



Shining a Light

Cancer Care Center | Annual Report 2015



Cayuga
MEDICAL CENTER

A Member of Cayuga Health System



2015 Cayuga Medical Center Cancer Committee

Charles Garbo, MD, Chairman

Board certified in internal medicine and medical oncology. Graduated University of Vermont Medical School, Burlington, VT. Internship and residency in internal medicine at St. Vincent Hospital, Worcester, MA. Fellowship in hematology and oncology at University of Massachusetts Medical Center, Worcester, MA.

William Carroll, MD, PhD

Board certified in diagnostic radiology. Doctor of Philosophy in physiology from Pennsylvania State University, College Park, PA. Graduated Jefferson Medical College in Philadelphia, PA. Internship in family practice at St. Margaret Memorial Hospital in Pittsburgh, PA. Residency in diagnostic radiology at Geisinger Medical Center in Danville, PA. Fellowship in vascular and interventional radiology at Western Pennsylvania Hospital, Pittsburgh, PA.

John Powell, MD

Board certified in radiation oncology. Graduated SUNY Upstate Medical University, Syracuse NY. Transitional program internship at Riverside Regional Medical Center, Newport News, VA. Residency in radiation oncology at Upstate Medical University, Syracuse, NY.

David Schwed, MD

Board certified in surgery. Graduated SUNY Upstate Medical University, Syracuse, NY. Internship and general surgical residency at New Jersey's Morristown Memorial Hospital, an affiliate of Columbia Presbyterian Medical Center in New York, NY.

Daniel Sudilovsky, MD

Board certified in cytopathology, anatomic pathology, and clinical pathology. Graduated Case Western Reserve University of Medicine, Cleveland, Ohio. Residencies in anatomic pathology and laboratory medicine at the University of California at San Francisco. Fellowship in pathology, cytopathology and surgical pathology at University of California at San Francisco. Dr. Sudilovsky is director of Pathology and Laboratory Medicine at Cayuga Medical Center.

Robin Anderson-Eastburn, RN

Registered Nurse in Medical Oncology
Clinical Research Coordinator

Carolyn Bartell, MSW, ACSW

Community Representative

Anna Bartels, PMP

Quality Improvement Specialist

Deborah Danko, RN, OCN

Oncology Nurse Navigator

Ellen Dugan, MBA

Vice President, Service Lines

Jennifer Fuller, RN, OCN

Manager, Oncology Nursing
Multidisciplinary Cancer Conference Coordinator

James Goetz, MBA

Director, Oncology Services
Quality Improvement Coordinator

Leah Gugino, BSN, CHPN

Certified in Hospice and Palliative Care Nursing
Director of Patient Services for Hospicare and Palliative Care Services of Tompkins County

Fran Spadafora-Manzella, LMSW

Associate Director
Cancer Resource Center of the Finger Lakes

Betty McEver, RN, BSN, OCN, CRN

Oncology Nurse Navigator
Outreach Coordinator

Lori Toolan, MHP

Practice Administrator
Cayuga Hematology and Oncology Associates of CMA

Deb Traunstein, LMSW, MBA, ACHP-SW

Licensed Master Social Worker
Psychosocial Service Coordinator

Sally VanIdistine, CTR

Certified Tumor Registrar, Cancer Registry
Cancer Registry Quality Coordinator

Jason Warchal, Account Representative, Hospitals
American Cancer Society

CHAIRMAN'S REPORT

The American College of Surgeons Commission on Cancer has awarded our Cancer Care Program continual accreditation since 1985, which makes this year the 30th anniversary of our initial accreditation. Standards of care have changed dramatically over these three decades. Cancer treatment is constantly evolving and we are staying ahead of the curve. Our services have grown and our care is patient centered and comprehensive, thanks to our extremely talented team.

In 2015 the Cayuga Medical Center Cancer Care Program received another three-year accreditation with Gold-Level Commendation from the Commission on Cancer (CoC). During a comprehensive on-site survey this spring, we earned the highest rating in the category of Community Hospital Cancer Program with recognition for exceeding CoC standards in all eight areas of commendation.

This achievement is especially significant because this is the second time in a row that our cancer program has received special commendation. Of the 250 hospitals surveyed in the first half of 2015, only 23 hospitals received the Outstanding Achievement Award (OAA) and among those 23 hospitals, just 13 were consecutive winners. Only three hospitals in upstate New York currently have the OAA designation, one of which is Cayuga Medical Center. It is also worth noting that merely a third of hospitals nationwide participate in the Commission on Cancer and the majority of participants are larger hospitals. I am proud of our entire team of caregivers for the quality of their patient care and the high standards they consistently maintain.

