THE 2012 ANNUAL CANCER PROGRAM REPORT of Covenant Health
WHAT WE DO

WE present our year’s activity in this, the 2012 ANNUAL CANCER PROGRAM REPORT. For the cancer cases reported, the 2012 data from the last complete calendar year, 2011 are used. Covenant Health includes all departments that come together in the Oncology Service Line.

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WHO WE ARE

One of the Nation’s Top Cancer Programs

Covenant Cancer Institute and JACC are among the top facilities in the nation to receive the Outstanding Achievement Award from the American College of Surgeons Commission on Cancer.

Joe Arrington Cancer Research and Treatment Center (JACC) offers comprehensive state-of-the-art cancer care available to West Texas and Eastern New Mexico. The Staff and physicians are highly trained and dedicated to providing perfect care to our patients.

WHAT WE BELIEVE

Our Mission

is to extend Christian ministry by caring for the whole person - body, mind and spirit - while focusing on the unique needs of each individual. Our collaborative team of experts is committed to deliver comprehensive, high-quality, compassionate care to individuals and families facing cancer and blood disorders.
WE AFFILIATE

Joe Arrington Cancer Center Partners in Lovingon, NM, & with Nor-Lea Cancer Center

- IV antibiotics
- Hydration
- Transfusions
- Central Line Care
- Port Maintenance

Nor-Lea comes to you in partnership with Joe Arrington Cancer Center. Dr. Donald Quick and Dr. Isaac Tafur are the supervising physicians.

Patient-centered care close to home is offered by certified, experienced staff.

Locate our Center on the west side of Nor-Lea General Hospital, 1600 Main, Lovingon, New Mexico. Our hours are 7:00 a.m. to 4:30 p.m. Monday through Friday. For more information, please call us at 575.396.6611, ext. 1204.

Isaac Tafur, M.D.

Dr. Tafur is a Medical Oncologist at Covenant Health and Joe Arrington Cancer Research and Treatment Center. His clinical expertise is in adult cancer care and cancer prevention with a focus on solid tumors. Dr. Tafur serves as Clinical Director of Cancer Research at Joe Arrington Cancer Center and is a clinical investigator with many of the clinical trials offered through the cancer center.

Donald Quick, M.D.

Dr. Quick specializes in Hematology Oncology at Covenant Health and Joe Arrington Cancer Research and Treatment Center. He serves as the Medical Director for Joe Arrington Cancer Center. He is a clinical investigator with many of the clinical trials offered through the Joe Arrington Cancer Center. Dr. Quick’s expertise is in benign and malignant hematological disorders.
We are the region’s only nonprofit hospice dedicated to both pediatric and adult care and have served our 19 county West Texas region for 25 years. Hospice is a philosophy of care for our patients to have peace and comfort in their last days.

www.hospiceoflubbock.org | 806.793.2751
WE INVESTIGATE

Health Coaching for Patients and their Caregivers and Cancer

Different personal qualities, social resources, and competencies of adaption distinguish the strengths of patients and their caregivers to be developed for living in ways that help them cope with suffering from cancer and facilitate their healing. An innovative, mixed methods research, randomized clinical trial in progress at Covenant’s Joe Arrington Cancer Treatment and Research Center focuses on patient-centered care to engage patient-caregiver couples in achieving beneficial body (health-related quality of life), mind (self-efficacy and self-regulation), spirit (emotional regulation), and health behaviors in adaptation to newly diagnosed cancer and its treatment.

Through a four-month series of personalized weekly telephone calls, a specially trained oncology nurse/oncology nurse practitioner establishes a coaching relationship with the assigned participating patient-caregiver couple. The coach focuses on the couple member’s “vision” of best self-identifying individual strengths, motivators and challenges. The coach engages couple members in a change process by using motivational interviewing techniques, offering them tools helpful in loving from habitual ways of learning to mindfulness approaches beneficial in achieving their weekly chosen goals. Participants’ changes are measured by monthly questionnaire data and thematic analysis of experiences they record in personal health journals.

