that on my own. I rely on pulmonologists and diagnostic radiologists to help me know where the cancer is located,” Dr. Abel said.

That ability to collaborate is helping improve survival rates.

“We’re seeing Stage IV lung cancer patients living years, when before the prognosis wasn’t as good,” Dr. Abel said.

That’s happening here, and it’s a reflection of the excellence in care being offered at the Mitchell Memorial Cancer Center.

Patients can still live here, get radiation and receive the chemotherapy they need.”
In the past two years, Owensboro Health has teamed up with the UK Markey Cancer Center in two areas, becoming part of the Research and Affiliate Networks at that center.

“We are hitching our wagons, so to speak, with somebody that is really on the forefront,” said Dr. Mullins, who is Owensboro Health’s liaison to the Markey Cancer Center.

Dr. Mullins said one of the biggest benefits of this affiliation is access to the Molecular Tumor Board at Markey. That partnership is making a difference in lung cancer care now, but has even bigger possibilities in the years and decades to come.

“There are major breakthroughs coming from improved understanding of cancer, details of the cancer cells. Mysteries are being unlocked that are going to yield results,” Dr. Mullins said. “We’re making treatment more specialized, more tailored to the specifics of the tumor.”

That starts with advanced scientific understanding of how cancers work.

With understanding comes the ability to use “precision medicine,” including cancer treating drugs that exploit weaknesses found by genetic analysis of the tumor.

“AT UK, MOST NEWLY DIAGNOSED LUNG PATIENTS ARE SUBMITTED TO THE MOLECULAR TUMOR BOARD, MEANING THEY HAVE NEXT-GENERATION SEQUENCING AND DETAILED GENETIC ANALYSIS,” DR. MULLINS SAID. “WE’RE FINDING OUT THERE IS A GREAT VARIABILITY, GREATER THAN WE EVER IMAGINED, IN THE COMPLEXITY OF THE CANCER.”

“Next-generation sequencing has two values. One, it tells you what won’t work. This will eventually yield useful information about treatment results,” Dr. Mullins said. “The individual patient is going to get a biopsy, a super-detailed genetic analysis of tumor cells, and then a treatment plan just as unique will be implemented for the patient.”

That accumulation of knowledge is one of the keys to progress. “In 2028, I think it will be a very different world than where we are now,” Dr. Mullins said. “It’s how we’re going to make progress. It’s essential if we’re going to improve over time, rather than just remain stagnant and keep doing the same thing over and over again.”
For Pharmacy Supervisor David Cruce and his staff, there are no shortcuts.

located on the second floor of the Mitchell Memorial Cancer Center, the oncology pharmacy team knows the safety of their patients is their top priority.

“We have chemotherapy treatment plans reviewed by the doctor, by one pharmacist clinically before it gets to me, and then I review it again,” Cruce said.

“We scan the product into the computer to make sure we’ve selected the right item. I physically check it before it goes into the bag.”

There is no substitute for diligence, Cruce said.

“There’s zero tolerance for errors in this department,” Cruce said. “We physically check it before it goes into the bag.”

There is no substitute for diligence, Cruce said.

“WE TAKE OVER THERAPIES FOR PEOPLE THAT HAVE GONE TO THE TOP CANCER CENTERS IN THE COUNTRY. EXPERTS AT THESE CENTERS SET UP THE PROCEDURE OR PROTOCOL AND THEN WE TREAT THE PATIENT HERE,” CRUCE SAID. “THERE’S NOT MUCH WE CAN’T HANDLE, ESPECIALLY IF WE COLLABORATE WITH AN OUTSIDE SOURCE.” THAT MEANS PATIENTS CAN RECEIVE CARE CLOSE TO HOME, CRUCE SAID.

Robin Osborne and Judy Strobel are always looking for new hope for patients with cancer, and one place that starts is with clinical trials.

Osborne and Strobel are clinical research specialists at Owensboro Health’s Mitchell Memorial Cancer Center. They maintain and track the involvement of the center and its patients in clinical trials.

Clinical trials feature new drugs, as well as older drugs that are being used in new ways.

Patient outcomes are meticulously recorded and analyzed. Once the study is complete, scientists use that data to decide if the trial was successful.