In 2015 we welcomed Jim Goetz, MBA, as director of Oncology Services at the Cayuga Cancer Center. He comes to us from Geisinger Health System in Pennsylvania, where he was a director of operations for cancer services. We are also extremely fortunate as Hannah Potts, NP, assumes new responsibilities with Cayuga Hematology Oncology Associates. A very talented chemotherapy nurse who has been with us since 2011, Hannah returned to school to become a



certified nurse practitioner. With her help we have expanded our triage capabilities to better meet the growing needs of our practice.

Nurse navigators at the Cayuga Cancer Center continue to do a wonderful job of integrating new patients into our care programs, and our oncology social worker is similarly committed to meeting the special nonmedical needs of cancer patients. Thanks in large part to their close collaboration we are on track with the CoC 2015 requirements for expanding survivorship care planning and we have a solid strategy for moving ahead with these services.

Cohesive, collegial relationships among our multidisciplinary team members enable us to initiate new programs in a timely fashion. The LDCT (Low-Dose Computed Tomography) lung cancer-screening program, which expands our capabilities for early diagnosis and successful intervention, is the latest example of this. This new program, launched at the end of 2014, came about through the hard work of the Department of Imaging Services, Department of Radiation Oncology, Cayuga Hematology Oncology Associates, and Cayuga Medical Center, and with helpful advice from our colleagues at Roswell Park Cancer Institute. We have already far exceeded our projections, which is an extremely exciting development. You can read more about LDCT in the pages of this annual report.

Cayuga Medical Center surgeons continue to provide surgical services at Schuyler Hospital, as well as follow-up appointments for cancer surgery patients living in that area. Additionally, in 2015 the newly renovated, expanded Department of Surgical Services at Cayuga Medical Center opened. The enhancement of this critical service line enables us to increase efficiency for cancer patients requiring surgery.

I am honored to have played a role in these important achievements and to lead such a compassionate, dedicated, and knowledgeable team.

Charles Garbo, MD

*Chairman, Cayuga Medical Center Cancer Program
Cancer Liaison Physician to the Commission on Cancer*



Shining a Light on Elizabeth Personius

IT WAS NOVEMBER 2014

and Elizabeth Personius, 58, had just received the shock of her life: a diagnosis of lung cancer. On the verge of surgery and the journey of care that would treat her illness, Elizabeth and her husband, Ed, attended “Shine a Light on Lung Cancer,” a new education and support program offered at the Cayuga Cancer Center. Now a year later, with a clean MRI of her lungs and no sign of cancer, Elizabeth was the guest speaker at the annual shine-a-light event. This is her story.

The summer of 2014 had been hard. There were deaths in the family and, as if that weren’t enough to cope with, Ed Personius had been through open-heart surgery. Wary to her bones and fearing that she might have diabetes or anemia, Elizabeth Personius made an appointment for a Tuesday in late September with Dr. Blanche Borzell, her primary care physician in Watkins Glen. Following a thorough physical exam, Borzell ordered laboratory

tests and, upon hearing her patient cough as she left the office, ordered a chest X-ray, as well. The next morning, on her way to work, Elizabeth had that chest X-ray at Schuyler Hospital.

“Two hours later, Dr. Borzell came to see me at work,” says Elizabeth, who handles Medicare billing for Schuyler Hospital. “We stepped into the kitchen near my office and she told me there was a suspicious mass on my left lung. She stayed with me while she called and made an appoint-

ment for me to have a CT scan at Schuyler Hospital the next day and she spoke with my boss, who gave me permission to leave work.” The CT scan happened Thursday. “The scan confirmed that there was a mass,” says Elizabeth. “Dr. Borzell picked up her phone and called oncologist Dr. Julie Campbell at Cayuga Hematology Oncology Associates (CHOA) in Ithaca. I had an appointment with her the very next day, which was Friday.”

Elizabeth progressed through the diagnostic process, beginning with a needle biopsy of the tumor in her lung. It was performed by radiologist Dr. Robert Domke under imaging guidance at Cayuga Medical Center. “It was a very good experience,” says Elizabeth. “Dr. Domke explained the risks of the procedure to me—but then he nailed it right away. He was wonderful and the nurse assisting him, Jacqueline Adam, was a sweetheart.” The biopsy results were positive for lung cancer.

“I had to see a surgeon next to have the lymph nodes in my chest checked, so I went to Dr. David Schwed,” says Elizabeth. Schwed, a general surgeon with Surgical Associates of Ithaca, explains that before a cancerous tumor in the lung is removed, a biopsy of the lymph nodes in the center of the chest is performed to determine whether or not the cancer has spread. “If there is involvement in certain lymph nodes around the tumor, it doesn’t make sense to remove part of the lung,” says Schwed.

“There are lymph nodes inside the chest. We didn’t know if they had cancer cells until the nodes were removed and examined,” says Elizabeth. “Dr. Schwed talked with Dr. Campbell after he got the pathology report. She called me right away to tell me that the lung cancer was potentially curable with surgery, which is what I really wanted to hear!”