This strength-based approach to interventional research in behavioral oncology will add to understanding of the value of health coaching during early cancer survivorship, will be helpful in mapping individual and couple developmental trajectories of health behavior changes as cancer treatment continues, and will aid in understanding the interaction of patient-caregiver couple adaptive health behaviors. Integration of participants’ experiences over time and changes in behaviors will aid in understanding aspects important to personal and interpersonal resilience.

David R. Close, MD, FACP, FACP

Principal Investigator

David Close, M.D., M.P.H., F.A.C.P., F.A.C.P.M.

Dr. Close is a Medical Oncologist at Covenant Health and Joe Arrington Cancer Research and Treatment Center. His clinical expertise is in adult cancer care and cancer prevention. He is a clinical investigator with many of the clinical trials offered through Joe Arrington Cancer Center. His research interest focuses on chronic disease self-management education, especially for patients, their caregivers and families.
Covenant Children’s Hospital Child Life Department

The Role of a Child Life Specialist at Covenant Children’s

- Provides psychosocial-education and opportunities for medical play/procedural teaching in preparing patients and families for stress points throughout their hospital experience.
- Provides procedural support to patients in fostering positive coping through developmentally appropriate refocusing techniques.
- Develops, initiates, and provides developmentally appropriate therapeutic activities in patient areas integrating creative arts modalities with patients/families, and supervises and mentors child life staff in programming.
- Plans, implements, and evaluates continuum plan of care for patients/families in accordance with documenting assessments, interventions, and progress notes throughout hospitalization.
- Collaborates with interdisciplinary team members regarding patient’s plan of care, and in-servicing team with relevant information supporting the role and profession of Child Life.
- Develops and maintains policies and procedures for the Child Life Program, and adjusts as needed on annual basis.
- Develops and analyzes logging tools to best measure and evaluate program services to promote continuum of Child Life Program, using statistics and feedback of patient/family satisfaction.
- Assesses and develops programming to promote optimal services and secures funding through coordination and support of special events, community outreach activities, and individual/organizational donors.
- Development of family-centered care services, including NICU sibling services and Day Surgery procedural support.
- Participation and contribution in committees that impact child health related issues.
At the beginning of 2011, KLBK and JACC entered an 18-month partnership to inform the community about Best Practices in cancer prevention, detection, and treatment.

March 11, 2011
Patsy Cordona, R.N., B.S.N., O.C.N., C.C.R.P.: The Research Department at JACC is offering a clinical trial to patients with early stages (I, II) of colorectal cancer and use the common drug Crestor to try to prevent recurrence.

March 21, 2011
Damini Desai, M.S., C.G.C.-genetic counselor: A "previvor" is a person who does not have cancer but possesses a genetic disposition to develop the disease. Family history of cancer might make you a previvor.

May 21, 2012
Bary Moynihan, Covenant Health Chaplain, facilitates Man to Man, a prostate cancer education and support group for patients and their families at American Cancer Society, 3513 10th St.

May 25, 2011
Evan Onstot, KLBK reporter, interviewed a member of the cancer support group that meets twice a month at JACC.

June 18, 2011
Robert Hargrove, R.N., M.B.A. Discusses prostate cancer and says to do yourself a favor and get a PSA and DRE at age 50. It is the easiest to detect and cure.

July 11, 2011
Sun Safety Week
Sunburns are thought to increase your risk of skin cancer, including melanoma.

September 12, 2011
Cervical Cancer symptoms usually do not appear until the cancer spreads. That is why it is important to have regular Pap tests and checkups.

November 8, 2011
Light up a Life is an annual event in our community. A $25 donation will light one light on the tree to celebrate a kind act or deed, memory of one who has passed or honor loved ones still living. Proceeds go to Hospice of Lubbock's outreach mission.

November 21, 2011
Joe Velasquez, L.B.S.W. Great American Smoke Out-Tobacco smoking is by far the leading cause of lung cancer. About 80 percent of lung cancer deaths are caused directly by smoking or secondhand smoke.

