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Today's cancer treatments are multifaceted. Technology, prevention, education and support are as important as medicines.

Winning battles

While recent advances have brought a cure for cancer closer, providers continue the fight on several fronts.

The National Cancer Act was enacted almost 50 years ago, creating the National Cancer Institute and effectively declaring war on cancer, the nation's No. 2 cause of death at the time. "Richard Nixon hoped we would whip cancer by the turn of the century," says Steven Limentani, head of cancer services for Winston-Salem-based Novant Health's four-state network of 14 medical centers and nearly 500 outpatient locations. "Obviously that hasn't happened yet, but we're far ahead of where we were five years ago."

Better cancer treatments stem from a deeper understanding of the disease's heterogeneous nature. "Saying 'cancer' is like saying 'car,'" Limentani says. "Nothing against Yugo

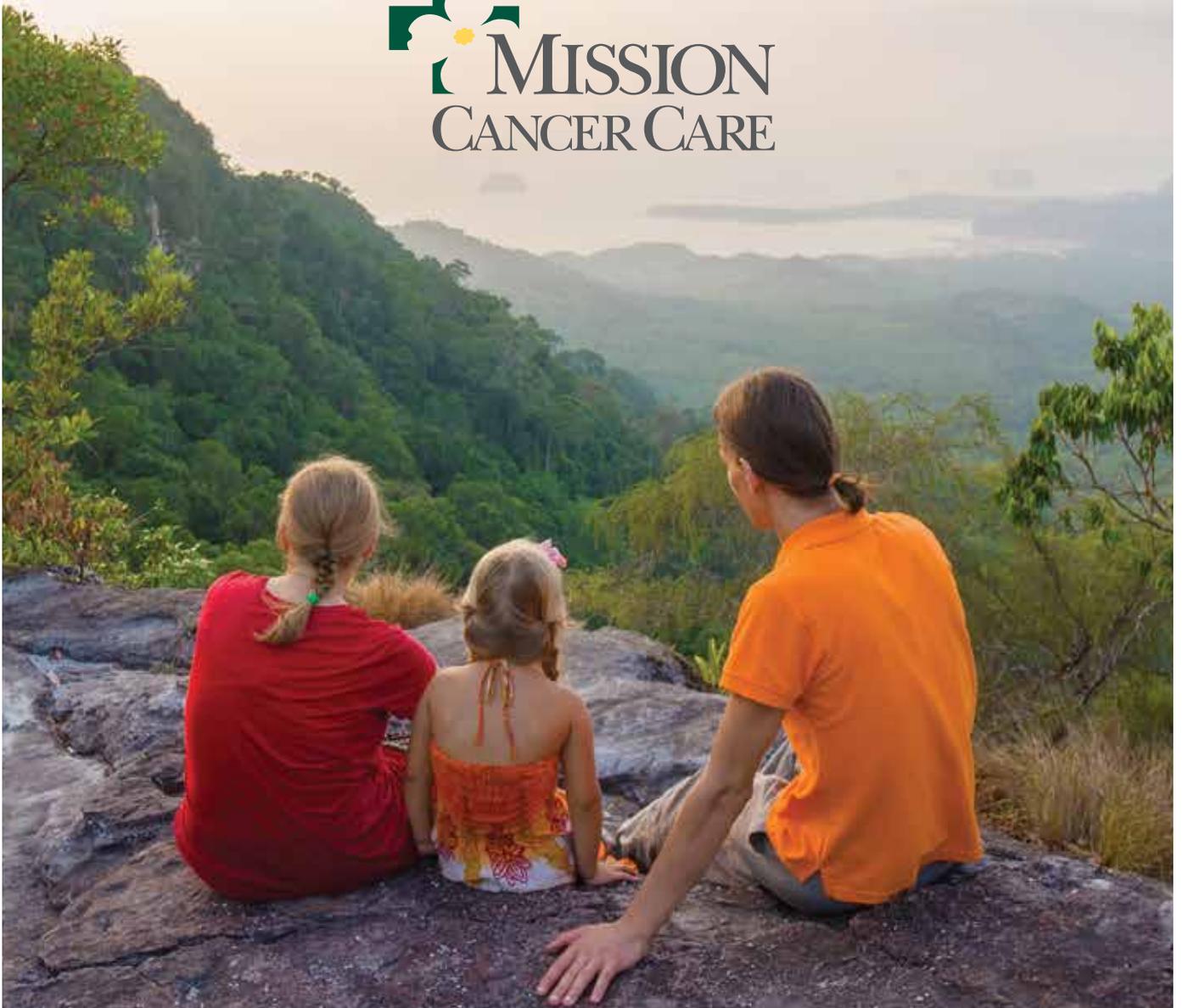
owners, but a Yugo is not a Mercedes. If I asked how fast a car would go, you'd need a lot more detail. Decades ago, when we developed some of the first therapies, the hope was that [chemotherapy] would be a thing of the past, and all the negatives about chemo would go away. But critically important to the evolution of hematology and medical oncology is the development of a multiple-disciplinary approach to these disorders, and only by doing a coordinated effort do we get the best outcomes."