Facing major surgery

Surgery for lung cancer is a major operation and patients are assessed thoroughly prior to having the procedure, explains Schwed. Elizabeth had a PET (positron emission tomography) scan in the Imaging Services Department of Cayuga Medical Center to look for additional metastases around the body. She also had pulmonary function testing to assess her lung capacity. “We had to determine whether her breathing capacity was adequate for losing this much lung,” Schwed explains, “and we wanted to be able to give her an estimate of her pulmonary capacity after the surgery. It turned out she had good lung function.”

At the time of her lymph node biopsy surgery, Dr. Joseph Bylebyl, her anesthesiologist, had noted some irregularities in her heartbeat. So before she could be scheduled for major surgery, Elizabeth had to be evaluated by a cardiologist. During a cardiac stress test with cardiologist Dr. Lynn Swisher, Elizabeth’s blood pressure went up, she experienced some pain, and there were changes in her EKG. Dr. Swisher recommended follow-up with Dr. Malcolm Brand, director of cardiac catheterization at the Cayuga Heart Institute. “I had cardiac catheterization on November 17,” says Elizabeth. “Dr. Brand told me right then and there that I was good to go for the surgery, which was very comforting to know.”

Dr. Schwed removed the upper lobe of Elizabeth’s left lung. The tumor, with a clean margin of tissue around it, was 7.8

centimeters, which is about three inches across. “In determining the stage of the lung cancer, doctors look at three factors: the size of the tumor, whether or not nearby lymph nodes have been invaded with cancer cells, and whether the cancer has spread to other parts of the body,” Schwed explains. “There were no metastases or lymph node involvement, however her tumor was larger than 7 centimeters. This made her cancer stage 2B.”

Elizabeth went from the recovery room to intensive care and then on to the adult surgical floor during her hospital stay. “The nurses and aides just couldn’t do enough for me. They handled my pain extremely well,” Elizabeth recalls. “I was having trouble eating and the people from dining came up to see me. They told me they would make me whatever I wanted. The food was wonderful—I just didn’t want to eat. My first meal was Thanksgiving Day turkey dinner with my husband Ed in the hospital.”

During her hospital stay, Dr. Campbell visited with Elizabeth to talk about chemotherapy following her recovery from surgery. Due to the size of the tumor, Campbell recommended four months of follow up treatment to help ensure that the cancer would not return. Elizabeth began a regimen for four months consisting of three days of chemotherapy every 28 days. She is now six months out of treatment and has had a clean MRI, with no sign of the cancer recurring.

Shine a Light on Lung Cancer

After Elizabeth was diagnosed with lung cancer—before undergoing surgery and chemotherapy—she had received an e-mail from Deborah Danko, RN, an oncology nurse navigator with the Cayuga Cancer Center. Danko invited Elizabeth to attend an event called Shine a Light on Lung Cancer, offering education, support, and networking opportunities to people whose lives had been impacted by lung cancer. Elizabeth and Ed decided to attend. The program was one week before her surgery.

“That program was a real turning point for me. They made me feel like the night was about me; they were all so kind,” Elizabeth recalls. The featured speaker at the event, a cancer survivor, had gone out of town to a major cancer center for her surgery and Elizabeth talked with her about that decision. Ultimately, Elizabeth decided she wanted her surgery and her care at Cayuga Medical Center.

“I cannot imagine getting better care anywhere in the world than the care I received here,” says Elizabeth. “Dr. Schwed is my hero—he’s really tops! Deb Danko is awesome and the nurses in the chemo suite are caring and smart and they knew what questions to ask; they were able to make such a serious time almost pleasant! They were always concerned about Ed, too, as my caregiver” she adds. “He’s been wonderful. I went through the dead of winter on chemo and never got sick.” Elizabeth was able to have her post-operative appointments and follow-up care with Dr. Campbell and CHOA nurses right in Montour Falls, which was all very convenient.

“If I ever need hospitalization of any kind, I’ll go to Cayuga Medical Center,” says Elizabeth. “Everyone made me feel like I was the most important patient they’d ever had.”

CANCER PROGRAM HIGHLIGHTS



Roswell Park Cancer Institute: Clinically Linked

The clinical connection between the Cayuga Cancer Center and Roswell Park Cancer Institute (RPCI) continues to bestow significant advantages for local cancer patients. Our nurse navigators are working with RPCI more closely than ever with the help of RPCI's physician liaison



Dr. Thomas Schwab, MD, PhD. His goal is to better orchestrate referrals when patients of the Cayuga Cancer Center are seeking second opinions from RPCI specialists or additional information about clinical trials at RPCI.



Oncology Services Welcomes New Director

Jim Goetz, MBA, brings many years of administrative, technological, and patient care experience to our program. Most recently he served as director of oncology services at the Geisinger Wyoming Valley Medical Center, overseeing medical, surgical, and radiation oncology; nurse navigation; clinical trials; and the cancer registry. "There is passion at Cayuga Medical Center to ensure that our patients are well cared for throughout the system," he observes. "I'm also very impressed with the unique relationship between the Cayuga Cancer Center and the Cancer Resource Center of the Finger Lakes; I've seen other similar programs but not one this excellent. I am also thrilled with our close relationship with RPCI. It's a great blending of talent."