January 2, 2012
Catherine Ronaghan, M.D
On resolutions for the New Year: We have the opportunity to lower cancer risk by maintaining a healthy weight, focusing on less-processed food and exercising.

January 11, 2012
Amy Peck, B.S., C.C.L.S., child life specialist
So many sick children lose their hair because of cancer medications. Wouldn’t it be neat to have a “cancer Barbie” so that children and their friends could see that bald is beautiful?

February 6, 2012
Lindsey Kennelly, R.T.(R), (M)(BD), Breast Center manager. The locally produced Hope Symposium is a celebration of victory in the fight against breast cancer. The program features fun, education, survivor testimonies and a great style show.

February 27, 2012
Ramona Escalon, R.N., B.S.N., C.C.R.N., stem cell transplant coordinator: Usually when stem cell transplantation is discussed, other treatment options have been exhausted. JACC is fortunate to serve patients from Texas and Eastern New Mexico when the need arises.
“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.” ~ Andrew Carnegie
WE DEMONSTRATE

Treatment with Partial Breast Brachytherapy and Subsequent Mastectomy, and Survival Among Women with Breast Cancer in a Single Institution.

PURPOSE: To investigate the cause and incidence rate of mastectomy in a cohort of patients from a single institution with long-term experience in partial breast brachytherapy using both interstitial and intracavitary brachytherapy.

METHODS: Retrospective review of 360 patients treated with lumpectomy and partial breast brachytherapy from 5/30/2000 through 4/30/2012. Three hundred and eighteen patients with at least 12 months of follow-up are the foundation of this report. Mastectomy rates, cause for mastectomy, type of implant, recurrence rates, type of recurrence, and survival were established.

RESULTS: Of the 318 patients treated with brachytherapy, follow up was 12 to 144 months, median follow up was 56 months and mean was 54.5 months. Mastectomies were performed on 10 out of 318 (3.1%) patients, 7 bilateral and 3 unilateral. Five were due to involved breast recurrences, 3 contralateral breast recurrences, one chronic mastitis and one for cosmetic reasons. All patients that had mastectomies were alive and without disease at their last visit. Local recurrence as part of initial recurrence was seen in 6 of 318 (1.9%) patients and 2 patients with distant metastasis (one deceased and 1 alive with disease). Of the 318 patients 291 remain alive without disease (91%). Two patients were lost to follow-up at 18 and 49 months. They are presumed dead from disease for statistical purposes, but were alive at last contact.

CONCLUSION: These results confirm that in an appropriately selected patient population partial breast brachytherapy is a safe and efficacious treatment modality. Our data is consistent with large institutions that have experience in and adhere to strict treatment guidelines for partial breast brachytherapy. Excellent long term breast cancer control with low post treatment mastectomy rates are within previously published single institutional reports. Surveillance, Epidemiology, and End results (SEER) data reflect significantly higher mastectomy and complication rates than seen in our patients. The reasons behind these findings remain unclear.

Fig (a) shows the Savi applicator with radiation dose in red shade. Fig (b) is a radiograph showing the position of applicator ballooned inside the cavity.

**Paul Anderson, M.D.**

Dr. Anderson is a Radiation Oncologist at Covenant Health and Joe Arrington Cancer Research and Treatment Center. He specializes in treating patients with lung, head/neck, breast, brain, gynecological and prostate cancers. Dr. Anderson is the Medical Director for Radiation Oncology at Covenant Health and a clinical investigator with many of the clinical trials offered through Joe Arrington Cancer Center. He is also a long time standing member of the Institutional Review board (IRB) at Covenant Health where he reviews and monitors investigational studies. Dr. Anderson provides a truly holistic approach to all patients and widely recognized as a leading Radiation Oncologist.
Gamma Knife Radiosurgery

Gamma Knife radiosurgery is very precise and focused radiation treatment to localized small malignant and nonmalignant lesions in the brain. We have been performing Stereotactic Radiosurgery using linear accelerator since 1997 and on Jan 2007 we opened the Gamma Knife Radiosurgery Center only one in Lubbock, Texas and have so far treated 900 patients of all brain malignancies and functional disorders. The treatment machine has 201 Co-60 source pencils located on the circumference of a spherical shell, with all sources focused at the iso-center. The localization accuracy is very precise (+/- 1 mm). The type of patients eligible for this treatment consisted of brain metastasis, meningiomas, acoustic neuromas, arteriovenous malformations and other brain lesions. We have also treated functional disorders such as trigeminal neuralgia, and essential tremors.