The process is extremely rigid and rigorous. Every “t” must be crossed and every “i” dotted. There are no exceptions. Clinical trials are very closely monitored and regulated by the federal government, and a study’s results can be thrown out if there are failures in record keeping or procedures.

Owensboro Health’s involvement in clinical trials is also growing, with the health system becoming part of the University of Kentucky Markey Cancer Center Research Network. The Markey Cancer Center is one of 70 National Cancer Institute-designated cancer centers around the country. That means Owensboro Health’s patients will be able to participate in state- and national-level clinical trials.

Strobel added that Owensboro Health’s physicians will then review trials and see if there is going to be a benefit to patients.

“We have a research review committee of physicians that are helping us to pick studies within the scope of the health system’s mission, vision and values,” Strobel said. “We want to make it better for our patients and our doctors, and we want to keep our doctors engaged.”

Osborne said this work makes it an exciting time to be a part of the Mitchell Memorial Cancer Center.

“EVERY DAY, WE LOOK AT ANY NEW PATIENT COMING INTO THE CANCER CENTER AND SEE IF WE HAVE ANY OPEN STUDIES HERE IN THE HEALTH SYSTEM. IF WE DON’T HAVE ANY, WE REACH OUT TO UK TO SEE IF THEY HAVE ANY RELEVANT STUDIES OPEN,” OSBORNE SAID.

“WHAT WE’RE DOING NOW IS MOLDING THE FUTURE TO BE ABLE TO OFFER PHYSICIANS AND PATIENTS A WIDE VARIETY OF RESEARCH STUDIES,” OSBORNE SAID.
A cancer diagnosis is frightening and the complex nature of cancer care can be daunting. For patients with limited knowledge of healthcare, this combination can lead to being overwhelmed.

That’s why Owensboro Health’s Mitchell Memorial Cancer Center has oncology nurse navigators.

“Our job is to identify barriers and help patients overcome them,” Zimmerman said. “We are a central contact for them. If they don’t know whom to ask, they can call us.”

Navigators are networkers and problem-solvers.

“We do chart reviews and make sure the patient is followed up on and not missed. We make sure the patient is educated, that they understand, and we ensure their care is streamlined and given in a timely manner.”

Zimmerman helps patients with lung cancer through the areas of treatment. Colleen Brey, RN (mentioned earlier) is the navigator for lung cancer screenings. A dedicated navigator just for screenings is needed now more than ever, as the number of patients being screened continues to swell.

For patients with lung cancer, breathing can be a challenge. That’s why Owensboro Health has a heart and lung rehab facility, with staff trained and dedicated to helping patients with respiratory problems.

Heart and Lung Rehabilitation

Therapeutic Experience

Located on the fourth floor of the Ford Medical Building, adjacent to the Owensboro Health Healthpark on Ford Avenue, Heart and Lung Rehab looks a lot like a small exercise gym, complete with treadmills and other fitness equipment. More important than the equipment is the staff, which includes four nurses and an exercise physiologist.

Heart and lung rehab can be used before and after surgeries, especially in the case of lung cancer.

Genny Johnson, RN Nursing Supervisor states, “Either before or after surgery, it’s going to build up their strength, being able to cough and breathe deep before surgery can make a big difference. After surgery, you need to slowly build yourself back up.”

In addition to the health benefits, Johnson said they see other improvements in the patients.

“She’s following numerous patients with Stage IV lung cancers who are living into their third year now. Before, it would have been just months,” Zimmerman said. “They’re living longer and tolerating their treatment better.”
Exercise is Medicine
EXERCISE IS JUST WHAT THE DOCTOR ORDERED

Amber Hesson
EXERCISE REFERRAL SPECIALIST

At the Owensboro Health Healthpark, exercise can be a prescription. Exercise is Medicine is a provider-prescribed program that helps tailor an exercise program that patients can follow, and also enjoy.

“When patients come in, we discuss their health history and their goals. The trainers try to make the workout program as specific as possible for each patient,” said Amber Hesson, an exercise referral specialist at the Healthpark. “The patients are getting a very specific program based on their needs.”

The Healthpark has the added benefit of being a medical-based fitness center. That means the staff have higher levels of training and expertise.

“All our program staff have four-year bachelor’s degrees in some area of exercise science, as well as certifications in personal training or other related fields,” Hesson said.