The Cayuga Endoscopy Center

The Cayuga Endoscopy Center, a collaboration of Cayuga Medical Center and Gastroenterology Associates of Ithaca, opened in March 2015. Located at the corner of Triphammer Road and Craft Road in Ithaca, this is the largest dedicated endoscopy center in the region. It is equipped with the finest endoscopy technology on the market, and staffed by four experienced, board-certified gastroenterologists, ably assisted by certified registered nurses and technicians. Their skill contributes significantly to the high level of cancer screening and treatment available to our patients.

CMC Receives Another Three-year Accreditation With Gold-Level Commendation From the Commission on Cancer



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The CoC has awarded our Cancer Care Program continual accreditation since 1985, which makes this year the 30th anniversary of our initial accreditation. Standards of care have changed dramatically over these three decades. Cancer treatment is constantly evolving and we are staying ahead of the curve. Our services have grown and our care is patient centered and comprehensive, thanks to our extremely talented team.

Celebration of Life Reunion

Held on September 19th at the Coltivare Restaurant in downtown Ithaca, this very special event drew in local cancer survivors and their guests for an afternoon of delicious food, uplifting speakers, and helpful information about local resources. Dr. John Powell, Cayuga Medical Center radiation oncologist, spoke to the guests, as

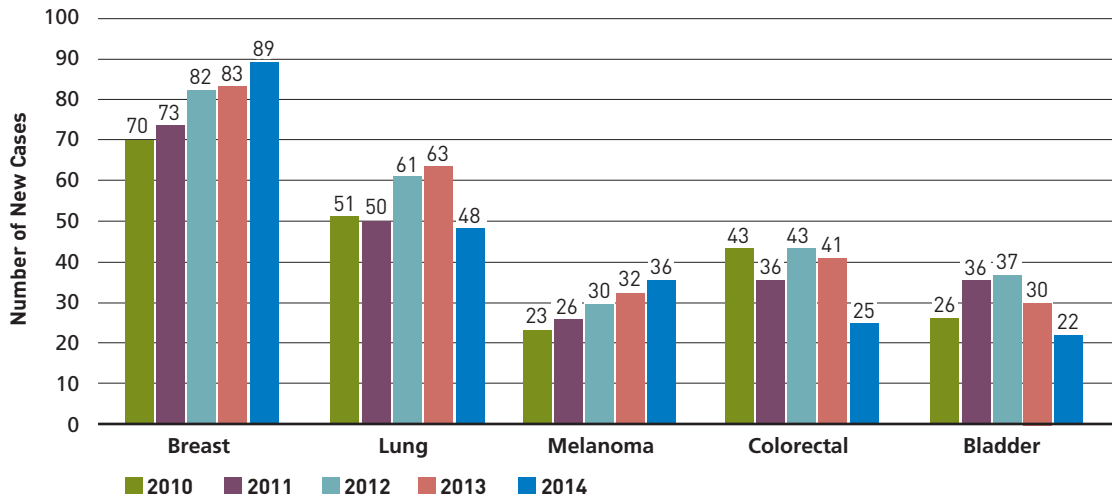


did cancer survivor Barbara Lang. Cooking demonstrations by local professional chefs and the chance to network with hands-on care providers from Cayuga Medical Center Department of Physical Therapy and Rasa Spa rounded out the offerings.

2014 STATISTICS

5 Year Trend of Major Sites at Cayuga Medical Center

Analytic Cases 2010-2014



2014 Analytic Case Site Distribution

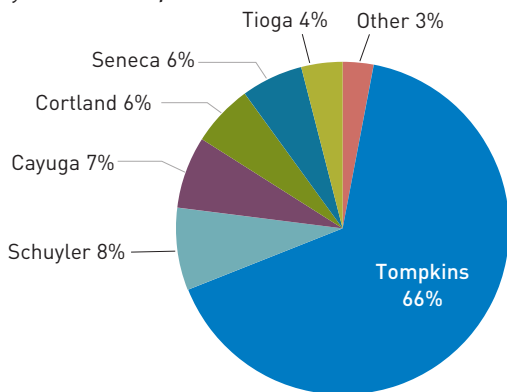
A large number of prostate cases were diagnosed through our medical staff that did not require treatment in the hospital; therefore they were not included in these numbers.

Site	2014 Total	Males	Females	CMC	NCDB 2013
Breast	89	0	89	21%	18%
Lung	48	23	25	11%	10%
Melanoma	36	25	16	9%	4%
Colorectal	25	16	9	6%	6%
Bladder	22	15	7	5%	4%
All other sites	201	99	97	48%	58%
Total all sites	421	178	243	100%	100%

Analytic: Patients diagnosed and/or received any of their first course of treatment at CMC.
NCDB: National Cancer Data Base (2013 is the most recent NCDB data available).