Oncologists, surgeons, nurses and researchers must collaborate to continue the trend toward better treatments. "Part of my role is to be the person who helps collaborate with a group of very skilled technicians to optimize what we

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deliver to the patient,” Limentani says. “As medicine has become more of a business, there are some people who view the patient as being there for the business. Not so. At the center of everything we do, no matter what we do, is the patient. We are there for them, and that’s critical.”

The American Cancer Society estimates almost 1.7 million cases will be diagnosed and 600,920 people will die from the disease nationwide this year. North Carolina’s Advisory Committee on Cancer says the disease has been the leading cause of death in the state since 2009, responsible for about 89,500 deaths from 2008 to 2012. Limentani says a cancer diagnosis can strike fear in patients. “I’ve had family members who have died from cancer. Part of being a compassionate physician is understanding that, and having taken care of many women who have breast cancer, in spite of the fear, most of them are going to be OK. When you’re faced with something like that, the overwhelming reaction from most is that

they’re going to die. They’re not. And that needs to be addressed.”

Decreasing those numbers starts with early intervention, and reaching people in urban and rural regions is imperative. “[Novant Health has] a diverse and geographically broad footprint,” says Limentani, who has offices in Winston-Salem and Charlotte. “There are limitations, but as much as possible we should provide care to a patient where they live. They also need other things, like social work and medicine.”

Devising the best therapies for patients, as well as educating those without the disease about the dangers of cancer-causing activities, is vital. “For lung cancer, screening is an initiative that’s very important,” Limentani says. “I still remember when I first arrived in Charlotte. There would still be people smoking [in buildings]. With cigarette smoking, people are going to do it, but you have to screen those folks and try to intervene early. Prevention has twice the impact of treating the disease so we will bus out mammography screening,

colon screening. And one of the areas that’s evolving is CT1 [tumor] screening, which has been shown in randomized trials to decrease mortality from lung cancer.”

In rural Smithfield, hometown Johnston Health, accredited by the American College of Surgeons’ Commission on Cancer, offers low-dose chest CT lung-cancer screenings for former and current smokers. It provides women with 3-D mammography, which creates images that are more detailed than previous mammograms, making earlier detection easier. But many patients are affected more by what happens away from the hospital.

A Johnston Health report states one of its oncology social workers saw 54 patients a month in 2016. During those appointments, the worker connected patients with agencies that provide help, including meals, prescriptions and even disaster assistance in the wake of Hurricane Matthew last fall. “I encounter many people who discuss their satisfaction with the services available in the Smithfield office,” says Charity Pate, an oncology social worker who sees patients who live near Smithfield and Clayton. “They often comment that driving to Fayetteville, Wilson or Raleigh would be difficult for regular care and treatment. Making quality medical services available locally decreases the transportation burden and increases the likelihood that follow-up appointments will be kept and treatment plans carried out.”