The treatment technique consists in localizing the target using MR images taken with streotactic fiducial frame. The target is identified on the images by the Neurosurgeon and Radiation Oncologist. A conformal treatment plan is developed by the Medical Physicist and quality controlled. A single fraction of high dose treatment is delivered to the tumor volume, while the critical structures such as optic nerve, optic chiasm and the brainstem doses are kept under tolerance level.

Covenant Gamma Knife center is one of the few centers in U.S specialized in treating essential tremors and Parkinson's disease. This technique is a non-invasive approach, by localizing the target in the thalamus (Ventralis Intermedius Nucleus) precisely using special software and delivering a very high radiation dose to the target center. The patient started feeling the symptomatic changes in 30 days after treatment and also revealed in follow up MRI taken after 3 months.

Comparison of GK radiosurgery with surgery:
The procedure is non-invasive and is performed as an outpatient, with no recovery time or hospitalization required.
WE PARTICIPATE

Partnership with City of Hope

JACCs Physicians, Catherine Ronaghan, MD, and Micheline Hyacinthe, MD, and JACC Genetic Counselor, Damini Desai, MS, CGC, have been working for the past 12 years to establish JACCs Genetics Program. In the fall of 2011, Dr. Ronaghan and Ms. Desai enrolled in the City of Hope’s Intensive Course in Cancer Risk Assessment and will use the information to enrich the already thriving program at JACC. Twenty-five medical professionals (typically physicians, mid levels, and genetic counselors) from community-based cancer centers located both nationally and internationally were in attendance. From December 2011 through March 2012, they met to address the need for research collaboration and training in clinical cancer genetics. After course work completion, Dr. Ronaghan and Ms. Desai are continuing with 12 months of professional development, clinical and research collaboration support via web conferences and discussion-board activities.

The results of their attendance during the City of Hope’s Intensive Course in Cancer Risk management are that JACC has become part of a community of practice and of research. Through the course and interaction with the attendees, we are now enrolling in a research study regarding the molecular genetics of cancer patients. This registry research protocol facilitates the collection of data on perceived cancer risk as well as epidemiological, personal medical and family history, and biologic reagents for ancillary studies. The goal is to create a confidential registry and biologic reagent repository to characterize the patient’s underlying predisposition to cancer, whether a genetic or environmental cause.

Damini Desai M.D., MS, CGC

Damini Desai is an Oncology Genetic Counselor at JACC. Damini started the genetic counseling program in October, 1999, and has seen it grow significantly over the years. She does hereditary cancer research studies for patients who might have a family history of cancer. The program includes pediatric cancer genetic counseling. She works closely with a group of four medical oncologists, three radiation oncologists, two surgical oncologists, and a pediatric hematologist/oncologist.

Catherine A Ronaghan M.D.

Catherine A. Ronaghan is a general surgeon and surgical oncologist. She is the Medical Director of the Arrington Comprehensive Breast Center. Dr. Ronaghan is nationally recognized for her knowledge and skills in site-select biopsy device. She is co-investigator for the South Plains Oncology Consortium through TTUHSC and JACC. She is actively involved with the American Cancer Society, the Susan G. Komen Foundation and the Texas Medical Association Physician Oncology Education Program Speaker’s Bureau.
The Cancer Registry of Covenant Health System maintains a complete database of all cancer cases diagnosed and/or treated at Covenant Health System. The data collected by the Registry staff must be accurate, complete and must be timely in reporting to the State Cancer Registry, National Cancer Data Base, and American College of Surgeons.