Physical activity is especially important for patients with cancer. That’s because it can have beneficial effects and also mitigate some side effects of cancer and cancer treatments. A number of Mitchell Memorial Cancer Center’s patients are referred to the Exercise is Medicine program and a little over 54% enter it. The program has an 85% completion rate, but the positive effects go far beyond that.

“We have several benefits with the Exercise is Medicine program,” Hesson said. “We see decreased blood pressure and heart rate, and a decrease in body fat. We test strength components, too, and we see increased upper body strength, core strength, flexibility, and recovery heart rate.”

“WE ASK THEM ABOUT THEIR MENTAL HEALTH, ENERGY LEVELS, HOW THEY’RE SLEEPING, HOW HAPPY THEY ARE WITH THEIR LIVES, WE SEE IMPROVEMENTS IN ALL THOSE AREAS.”

Hesson said there are other benefits, too.

“We also do pre- and post-program questionnaires, looking from a patient’s point of view,” Hesson said.

EXERCISE IS MEDICINE STATISTICS:
(AUG. 10, 2015 – NOV. 7, 2018)
- # IN THE PROGRAM: 1,615
- # OF REFERRING PROVIDERS: 286
- COMPLIANCE RATE: 80.62%
- TOTAL COMPLETED: 1,186
- WEIGHT LOSS: 63.15%
- DECREASED WAIST CIRCUMFERENCE: 59.02%
- AVERAGE DECREASE IN WAIST: 1.98 INCHES
- DECREASED BLOOD PRESSURE: 62.21%
- INCREASED UPPER BODY STRENGTH: 39.88%
- INCREASED CORE STRENGTH: 33.14%
- INCREASED FLEXIBILITY: 45.95%
- DECREASED HEART RATE: 50.59%
- IMPROVED RECOVERY HEART RATE: 36.65%
- DECREASED BODY FAT PERCENTAGE: 52.28%

Nutritional Care
A MATTER OF TASTE AND SURVIVAL

Nutritional care is yet another part of the comprehensive range of services at the Mitchell Memorial Cancer Center.

Holly Gardner, a registered and licensed dietitian at the center, said food and nutrition are key components in the fight against cancer. That’s why she reviews the needs and case of every patient treated at the center.

“Nutrition plays a vital role in tolerance, maintaining weight, and if a patient loses too much weight, they have to adjust their chemotherapy regimen,” Gardner said. “I tell patients, ‘Food is medicine.’ We consider food pleasurable, something we eat with family and friends, but when you’re feeling bad, it goes to the wayside. They don’t feel well, they’re overwhelmed and they have a lot of anxiety. It’s a downward spiral.”

Gardner helps them find solutions to food-related issues they experience during their treatment.

“AS PART OF OUR SCREENING, WE MONITOR THEIR WEIGHT TREND, THEIR INTAKE, ESTIMATE THEIR NUTRITIONAL NEEDS, IF THEY’RE LOSING WEIGHT, HOW TO HELP THEM REACH THEIR PROTEIN AND CALORIE GOALS,” GARDNER SAID.

For patients having trouble swallowing, she offers resources such as homemade shake and smoothie recipes, or nutritional-supplement drinks. Owensboro Health Foundation further supports her work by paying some of the cost related to supplement drinks and other items. If patients experience changes in how they taste foods (a common side effect of chemotherapy), she has charts and other resources that can offer patients alternative ways to flavor foods so they can still enjoy what they eat.

“We have a food-first approach. We want you to eat your normal diet for as long as possible,” Gardner said.

Along with all of the other ingredients and capabilities, the center has a recipe for comprehensive cancer treatment, she said.

“I’m extremely grateful. I enjoy working with these patients. I feel like this group, they’re so willing to learn and absorb everything you have to give them because of their situation,” Gardner said.

“Bringing nutritional care services here to the cancer center, to the patients, helps them realize the importance of nutrition and provides complete care.”

Nutritional Care
R D
Holly Gardner, RD DIETITIAN

Nutritional care is yet another part of the comprehensive range of services at the Mitchell Memorial Cancer Center.

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“Nutrition plays a vital role in tolerance, maintaining weight, and if a patient loses too much weight, they have to adjust their chemotherapy regimen,” Gardner said. “I tell patients, ‘Food is medicine.’ We consider food pleasurable, something we eat with family and friends, but when you’re feeling bad, it goes to the wayside. They don’t feel well, they’re overwhelmed and they have a lot of anxiety. It’s a downward spiral.”