Distribution by County

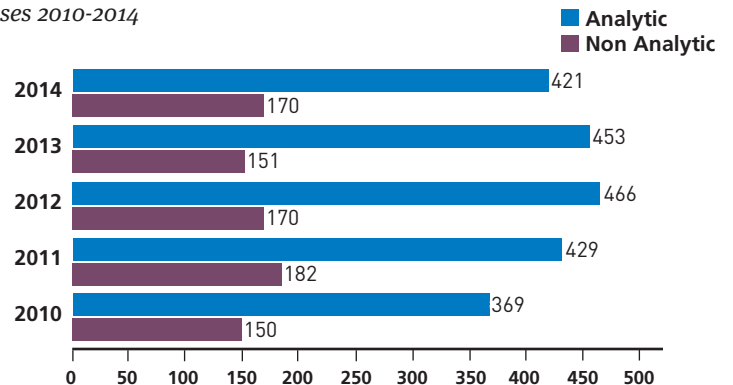
Analytic Cases 2014



While most of our cases come from Tompkins County, we continue to have about 30 percent of our cases from neighboring counties.

Analytic/Non Analytic by Year

Cases 2010-2014



Analytic: Patients diagnosed and/or received any of their first course of treatment at CMC.

Non Analytic: Patients diagnosed and first course treatment administered elsewhere. Patients with pathology or lab specimens only.

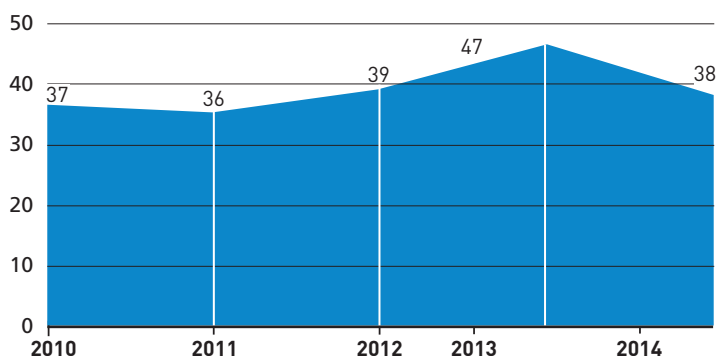
A STUDY OF NON-SMALL CELL LUNG CANCER AT CMC

According to the American Cancer Society, an estimated 221,200 new cases of lung cancer are expected in 2015 accounting for about 13 percent of cancer diagnoses. The incidence rate has been declining since the mid-1980's in men, but only since the mid-2000's in women. From 2007 to 2011, lung cancer incidence rates decreased by 3.0 percent per year in men and 2.2 percent per year in women.

Lung cancer accounts for more deaths than any other cancer in both men and women. An estimated 158,040 deaths are expected to occur in 2015, accounting for about 27 percent of all cancer deaths. Death rates began declining in 1991 in men and 2003 in women. From 2007 to 2011, rates decreased by 2.9 percent per year in men and 1.9 percent in women. Gender differences in lung cancer mortality reflect historical differences in patterns of smoking uptake and cessation over the past several decades.

CMC Non-Small Cell Lung Cancer Incidence Trend

2010-2014 Analytic Cases

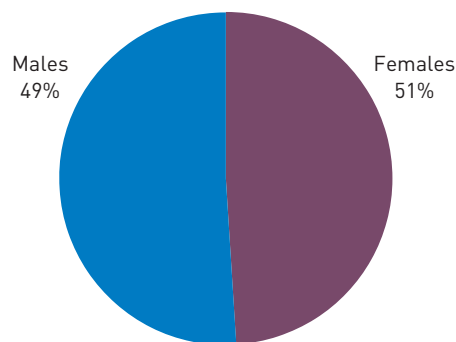


A study of analytic non-small cell lung cancer cases at Cayuga Medical Center was carried out covering 197 patients from 2010 through 2014.

