When the diagnosis is cancer, you want state-of-the-art care for your fight ... and the support of loved ones by your side. Fortunately for southeast Kansas residents, Via Christi Cancer Center makes both possible.

Located in Pittsburg on the campus of Via Christi Hospital, we’re proud to offer the quality of care that comes with being a cancer center accredited by the American College of Surgeons Commission on Cancer (CoC). And our convenient location means that area patients don’t have to travel far from friends and family for treatment.

Our comprehensive care is built around a multidisciplinary team of professionals: Surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, nurse and rehab specialists, pathologists and other specialists. From diagnosis to treatment to follow-up care for survivors, we’re committed to offering our best in fighting this complex group of diseases.

The CoC Accreditation Program provides the framework for the Via Christi Cancer Center to continually improve our quality of care. Through various cancer-related programs, we’re able to focus on expanding our full spectrum of cancer care — including prevention, early diagnosis, cancer staging, optimal treatment, rehabilitation, life-long follow-up for recurrent disease and, if necessary, end-of-life care.

When patients receive care at a CoC facility, they have access to a wealth of helpful information for their future: The latest on clinical trials and new treatments; genetic counseling; and patient-centered services such as psychosocial support, patient care navigation, and a survivorship care plan that documents the care each patient receives and seeks to improve cancer survivors’ quality of life.

Like all CoC-accredited facilities, Via Christi Cancer Center maintains a cancer registry and contributes data to the National Cancer Data Base (NCDB), a joint program of the CoC and American Cancer Society (ACS). This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed through the NCDB and used to explore trends in cancer care. CoC-accredited cancer centers, in turn, have access to information derived from this type of data analysis, which is used to create national, regional and state benchmark reports. These reports help CoC facilities with their quality improvement efforts.

The accreditation, commendations and successes of the Via Christi Cancer Center are a tribute to the excellent skill and training possessed by our clinicians. When you combine those attributes with caring and compassion, world class treatments right at home, and an atmosphere that feels like family, then you know why the Via Christi Cancer Center is such a one-of-a-kind place to receive care.
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Robert S. Huebner, MD, of rural McCune passed away Friday, Nov. 13, 2015. Dr. Huebner served as the cancer liaison physician of the American College of Surgeons Commission on Cancer and the chairman of Via Christi Hospital cancer program from 1989 until his passing. His contribution and dedication to the cancer program in Pittsburg, Kansas, will remain a legacy for years to come.

He was born March 1, 1942, in Pittsburg, moving to Chicago at age 10 with his mother and returning to Pittsburg in 1978.

Dr. Huebner graduated from Notre Dame High School in Niles, Illinois, received his Bachelor of Science degree from Loyola University in Chicago and received his medical degree from Northwestern University in Evanston, Illinois, in 1967. He completed a surgical internship at Evanston Hospital in Evanston, Illinois. His general surgery residency was completed at Milwaukee County General Hospital and Northwestern University Hospital. Dr. Huebner completed a fellowship in cardiovascular and thoracic surgery at Northwestern University in 1973.

After his fellowship, Dr. Huebner entered the U.S. Air Force and was stationed at Whiteman Air Force Base. In 1978, he returned to Pittsburg and was in solo practice. His practice included general, vascular, thoracic, laser, laparoscopic and pediatric surgeries.

The physicians, clinicians and associates mourn the loss of this leader, educator and friend. We will miss his presence as part of our family.
Patient care: Colon cancer evaluation and outcomes

According to the ACS there will be 16,188,680 U.S. cancer survivors as of Jan. 1, 2014. It is further estimated that as of Jan. 1, 2014, there were more than 1.2 million men and women living in the U.S. with a previous colorectal cancer diagnosis, and an additional 136,830 will be diagnosed in 2014. Most long-term survivors of colorectal cancer report psychological quality of life comparable to that of the general population, but a somewhat lower physical quality of life. Cancer recurrence is not uncommon among colorectal survivors; about half of surgically treated patients will experience a recurrence in the first three years after surgery.