Gardner helps them find solutions to food-related issues they experience during their treatment.

“AS PART OF OUR SCREENING, WE MONITOR THEIR WEIGHT TREND, THEIR INTAKE, ESTIMATE THEIR NUTRITIONAL NEEDS, IF THEY’RE LOSING WEIGHT, HOW TO HELP THEM REACH THEIR PROTEIN AND CALORIE GOALS,” GARDNER SAID.

For patients having trouble swallowing, she offers resources such as homemade shake and smoothie recipes, or nutritional-supplement drinks. Owensboro Health Foundation further supports her work by paying some of the cost related to supplement drinks and other items. If patients experience changes in how they taste foods (a common side effect of chemotherapy), she has charts and other resources that can offer patients alternative ways to flavor foods so they can still enjoy what they eat.

“We have a food-first approach. We want you to eat your normal diet for as long as possible,” Gardner said.

Along with all of the other ingredients and capabilities, the center has a recipe for comprehensive cancer treatment, she said.

“I’m extremely grateful. I enjoy working with these patients. I feel like this group, they’re so willing to learn and absorb everything you have to give them because of their situation,” Gardner said.

“Bringing nutritional care services here to the cancer center, to the patients, helps them realize the importance of nutrition and provides complete care.”

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Quit to Succeed
SUCCEED TO LIVE

OWENSBORO HEALTH EXISTS TO HEAL THE SICK AND TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE.

Screening, early detection and national-quality care are some of the most important parts of the fight against lung cancer.

More important than all of them, however, is the importance of prevention. Because tobacco use is so closely linked to lung cancer – 85% of those cases coming from smoking – and other related diseases, it’s important to help patients to become tobacco-free and stay tobacco-free.

That’s why in 2018, Owensboro Health funded a $25,000 grant to the Green River District Health Department to help fund nicotine replacement therapy for individuals who want to quit tobacco.

INDIVIDUALS WHO WANT TO QUIT CAN DO THE FOLLOWING:
- Join the Freedom from Smoking® program classes at the Owensboro Health Healthpark. To learn more and enroll, call 270-688-3291.
- Call 1-800-QUIT-NOW (800-784-8669) to enroll in tobacco cessation counseling, which includes receiving free medication. This line is open for calls from 7 a.m. to midnight, seven days a week. You can also visit www.QuitNowKentucky.org for resources.
- Call the Green River District Health Department to learn more about free medications by calling 270-686-7747.

“IF WE CAN’T STOP THE SMOKING, I FEEL LIKE WE’RE JUST RUNNING TO STAND STILL,” SAID DR. PATRICK PADGETT, A CLINICAL RADIOLOGIST.

The American Cancer Society is a nationwide, voluntary health organization dedicated to eliminating cancer. Established in 1913, the society is organized into 11 geographical divisions of both medical and lay volunteers operating in more than 900 offices throughout the United States. ACS provides numerous valuable services to Owensboro Health patients throughout the area.
Owensboro Health Foundation is the philanthropic arm of Owensboro Health and partners with individuals, corporations, community organizations and other foundations to fund programs that serve people in our region. Last fiscal year, Owensboro Health Foundation funded programs that served 6,365 individuals. These programs and services provided by Owensboro Health met needs identified by the Community Health Needs Assessment. Owensboro Health Foundation is also a key supporter of the work being done at the Mitchell Memorial Cancer Center.

Work done by Owensboro Health Foundation helps secure funds that make a difference in the lives of patients with cancer. This includes financial assistance for prescriptions, funding for transportation and from their cancer care appointments and treatments, support of the health system’s cancer support groups and more.

Social workers at the Mitchell Memorial Cancer Center are part of the networking team. They help connect patients to resources like the programs available through Owensboro Health Foundation.