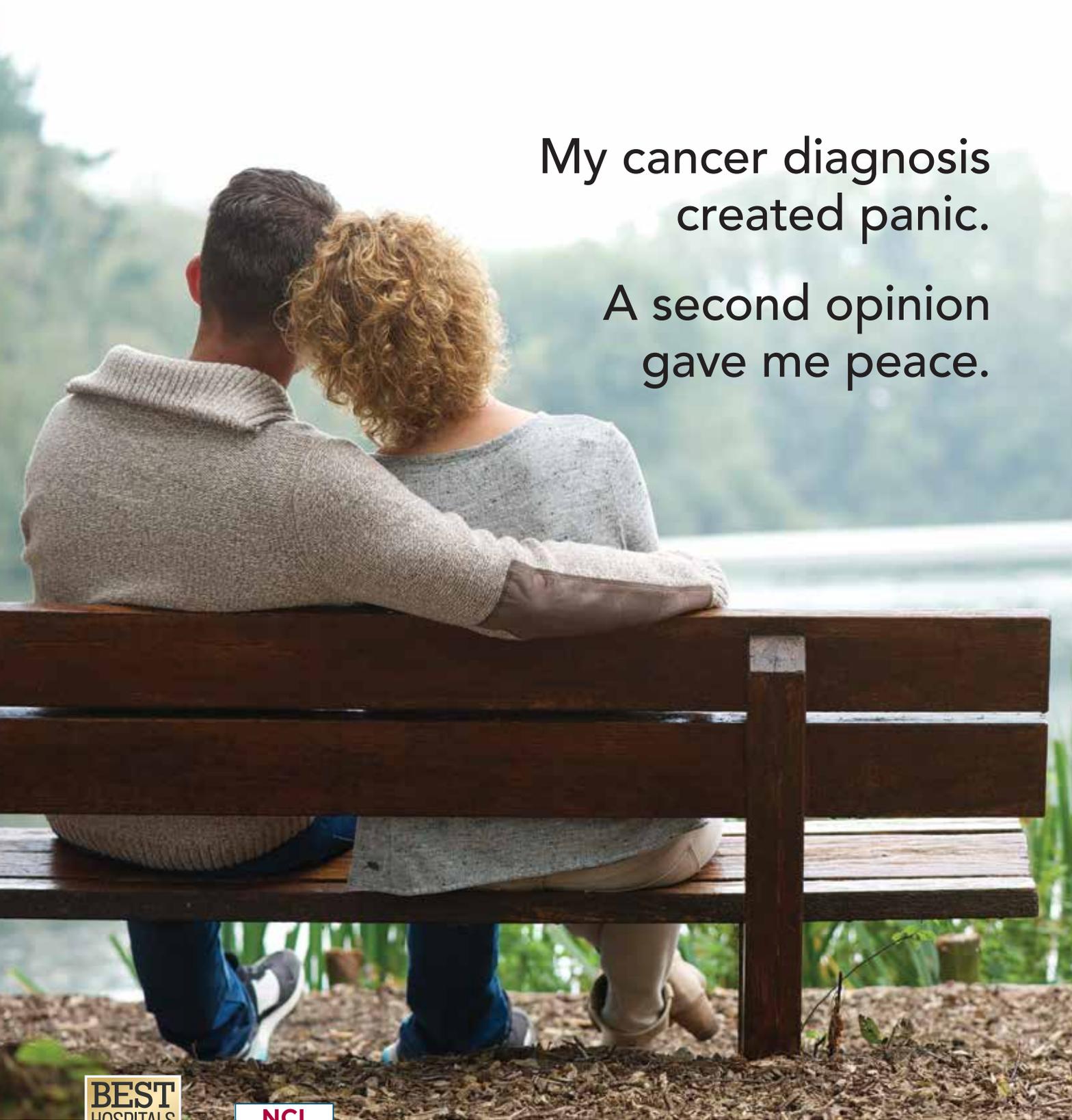
Transportation is only one issue. “[Other] barriers include cost of care, insurance — what is and is not covered — cost of co-pays, [paying out-of-pocket for prescriptions], and lifetime or annual maximum coverage for their insurance plan,” Pate says. “Many people tell me that even if they do preventative testing, the results would not change things, because they either cannot afford care or cannot get to regular medical appointments.” She says that means their cancer often progresses before she can coordinate help.

Community-based support groups provide encouragement, assistance and education, which are critical to a cancer patient’s care. They give patients, caregiv-



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Comprehensive Cancer Center

New cancer center marks Vidant Health's renewed commitment to cancer care

Set to open in 2018, it will include a six-story, 96-bed tower.

Cancer is the second-leading cause of death for Americans. The mortality rates in eastern North Carolina are significantly higher than the national and state averages for several reasons. Residents are older on average, and their lifestyles put them at a greater risk. Many cases of cancer are in a later stage when diagnosed, making treatment more difficult.

Greenville-based Vidant Health has a bold vision. It works to prevent cancer whenever possible, diagnoses the disease in its earliest stages and delivers world-class care close to home for cancer patients in the region.

Central to this vision is a new state-of-the-art cancer center and tower being built on the Vidant Medical Center campus in Greenville. It will serve as the hub of Vidant Health's regional cancer programs and a central location where patients can receive highly specialized care by expert providers using leading-edge technology.

The center will be located adjacent to the East Carolina Heart Institute at Vidant Medical Center. It will provide both inpatient and outpatient cancer services in a comfortable and modern setting. With doctor appointments, testing, treatment and more all in one location, the center will reduce wait times and enhance the convenience, effectiveness and safety of patient care. Allowing patients to stay close to home for their treatment means greater peace of mind for them and their families during a stressful time.

The cancer center will directly benefit patients during every stage of their treatment. The tower's features include:

- 96 inpatient rooms with nurse, patient and family zones
- Imaging center
- Infusion and radiation treatment clinics
- Pharmacy and laboratory facilities

Patients, visitors and staff will be able to enjoy healing gardens and natural outside space, as well as shopping at a specialized boutique designed to meet the needs of cancer patients. There also will be a resource room for patients and families to do research and a conference space for cancer awareness and support programs.