Colorectal cancer accounts for 8 percent of all cancers diagnosed in men and 8 percent in women. Estimated cancer deaths in the U.S. in 2014 for colorectal cancer are reported at 8 percent for men and 9 percent for women, the third leading cause of cancer deaths in both sexes. The five-year relative survival rate trend has increased from 51 percent in 1975-1977 to 65 percent in 2003-2009. The one-year survival rate is noted at 83 percent combining all stages. When diagnosed at an early stage, the five-year relative survival rate is 90 percent. However, only 40 percent of cases are diagnosed at this stage, in part due to the underuse of screening.

Use of recommended colorectal cancer screening tests can both detect cancer earlier and prevent colorectal cancer through the detection and removal of precancerous polyps. However, only 59 percent of men and women 50 years of age and older received colorectal cancer screening according to guidelines in 2010.

Data from the analytic cases of colorectal cancer accessioned by Via Christi Tumor Registry for the years 2009-2013 were reviewed and compared for the following:

1. Five-year survival statistics
2. Incidence of colorectal cancer
3. Age and race at diagnosis
4. County of origin
5. Stage of diagnosis and its relation to treatment and survival
6. Methods of treatment

Projected survival rate at five years

<table>
<thead>
<tr>
<th>Stage</th>
<th>VCH</th>
<th>ACS</th>
</tr>
</thead>
<tbody>
<tr>
<td>In situ</td>
<td>100</td>
<td>—</td>
</tr>
<tr>
<td>Localized</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>Regional to lymph nodes</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>Distant mets/systemic disease</td>
<td>0%</td>
<td>27%</td>
</tr>
</tbody>
</table>

Cases

<table>
<thead>
<tr>
<th>Year</th>
<th>Total cases</th>
<th># of cases</th>
<th>% of total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>262</td>
<td>26</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>340</td>
<td>24</td>
<td>7%</td>
</tr>
<tr>
<td>2011</td>
<td>385</td>
<td>29</td>
<td>8%</td>
</tr>
<tr>
<td>2012</td>
<td>358</td>
<td>43</td>
<td>12%</td>
</tr>
<tr>
<td>2013</td>
<td>263</td>
<td>26</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>1,608</td>
<td>148</td>
<td>9%</td>
</tr>
</tbody>
</table>

The ACS reports that colorectal cancer comprises 8 percent of all cancers diagnosed.
Age at diagnosis

- 0-29 — 1 (1%)
- 30-39 — 2 (1%)
- 40-49 — 12 (8%)
- 50-59 — 27 (18%)
- 60-69 — 33 (22%)
- 70-79 — 48 (33%)
- 80-89 — 22 (15%)
- 90+ — 3 (2%)

Total — 148 (100%)

- The mean average age group was 60-69 years for Via Christi Hospital colorectal cases
- The mean average age group was 70-74 years for Kansas colorectal 2001-2010 cases.
- The mean average age group was 60-69 years for national colorectal 2007-2011 cases.

Race (2009-2013) — Via Christi Hospital

- Caucasian — 147 (99%)
- African American —
- Hispanic —
- Native-American —
- Asian/Pacific Islands — 1 (1%)
- Other —
- Unknown —

Total — 148 (100%)

- Kansas statistics report 91 percent of all colorectal cases from 2001 to 2010 were Caucasian; 5 percent were African American; 4 percent were other/unknown.
- National statistics report 78 percent of all colorectal cases from 2007 to 2011 were Caucasian; 12 percent were African American; 10 percent were other/unknown.

Gender — Via Christi Hospital

- Male — 77 (52%)
- Female — 71 (48%)

Total — 148 (100%)

- Kansas statistics report 48 percent of all colorectal cases from 2001 to 2010 were female; 52 percent were male. National statistics report 48 percent of all colorectal cases from 2007 to 2011 were female; 52 percent were male.
5-year survival by stage

![5-year survival by stage chart]

- Via Christi Hospital
  - Local: 93%
  - Regional: 70%
  - Distant: 41%
  - Unknown (1%)
- NCDB
  - Local: 90%
  - Regional: 70%
  - Distant: 13%
  - Unknown (1%)

Total — 148 (100%)