In 2011, there were 1,691 analytic cancer cases entered into the Covenant Cancer Registry database. Non-analytic cases totaled 255 for a total accession of 1,946 cases for Covenant Health System.

Each patient accessioned into the registry is followed at yearly intervals as required by the Commission on Cancer throughout his/her lifetime to document pertinent data regarding recurrence, treatment, and survival information. Approximately 4,686 analytical cases with 5-year reference date are currently under follow-up with a 91.1% follow-up rate (target rate 90%). There are 9,835 analytical cases with a reference date of 2000 currently under follow-up with an 86.06% follow-up rate (target 80%).

The Cancer Committee is chaired and directed by key physicians. Under their leadership, the cancer registry staff is responsible for collecting, analyzing, organizing, assisting and interpreting cancer data. This data is utilized for planning, developing strategy, setting quality standards, educating physicians, and identifying oncology trends. The data is also used by the Research department as a tool for opening appropriate research protocols. Data collected is reported to the Texas State Cancer Registry and to the National Cancer Database. The data is utilized by Covenant Health System and its physicians for the following (but not limited to):

• Evaluate patient outcomes, quality of life.
• Provide follow-up information for cancer surveillance.
• Calculate survival rates.
• Provide information for cancer program activities.
• Analyze referral patterns.
• Allocate resources at the health care facility and the community.
• Develop educational programs for health care providers, patients and the general public.
• Report cancer incidence as required under state law.
• Evaluate efficacy of treatment modalities.

Confidentiality of patient identifying information and related medical data is strictly maintained. Aggregate data are analyzed and published without patient identifiers.

2011-2012 Cancer Registry Staff

Lola Mattingly, CTR, RHIT
Supervisor, Registry Services

Letesha Beardsley
Abstracting Specialist

Debbie Callender
Follow-up Specialist

Veronica Casias, RHIT
Abstracting Specialist

Juan Gatica
Abstracting Specialist

Stacey Parras, CTR
Abstracting Specialist

Karon Willis, RHIT, CTR
Abstracting Specialist
Total Cases 1691
Texas (Shown) 1365
Other Texas Counties 15
New Mexico 304
Other States 7

Out of State
Oklahoma 3
Kansas 2
Indiana 1
Pennsylvania 1

2011 Cancer Cases

Other Texas Counties
Brown 2
Eastland 2
Tarrant 1
Freestone 1
Bandera 1
Menard 1
Palo Pinto 1
Harris 1
Denton 1
Wichita 1
Dallas 1
Burleson 1
Williamson 1
**2011 Analytic Cases By Stage And Sex (All Sites)**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>27</td>
<td>72</td>
</tr>
<tr>
<td>I</td>
<td>201</td>
<td>336</td>
</tr>
<tr>
<td>II</td>
<td>165</td>
<td>129</td>
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<tr>
<td>III</td>
<td>77</td>
<td>101</td>
</tr>
<tr>
<td>IV</td>
<td>160</td>
<td>90</td>
</tr>
<tr>
<td>UNK</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>N/A</td>
<td>119</td>
<td>124</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>794</strong></td>
<td><strong>897</strong></td>
</tr>
</tbody>
</table>

**2011 Analytic Cases By Age And Sex (All Sites)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 9</td>
<td>5</td>
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<td>10 - 19</td>
<td>6</td>
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<td>20 - 29</td>
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<td>16</td>
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<td>30 - 39</td>
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<td>47</td>
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<td>40 - 49</td>
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<td>98</td>
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<td>50 - 59</td>
<td>146</td>
<td>166</td>
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<td>60 - 69</td>
<td>238</td>
<td>222</td>
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<td>70 - 79</td>
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<td>216</td>
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<td>80 - 89</td>
<td>104</td>
<td>98</td>
</tr>
<tr>
<td>90 - 99</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>793</strong></td>
<td><strong>895</strong></td>
</tr>
</tbody>
</table>
Staging Information

The American Joint Committee on Cancer (AJCC) has established guidelines for determining proper classification and staging for cancer cases. The staging system allows physicians to determine treatment more appropriately, to evaluate results of management more reliability, and to compare worldwide statistics reported from various institutions on a local, regional and national basis more confidently.