Gender at Initial Diagnosis

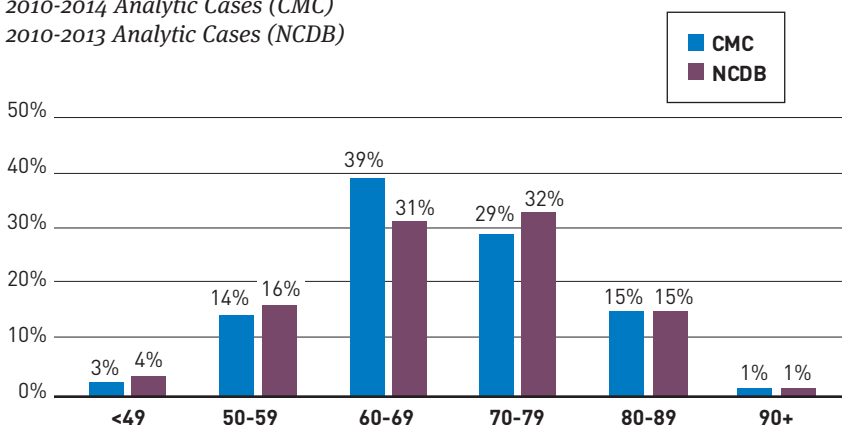
CMC

2010-2014 Analytic Cases



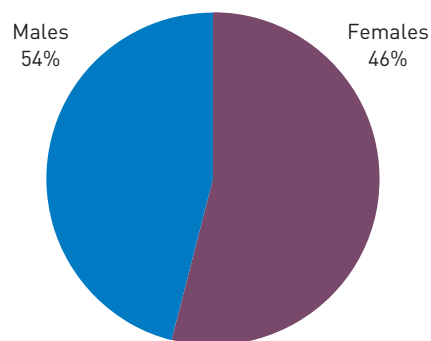
Age at Initial Diagnosis

2010-2014 Analytic Cases (CMC)
2010-2013 Analytic Cases (NCDB)



NCDB

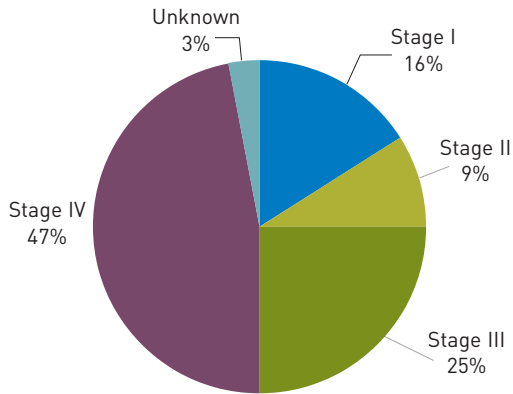
2010-2013 Analytic Cases



Non-Small Cell Lung Cancer Stage at Initial Diagnosis

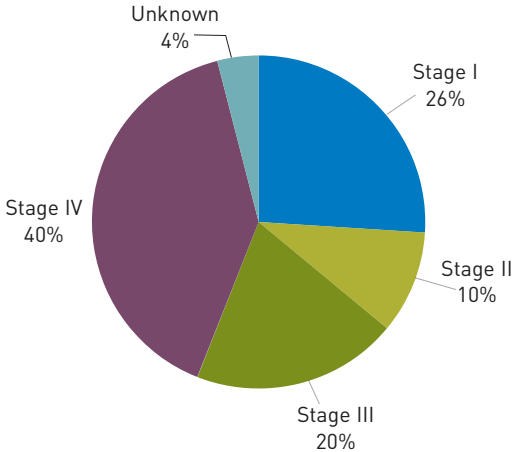
CMC

2010-2014 Analytic Cases



NCDB

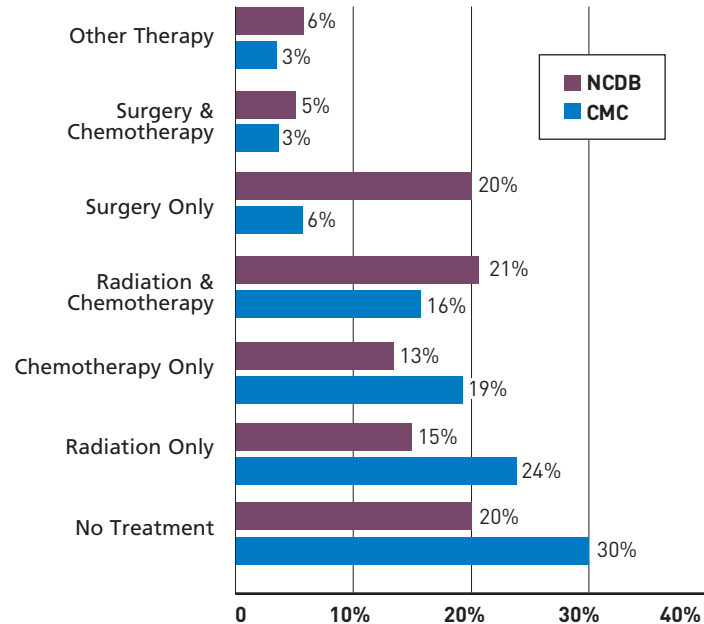
2010-2013 Analytic Cases



First Course of Therapy Non-Small Cell Lung Cancer

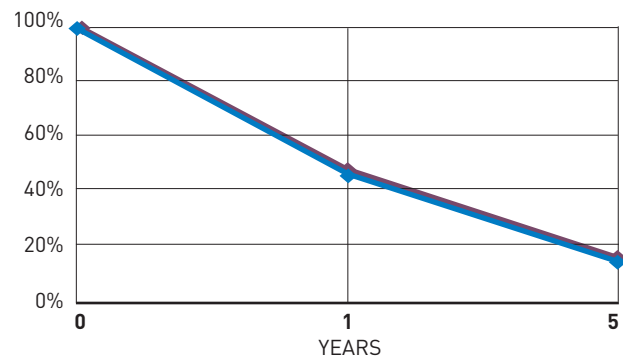
2010-2014 Analytic Cases (CMC)