First course of treatment

### Via Christi Hospital (2009-2013)
- Diagnostic biopsy — 5 (3%)
- Diagnostic biopsy/chemotherapy — 2 (1%)
- Diagnostic biopsy/radiation — 1 (1%)
- Diagnostic biopsy/radiation/chemotherapy — 14 (9%)
- Diagnostic biopsy/surgery — 33 (23%)
- Diagnostic biopsy/surgery/chemotherapy — 29 (20%)
- Diagnostic biopsy/surgery/radiation — 1 (1%)
- Diagnostic biopsy/surgery/radiation/chemotherapy — 29 (20%)
- Radiation — 1 (1%)
- Radiation/chemotherapy — 1 (1%)
- Surgery — 21 (14%)
- Surgery/chemotherapy — 8 (5%)
- Surgery/radiation/chemotherapy — 2 (1%)

Total — 148 (100%)

### NCDB (2007-2011)
- Radiation/chemotherapy — 11,258 (2%)
- Surgery — 271,973 (52%)
- Surgery/chemotherapy — 113,975 (21%)
- Surgery/radiation/chemotherapy — 48,985 (9%)
- Other — 43,939 (8%)
- No first course of treatment — 42,256 (8%)

Total — 532,386 (100%)
**Colon cancer evaluation and outcomes**

**Histologic type (2009-2013) — Via Christi Hospital**

- **Adenocarcinoma, NOS** — 83 (56%)
- **Adenocarcinoma in situ, NOS** — 1 (1%)
- **Adenocarcinoma in situ in adenomatous polyp** — 14 (9%)
- **Adenocarcinoma in tubulovillous adenoma** — 29 (20%)
- **Adenocarcinoma in villous adenoma** — 4 (3%)
- **Carcinoid tumor, NOS (except of appendix)** — 3 (2%)
- **Carcinoma in situ, NOS** — 1 (1%)
- **Goblet cell carcinoid** — 1 (1%)
- **Linitis plastica** — 1 (1%)
- **Mucinous adenocarcinoma** — 9 (6%)
- **Neuroendocrine carcinoma, NOS** — 1 (1%)
- **Signet ring cell carcinoma** — 1 (1%)

**Total** — 148 (100%)

**Stage at diagnosis**

**Via Christi Hospital (2009-2013)**

- **0** — 3 (2%)
- **I** — 27 (18%)
- **II** — 41 (28%)
- **III** — 32 (22%)
- **IV** — 33 (22%)
- **88** — 1 (1%)
- **99** — 11 (7%)

**Total** — 148 (100%)

**NCDB (2007-2011)**

- **0** — 33,056 (6%)
- **I** — 113,039 (21%)
- **II** — 119,096 (22%)
- **III** — 123,224 (23%)
- **IV** — 92,656 (17%)
- **88** — 783 (<1%)
- **99** — 50,532 (9%)

**Total** — 532,386 (100%)

- Kansas statistics report 41.3 percent of all colorectal cases from 2001 to 2010 were local; 35 percent were regional; 17.4 percent were distant; 6.4 percent were unknown.
Colon cancer evaluation and outcomes

Review of study

- Via ACS reports, colorectal cancer comprises 8 percent of all cancers diagnosed. Via Christi reports 9 percent averaging all years studied.
- The mean average age group was 60-69 years for Via Christi Hospital colorectal cases. National statistics mimicked these findings and Kansas revealed the mean average group at 70-74.
- Via Christi reported 99 percent Caucasian cases; Kansas reported 91 percent.
- National, Kansas and Via Christi statistics report 48 percent of all colorectal cases from 2007 to 2011 were female; 52 percent were male; 57 cases (85 percent) were from Crawford County.
- Kansas statistics reported 41.3 percent of all colorectal cases from 2001 to 2010 were local, 35 percent were regional, 17.4 percent were distant and 6.4 percent were unknown. National statistics show 49 percent local, 23 percent regional, 17 percent distant and 9 percent unknown; Via Christi reports 48 percent local, 22 percent regional, 22 percent distant and 7 percent unknown.
- Surgery with or without combination therapy is reported to be the standard treatment for both Via Christi and national statistics.
- Survival statistics again are consistent with national.

Further discussion reinforced the importance of annual screening with FIT™ kits and routine screening colonoscopies beginning at age 50. Early detection remains the key to long-term survival of colorectal cancer.