Although the staging scheme varies by site, it is primarily based on extent of disease spread at diagnosis, tumor size and lymph node involvement. The staging usually begins at 0, which is generally in-situ or non-invasive cancer and goes to Stage IV, which is involvement by other sites or organs considered distant to the organ of origin.

Primary Site Tabulation for Top 10-Analytic Sites 2011

<table>
<thead>
<tr>
<th>PRIMARY SITE</th>
<th>TOTAL</th>
<th>CLASS</th>
<th>SEX</th>
<th>AJCC STAGE GROUP</th>
<th>UNK</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Analytic</td>
<td>M</td>
<td>F</td>
<td>I</td>
<td>II</td>
<td>III</td>
</tr>
<tr>
<td>ALL SITES</td>
<td>1170</td>
<td>531</td>
<td>639</td>
<td>73</td>
<td>424</td>
<td>229</td>
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<tr>
<td>COLON</td>
<td>117</td>
<td>54</td>
<td>63</td>
<td>11</td>
<td>14</td>
<td>37</td>
</tr>
<tr>
<td>LUNG/BRONCHUS</td>
<td>210</td>
<td>125</td>
<td>85</td>
<td>0</td>
<td>50</td>
<td>17</td>
</tr>
<tr>
<td>BLOOD &amp; BONE MARROW</td>
<td>102</td>
<td>53</td>
<td>49</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SKIN</td>
<td>53</td>
<td>37</td>
<td>16</td>
<td>6</td>
<td>26</td>
<td>16</td>
</tr>
<tr>
<td>BREAST</td>
<td>283</td>
<td>282</td>
<td>1</td>
<td>282</td>
<td>55</td>
<td>133</td>
</tr>
<tr>
<td>CORPUS UTERI</td>
<td>55</td>
<td>55</td>
<td>0</td>
<td>55</td>
<td>1</td>
<td>42</td>
</tr>
<tr>
<td>PROSTATE</td>
<td>158</td>
<td>158</td>
<td>0</td>
<td>0</td>
<td>59</td>
<td>74</td>
</tr>
<tr>
<td>KIDNEY/RENAL</td>
<td>65</td>
<td>65</td>
<td>0</td>
<td>65</td>
<td>0</td>
<td>39</td>
</tr>
<tr>
<td>THYROID</td>
<td>61</td>
<td>61</td>
<td>0</td>
<td>61</td>
<td>0</td>
<td>43</td>
</tr>
<tr>
<td>LYMPHATIC SYSTEM</td>
<td>66</td>
<td>66</td>
<td>0</td>
<td>66</td>
<td>0</td>
<td>18</td>
</tr>
</tbody>
</table>
2011 Top 10 Analytic Sites by Sex and Stage
**WE ACTIVATE**

**Patient Improvement Cancer Committee Goals**

**Community Outreach**
Covenant Health Endoscopy Department partnered with local Gastroenterologists to host a free colonoscopy screening in celebration of National Colorectal Awareness Month.

**Clinical Excellence**
Covenant Health Endoscopy Department partnered with local Gastroenterologists to host a free colonoscopy screening in celebration of National Colorectal Awareness Month.

**Quality Improvement**
Enhancement of education to healthcare professionals on medications utilized within the oncology service line.

**Program Endeavor**
Present the Cancer Committee with an analysis of post treatment outcomes with the treatment modality of breast brachytherapy in women with Stage I or node negative Stage IIA breast cancer.