PROVIDED BY VIDANT HEALTH

ers, family members and cancer survivors a forum to share experiences, feelings and concerns. "Making this resource available in a patient's local community is very important," Pate says. "Many patients cite distance from their home as a major reason as to whether they will or will not attend a group. An example of the importance of location is our Garner area Johnston Health Cancer Support Group. Most of the participants in this group live within a 10-mile radius of the meeting location."

Pinehurst-based FirstHealth of the Carolinas Inc. serves 15 counties. It recently hired patient navigators for its cancer-care team. "A navigator is like the GPS on your smartphone," says Matt Sherer, administrative director of FirstHealth's cancer services. "You need help to find where you are going. The navigator's role is just that. A patient can call them with any concern. The navigator may be able to resolve the issue now or will at least know how to direct the patient to the appropriate person or resource to help resolve any issue." They support patients and their families by accompanying them to medical appointments, explaining treatment processes and introducing them to FirstHealth's variety of services. They also coordinate care and make connections with local resources as needed. FirstHealth's financial navigator assists uninsured and underinsured patients.

More than 3,000 breast cancer patients were treated at Winston-Salem-based Wake Forest University Baptist Medical Center's Comprehensive Cancer Center in 2016. It's the country's first to use a device that helps women deal with one of chemotherapy's sinister side effects: hair loss.

Hematologist-oncologist Susan Melin led clinical trials for DigniCap, a silicone head covering that resembles what astronauts wear under their helmet. Its two coils circulate 42-degree coolant around the front and back of the patient's head during chemotherapy.

"The cap has two sections," Melin says. "The hair is wet when you put the first cap on and make sure it's in good contact with your scalp. Then there's a cap on top and



PROVIDED BY MISSION HEALTH

Through its network of affiliates across western N.C., the cancer care team at Asheville-based Mission Health focuses on prevention, diagnosis, treatment, supportive care and survivorship for residents in 18 counties.

a [chin] strap. It takes about 20 minutes to cool the scalp down. It cools the scalp to constrict the blood vessels, so the chemo exposure time to your hair follicles is less than the rest of your body. Some people describe a headache, like a brain freeze, but once it's cooled down, that sensation goes away. We tell people to dress in layers. We've had very few who could not tolerate it."

About 70 patients have worn a DigniCap, and Melin says most lost so few hairs that they didn't need a scarf or wig. "I've had several who have lost less than 10%, usually around the ears or back of the neck, so you can't even tell. I've done some quality-of-life analysis on our patients regarding their self-image, and they do far better with the DigniCap."

At Novant Health Presbyterian Medical Center in Charlotte, doctors started using brachytherapy to treat nonmelanoma skin cancers last year. It quickly delivers radiation directly to a skin lesion without cutting. It's easy to use on hard-to-treat spots, such as lips, shins, ears and nose, and leaves little to no scarring. Novant was the first North Carolina health care system to fight breast cancer with SAVI SCOUT, which uses a tiny

reflector placed on a tumor up to 30 days before surgery. Its radar technology then finds the reflector and takes the surgeon to the tumor. It increases the probability that all of the cancer is removed, reduces the amount of tissue that has to be disturbed and lessens the likelihood of follow-up surgeries. And at Novant Health Forsyth Medical Center in Winston-Salem, patients with certain cancers, especially breast cancer, began using a deep inspiration breath-hold technique, which regulates respirations, keeping radiation from the heart and lungs.

Armed with new treatments, cancer-care providers are taking the fight onto new battlefields. Wilmington-based New Hanover Regional Medical Center finished the first phase of its \$14.5 million Zimmer Cancer Center expansion in February. When phase two is complete later this year, the center will triple the number of infusion spaces and have more than 20 physician specialists practicing in house, improving patient access to doctors. "Our patients told us what is important to them, and we have designed the new NHRMC Zimmer Cancer Center with their needs in mind," says Henry Hawthorne, NHRMC's administra-

tor of oncology services. "We're creating an environment that is supportive and healing and brings together a larger team of experts to deliver the best care possible." It will feature an Inspiration Center, which the hospital says will provide educational resources and support, along with added space for hematology, medical oncology, chemotherapy, and gynecological, lung and surgical oncology.

It will take a team approach to eventually defeat cancer. "Will we ever find a cure?" asks Novant's Limentani. "In my practice time, I've seen a dramatic difference in how we take care of breast cancer, and there are women who previously would have died, and they haven't. When I was in training, if a woman had Stage 4 breast cancer, she was going to die. What do you say to a woman who had Stage 4, then 10 years later during screening, you don't see it? Is she cured? I think we are doing better with cancers we catch earlier. I think we are starting to see those groups of patients who were Stage 4 and are having such long periods of remission that they are, in fact, cured." ■

— *Kathy Blake is a freelance writer who lives in eastern North Carolina.*