The Cancer Committee recommends continuance of colorectal cancer awareness programs and screenings to the community on a regular basis and to repeat this study in a timely manner.

Patient-oriented cancer conferences

Continuing research and education are two of the best weapons we have in the battle against cancer. Via Christi Cancer Center offers physicians of all specialties the opportunity to review and discuss various types of cancer by hosting both weekly and monthly tumor conferences. The goal of these conferences is to continuously improve our patient care through the dissemination of research findings and ongoing education for our physicians and staff.

Our tumor conferences are designed for a multidisciplinary audience. Cases are presented by a wide variety of physician specialists and are open to support staff involved with patient care. Each presentation includes an outline of the medical history, physical findings, clinical course, radiographic studies and pathological interpretations. Open discussion is encouraged and includes a review of current medical literature, personal experiences in the management of similar cases and recommendations from fellow physicians.

Additional conferences were sponsored by the University of Kansas Medical Center (KUMC) and the Rural Eastern Kansas Area Health Education Center. These included:

- **Heated Intraperitoneal Chemotherapy and Hyperparathyroidism—POIs** by Peter DiPasco, MD, assistant professor, Department of Surgery, KUMC
- **Advanced Treatments of Cancer Related Pain — Helping to Improve Pain, Function and Survival** by Dawood Sayed, MD, assistant professor, Department of Anesthesiology, KUMC
- **Updates in Cancer Genetics: Panel Testing—The New Norm** by Jennifer Klemp, PhD, MPH, associate professor, Division of Clinical Oncology, KUMC
- **Current and New Options in Breast Reconstruction** by Julie Holding, MD, program director, Midwest Institute of Microsurgery Fellowship; assistant professor, Department of Plastic Surgery, KUMC

### Individual cases presented in 2014

<table>
<thead>
<tr>
<th>Site</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anal</td>
<td>3</td>
</tr>
<tr>
<td>Appendix</td>
<td>1</td>
</tr>
<tr>
<td>Bile duct</td>
<td>1</td>
</tr>
<tr>
<td>Brain</td>
<td>1</td>
</tr>
<tr>
<td>Breast</td>
<td>23</td>
</tr>
<tr>
<td>Carcinoid</td>
<td>1</td>
</tr>
<tr>
<td>Colon</td>
<td>2</td>
</tr>
<tr>
<td>Liver</td>
<td>1</td>
</tr>
<tr>
<td>Lung</td>
<td>4</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>4</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>1</td>
</tr>
<tr>
<td>Prostate</td>
<td>3</td>
</tr>
<tr>
<td>Renal</td>
<td>1</td>
</tr>
<tr>
<td>Sarcoma</td>
<td>1</td>
</tr>
<tr>
<td>Small bowel</td>
<td>1</td>
</tr>
<tr>
<td>Thyroid</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>
Via Christi Cancer Center’s Tumor Registry is an information and tracking system designed for the collection, management and analysis of patients with cancer. The registry began in 1965 and now includes more than 7,500 cases.

There are three important reasons for maintaining a Tumor Registry:

- **Education:** Statistical reports of Registry data enable physicians who treat cancer patients to evaluate the success of specific tumor treatments.
- **Follow up:** The Registry serves as an automatic reminder for physicians and patients to schedule regular physical examinations. This assures the continual medical supervision of patients who have received a diagnosis of cancer.
- **Research:** The data collected and maintained in the Registry serves as a valuable resource for researchers interested in the causes, diagnosis and treatment of cancer.

The primary responsibility of the tumor registrar is to assure that complete and accurate data is collected and maintained for all cancer patients diagnosed and/or treated at the Via Christi Cancer Center. Our certified registrar must work with all departments in the hospital to ensure complete coverage. Additionally, the tumor registrar works with the medical staff and coordinates Tumor Conferences.