**WE LIBERATE**

**Program Enhancements:**

- Inpatient Oncology created an Interdisciplinary Team of physicians, nurses, pharmacists, occupational therapists, physical therapists, case management and social services that meet weekly for patient rounds to coordinate plan of care.
- The Arrington Comprehensive Breast Center partnered with the YWCA, Laura Bush Institute, and the Susan G. Komen Foundation. The partnership creates funding for the uninsured, underinsured and patients with very high insurance deductibles. This funding provides an avenue for the patient to receive quality breast care. It begins with the screening mammogram, and continues through diagnosis and treatment as required.
- Expanded patient and caregiver support groups with a partnership through the American Cancer Society at the Hope Lodge. The Hope Lodge, unique for the first in Texas that offers patient lodging and transportation to and from treatment for cancer patients.
- The Patient and Community Service Team at the Joe Arrington Cancer Research and Treatment Center collaborated with the American Cancer Society to offer a smoking cessation program.
- The Covenant Pathology department upgraded the automated electrophoresis technology for diagnosing multiple myeloma.
- The Nurse Navigators attended and received educational training in the Change of Life program, which focuses on survivorship of cancer patients and caregivers.
- The Joe Arrington Cancer Research Center and Treatment Center hosted a celebration for oncology family caregivers in joint effort with community partners. This event included educational resources for caregivers.
- The Research and Pharmacy departments at the Joe Arrington Cancer Center Research and Treatment Center achieved a Biosafety Level II designation that allows for the treatment modality of gene transfer for clinical research protocols.
Covenant Health’s Oncology Service Line is fortunate to have physician leadership and we would like to acknowledge the physicians team who served on the 2012 Cancer Committee:

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Committee Chair</td>
<td>Dr. Waseet Vance</td>
<td>Medical Oncology</td>
</tr>
<tr>
<td>Pediatric Oncology</td>
<td>Dr. Latha Prasannan</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>Surgeon/Cancer Liaison</td>
<td>Dr. Catherine Ronaghan</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>Surgeon</td>
<td>Dr. Micheline Hyacinthe</td>
<td>Pathology</td>
</tr>
<tr>
<td>Chief Medical Officer</td>
<td>Dr. Craig Rhyne</td>
<td>Hospice of Lubbock</td>
</tr>
<tr>
<td>Hematology/Medical Oncology</td>
<td>Dr. Donald Quick</td>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Neurosurgeon</td>
<td>Dr. Harold Smith</td>
<td>Oncology Administration</td>
</tr>
<tr>
<td>Outpatient Oncology Nurse</td>
<td>Kristi Satterfield</td>
<td>Cancer Conference Coord.</td>
</tr>
<tr>
<td>Social Worker</td>
<td>Joe Velasquez, LBSW</td>
<td>Lola Mattingly, RHIT-CTR</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>Doyle Patterson, BCC</td>
<td>Dawn Howerton RN, OCN</td>
</tr>
<tr>
<td>Registered Dietician</td>
<td>Lori Kiker, MS, RD, LD</td>
<td>Angie Howard, RPh</td>
</tr>
<tr>
<td>Pastoral Care</td>
<td>Bobby McMillan, Chaplain</td>
<td>Tamara Cannon</td>
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<tr>
<td>Director of Pediatric Nursing</td>
<td>Marguerite Fallon, DNP</td>
<td>Leslie Allen, BSN, MBA</td>
</tr>
<tr>
<td>RPh Clinical Oversight Pharmacist</td>
<td>Nancy Dipprey, RPh</td>
<td>Jamie Baker, RN</td>
</tr>
<tr>
<td>Oncology Service Line VP</td>
<td>Roxie Taylor, RPh</td>
<td>Diana Villalovos, RT(T)</td>
</tr>
</tbody>
</table>

We congratulate the physicians team who served on the 2012 Cancer Committee:
The “3-in-3” campaign, kicked off in 2012, refers to our three year direction and three primary goals that we will accomplish between now and 2015:

• Christian Service: We will create sacred encounters through compassion, caring, dignity and connection.
• Clinical Excellence: Covenant will be recognized as a leader in clinical quality and culture of safety.
• Healthy Communities: We will improve the health of people through wellness and disease management.