2010-2013 Analytic Cases (NCDB)



Non-Small Cell Lung Cancer Observed Survival All Stages

2005-2009 Analytic Cases



	0	1	5
CMC	100%	43%	16%
ACS	100%	44%	17%

American Cancer Society 1 year survival for all stages is 44 percent and 5 year survival is 17 percent. Over 50 percent nationwide were diagnosed at stage IV, with 1 and 5 year survival rates of 26 percent and 4 percent respectively. Cayuga Medical Center's non-small cell lung cancer survival rates for years 1 and 5 mirror national statistics.

SUMMARY

Non-small cell lung cancer data was analyzed and compared to that of the American Cancer Society and the National Cancer Database. Stage and age at diagnosis are similar to national averages. Our patterns of therapy are slightly discordant with national averages but when cases are reviewed, the treatments given are consistent with national guidelines.

Charles Garbo, MD
Chairman, Cayuga Medical Center Cancer Program

2015 Low Dose CT (LDCT) Lung Screening for Early Cancer Detection

According to the American Lung Association an estimated 158,040 Americans will die of lung cancer in 2015. That means approximately 433 people die each day from this disease. Moreover, an estimated 221,200 new cases of lung cancer will be diagnosed this year. The tragedy is compounded by the fact that the lung cancer five-year survival rate is far lower than most other cancer sites (17.8 percent). It rises significantly, however, when the disease is detected while it is still localized (54 percent).

The 2012 Cancer Program Annual Report analysis of Cayuga Medical Center lung cancer patients showed a large percentage of patients were diagnosed at a late stage. This combination of factors made the development of a coordinated program of education, prevention, and screening for lung cancer a high priority at the Cayuga Cancer Center.

Because it is essential to raise awareness about the efficacy of regular screening for the population at highest risk for lung cancer, an interdisciplinary group of care providers worked to initiate the low-dose CT screening of high-risk individuals within our service area.

LDCT Screening Goal

The goal of the program is to identify patients who are at increased risk of lung cancer and who may be in the early stage of the disease. Early detection screening is accomplished using low-dose computer tomography screening. The National Lung Screening Trial (NLST) assessed more than 54,000 smokers over an eight-year period and showed that screening caused a 20 percent decline in lung cancer deaths eight to ten years later and an overall survival benefit of 7 percent. These are important results and Medicare is now required to cover this screening for appropriate patients.

LDCT Screening Eligibility Guidelines

Similar to the United States Preventative Services Task Force, general guidelines recommend annual screening for lung cancer with LDCT in adults age

55 to 75 years old who have a 30-pack-year smoking history who are current smokers or who have quit within the past 15 years.

We officially kicked off the program in March 2015. Based on data shared through our collaborative relationship with Roswell Park Cancer Institute, we expected to screen approximately 100 people in the first year of our LDCT lung-screening program. Of those, we anticipated finding one to two patients with a diagnosis of lung cancer.

LDCT Screening Mechanism to Ensure Positive Findings Are Addressed

Once the screening exam has been completed the radiologist sends a report to the patient's primary care provider. Patients with suspicious findings are referred to one of CMC's board-certified pulmonologists, providing seamless continuity of care. The Cayuga Cancer Center staff works closely with the Tobacco Cessation Program at the Cayuga Center for Healthy Living (CCHL). Very experienced nurse navigators, who are specially trained nurses, provide patient education, referrals to CCHL's Tobacco Cessation Program, and support to LDCT screening patients.

LDCT Screening Program Promotion

Referring physicians were alerted through the medical staff newsletter to this new initiative and to educate them regarding the guidelines for appropriate patient referral. Through lectures, radio group podcasts, outreach events, and meetings with physician office managers the nurse navigators promoted awareness and criteria of LDCT screening in Tompkins, Cortland, and Schuyler counties. These communications played a positive role in the success of the 2015 LDCT lung screening program.

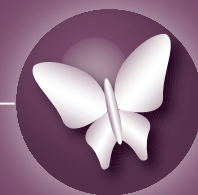
LDCT Screening Outcome

From March through October 2015, 126 individuals were screened, which was well over our projections. Of the 126 screened, 4 (3 percent) had a positive biopsy for lung cancer. Follow-up screenings were based on evidence-based national guidelines and recommendations made by the US Preventative Services Task Force.



Walter C. Silbert, MD, American Board of Radiology certified diagnostic radiologist, at Cayuga Medical Center.