Programs supported by Owensboro Health Foundation at the Mitchell Memorial Cancer Center include, but are not limited to:

- **LifeSpring:** This program provides a combination of coping and sharing, health and wellness education, and creative and complementary therapies for cancer survivors and anyone in our service area affected by a cancer diagnosis.
- **Mitchell Memorial Cancer Center Medication Fund:** This fund provides financial assistance to patients with cancer who cannot afford the medicines needed for controlling or relieving symptoms of their cancer and/or treatments.
- **Mitchell Memorial Cancer Center Transportation Fund:** This program includes two separate funds. These provide mileage reimbursement to needy cancer patients, who must travel to the cancer center multiple times from outside Daviess County, for treatment.
- **Breast Cancer Assistance Fund:** This program provides financial assistance to breast cancer patients who cannot afford or have insurance coverage for specialty bras, compression garments, and medicines for controlling or relieving symptoms of their cancer and/or treatment.

“Owensboro Health Foundation provides support to programs at the Mitchell Memorial Cancer Center that ultimately serve some of the most vulnerable people among us,” said Owensboro Health Foundation Executive Director Pat Serey. “Patients come to the cancer center knowing they will receive the best quality of care from our team of dedicated, compassionate caregivers.”

**“OUR ROLE AT THE MITCHELL MEMORIAL CANCER CENTER IS TO HELP PATIENTS TAKE ADVANTAGE OF THE RESOURCES THAT WE HAVE AVAILABLE RIGHT HERE,” SAID COLEEN BACHMEIER, ONE OF THREE SOCIAL WORKERS AT THE CENTER.**

Owensboro Health’s Mitchell Memorial Cancer Center regularly participates in research studies that aim to advance the understanding and treatment of cancers. These studies are an extremely important part of increasing our knowledge of cancer and how to fight it. Sometimes what we learn from our patients during these studies can help advance our understanding of cancer, allowing us to develop or improve drugs that fight it. That knowledge may hold the key to one day saving the lives of others facing the same battle.
Sharon Carlton
STAGE IV LUNG CANCER SURVIVOR WAS PUT ON THE PATH TO WELLNESS

Sharon Carlton didn’t know what the knot on her neck was, but she went to get it checked out. The diagnosis she received in August 2015 was cancer. Even worse, the original tumor was in her lung. Two years after her diagnosis, Sharon’s brother died from colon cancer. Her husband, Henry, had a lung removed in 2017 because of cancer.

“I’ve got a big yard and I’d go out by the woods and me and God would have our conversations,” Sharon said.

Sharon vowed not to give up. The only major change she made to her life was to leave her job at a woodworking business, where she helped take wood from white oak trees to make tobacco barrels. Like the oak, she’s made a habit of being strong, whether that was as a wife, a mother or in her faith.

“I’d take nothing in this world for Dr. Maheshwari. I love him just like he’s my dad,” she said.

Sharon saw Dr. Jewraj Maheshwari at Owensboro Health Medical Group – Hematology & Oncology, who put her on chemotherapy every three weeks for about five months. She then had five days of radiation therapy a week for 13 weeks with Dr. Ryan Abel. Then Dr. Maheshwari began treating her with an immunotherapy drug, which works to kill cancer cells using the body’s immune system.

Her husband Henry said her courage and strength were evident to everyone.

“It was kind of unnerving until I saw that she had it down pat,” Henry Carlton said.

“I could keep going,” Sharon said.

TO FIGHT AND TO CONQUER
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“I’ll God can give me the strength to get up and move, I should have the strength to fight it,” Sharon said.

WITH HEAD CARRIED HIGH
In late 2016, Dr. Maheshwari gave her the news. She was cancer-free.

“I wouldn’t take nothing in this world for Dr. Maheshwari. I love him just like he’s my dad,” she said.

She became fast friends with staff at the Mitchell Memorial Cancer Center.

“I had so many that were pushing me. My friends, my brothers, sisters and family, my church family. I had a lot behind me, and it helps,” Sharon said. “You’ve got to have faith, you’ve got to believe and you’ve got to fight the battle. That’s how I feel like I beat it. That’s how my family and friends.”

A year after learning her cancer was gone, life has mostly returned to normal. She likes to go fishing and spends time with her three children, her six grandchildren and her seven great-grandchildren. In January, 2019 Henry and Sharon will celebrate their 53rd wedding anniversary.

Sharon still comes to the Mitchell Memorial Cancer Center once a month so she can receive her immunotherapy infusions.

“With that and God’s help, I’m good,” Sharon said.

“You just keep fighting. You make yourself get up,” Sharon said.

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