THE COMMUNITY NETWORK



Ties to other community agencies, such as the American Cancer Society, Hospicare and Palliative Care Services, Cancer Resource Center of the Finger Lakes, and the Cancer Services Program of Cortland and Tompkins Counties, strengthen cancer services provided by Cayuga Medical Center.

The American Cancer Society (ACS), in partnership with Cayuga Medical Center's cancer program, provides diagnosis-specific information, referrals to community and ACS resources, and critical peer and professional support to all those facing a cancer diagnosis. ACS offers a number of educational and supportive programs for people living with a cancer diagnosis and their families. Among those programs is Look Good, Feel Better, a hands-on workshop to help patients learn how to camouflage areas of concern and improve their appearance during cancer treatment.

80% by 2018

The American Cancer Society has announced a campaign to achieve an 80 percent colorectal cancer-screening rate by 2018. While colorectal cancer incidence rates have dropped 30 percent in the US over the past decade, it remains the second leading cause of cancer death. Approximately 30 percent of people between the ages of 50 and 75 are still not getting appropriately screened. In an organized effort to change these numbers we are reaching out to local physicians to encourage screening referrals, and our nurse navigators are meeting with physician office staff members to help facilitate increased appropriate screening. (www.cancer.org)

Hospice and Palliative Care Services provides inpatient and outpatient palliation and hospice services in patients' homes, at the hospital, in nursing homes, and at the Nina K. Miller Center for Hospicare and Palliative Care. (www.hospicare.org)

Cancer Resource Center of the Finger Lakes (CRCFL) offers personalized support and information to area residents affected by cancer. Services include one-to-one assistance and many support groups, including the Women's Noon Group, Men's Breakfast Club, Young Adult Group, New to Cancer Group, Living with Cancer as a Chronic Disease, Colorectal Group, Cancer Research Group, Tompkins Prostate Support Group, and the Cancer Education Series. CRCFL also offers a well-stocked

lending library; a boutique with free wigs, hats, and other items; wellness programs such as yoga and water aerobics; resource guides; numerous volunteers who provide assistance to cancer patients and their families at the Cancer Resource Center and at Cayuga Medical Center; and an experienced, caring local staff. The Cancer Resource Center also collaborates with Cayuga Medical Center on educational outreach programs such as the Living Well With Cancer series, Shine a Light on Lung Cancer, and colorectal awareness programs.

Unique Collaboration between Cayuga Medical Center and CRCFL

Through a unique collaboration, the CRCFL provides on-site support to patients receiving cancer treatment at CMC. Originally funded by a small grant through the New York State Department of Health in 2006, the collaboration now involves more than a dozen volunteers who staff the hospital's Cancer Resource Room on a daily basis. These volunteers connect with patients and loved ones in the chemotherapy and radiation therapy areas, providing comforting snacks, guidance to resources, and an empathetic ear. CRCFL recruits, trains, and supervises these volunteers. In addition, CRCFL staff regularly visit the hospital to communicate with patients, family members, and hospital employees. The on-going collaboration between these two organizations improves the quality of care while preventing the duplication of efforts. (www.crcfl.net)

Cancer Resource Room is located at Cayuga Medical Center on the first floor of the adjacent medical office building. The resource room is operated by Cayuga Medical Center through an affiliation with the Cancer Resource Center of the Finger Lakes, which serves as the lead agency for this service. The room is open daily to provide support, information, and respite to people with cancer and their loved ones.

Cancer Services Program of Cortland and Tompkins Counties helps those with little or no health insurance gain access to services to reduce the risk of breast, cervical, prostate, and colorectal cancers. For more information please call (607) 758-5523.

Glossary

AJCC Staging:	American Joint Committee on Cancer (AJCC). Classification of malignant disease to denote how far the cancer has advanced. Malignancy is categorized by (T) Tumor, (N) Nodes, and (M) Metastasis.
Analytic:	Patients diagnosed and/or any of their first course of treatment administered at CMC.
Non-Analytic:	Patients diagnosed and first course treatment administered elsewhere. Patients with pathology or lab specimens only.
First Course of Treatment:	Initial cancer-directed treatment or series of treatments planned and usually initiated within four months of diagnosis or as determined by the physician.
Observed Survival:	Estimate of the probability of surviving all causes of death for a specified time interval calculated from the cohort of cancer cases.
NCCN:	National Comprehensive Cancer Network clinical practice guidelines.

- References:
1. Cancer Facts & Figures 2014. American Cancer Society.
 2. National Cancer Data Base (NCDB).
 3. American Joint Committee on Cancer Staging Manual

CAYUGA CANCER CENTER



Cayuga
MEDICAL CENTER

A Member of Cayuga Health System

Cayuga Cancer Center
101 Dates Drive
Ithaca, NY 14850
(607) 274-4397
www.cayugamed.org