Tumor Registry data is forwarded to the Kansas Cancer Registry and National Cancer Data Base.
### 2014 Tumor Registry statistics

<table>
<thead>
<tr>
<th>Site of cases added</th>
<th>1</th>
<th>0.29%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute myeloid leukemia</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Anus, anal canal and anorectum</td>
<td>6</td>
<td>1.75%</td>
</tr>
<tr>
<td>Appendix</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Ascending colon</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Brain</td>
<td>8</td>
<td>2.33%</td>
</tr>
<tr>
<td>Breast</td>
<td>46</td>
<td>13.41%</td>
</tr>
<tr>
<td>Cecum</td>
<td>6</td>
<td>1.75%</td>
</tr>
<tr>
<td>Cervix uteri</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Chronic lymphocytic leukemia</td>
<td>6</td>
<td>1.75%</td>
</tr>
<tr>
<td>Chronic myeloid leukemia</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Corpus uteri</td>
<td>5</td>
<td>1.46%</td>
</tr>
<tr>
<td>Esophagus</td>
<td>4</td>
<td>1.17%</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>3</td>
<td>0.87%</td>
</tr>
<tr>
<td>Gum and other mouth</td>
<td>3</td>
<td>0.87%</td>
</tr>
<tr>
<td>Hepatic flexure</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Intrahepatic bile duct</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Kidney and renal pelvis</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Larynx</td>
<td>5</td>
<td>1.46%</td>
</tr>
<tr>
<td>Lip</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Liver</td>
<td>4</td>
<td>1.17%</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>62</td>
<td>18.08%</td>
</tr>
<tr>
<td>Melanoma — skin</td>
<td>13</td>
<td>3.79%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>14</td>
<td>4.08%</td>
</tr>
<tr>
<td>Myeloma</td>
<td>6</td>
<td>1.75%</td>
</tr>
</tbody>
</table>

### Site of cases added

<table>
<thead>
<tr>
<th>Site of cases added</th>
<th>1</th>
<th>0.29%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hodgkin lymphoma — extranodal</td>
<td>5</td>
<td>1.46%</td>
</tr>
<tr>
<td>Non-Hodgkin lymphoma — nodal</td>
<td>8</td>
<td>2.33%</td>
</tr>
<tr>
<td>Nose, nasal cavity and middle ear</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Other biliary</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Other non-epithelial skin</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Other urinary organs</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3</td>
<td>0.87%</td>
</tr>
<tr>
<td>Peritoneum, omentum and mesentery</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Prostate</td>
<td>46</td>
<td>13.41%</td>
</tr>
<tr>
<td>Rectosigmoid junction</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Rectum</td>
<td>10</td>
<td>2.92%</td>
</tr>
<tr>
<td>Retroperitoneum</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Salivary glands</td>
<td>2</td>
<td>0.58%</td>
</tr>
<tr>
<td>Sigmoid colon</td>
<td>6</td>
<td>1.75%</td>
</tr>
<tr>
<td>Small intestine</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Soft tissue (including heart)</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Stomach</td>
<td>8</td>
<td>2.33%</td>
</tr>
<tr>
<td>Testis</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Thyroid</td>
<td>16</td>
<td>4.66%</td>
</tr>
<tr>
<td>Tongue</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Tonsil</td>
<td>3</td>
<td>0.87%</td>
</tr>
<tr>
<td>Urinary bladder</td>
<td>16</td>
<td>4.66%</td>
</tr>
<tr>
<td>Vagina</td>
<td>1</td>
<td>0.29%</td>
</tr>
<tr>
<td>Vulva</td>
<td>1</td>
<td>0.29%</td>
</tr>
</tbody>
</table>

**Total** 343 100.00%
Via Christi Cancer Center is committed to providing educational information and preventive screenings to both the medical community and general public. Our physicians, nurses and staff have access to continuing professional education through our partnership in the Midwest Cancer Alliance (MCA) as well as twice-monthly tumor conferences.

A membership-based organization, the MCA links the Cancer Center with the University of Kansas Cancer Center and oncologists throughout Kansas and western Missouri. This partnership provides local physicians and staff access to ongoing professional education and increases the number and variety of screenings offered to our region.

We work diligently to offer educational and screening opportunities for our communities.

### Educational and screening opportunities

- Free skin cancer screenings offered to the public through MCA
- Free cervical cancer screenings offered to the public through Via Christi Cancer Center and MCA
- Colorectal cancer screening kits distributed
- Prostate cancer screenings provided through Via Christi Cancer Center and local urologists
- Staff members actively supported local chapter of the American Cancer Society
- Maintained cancer support groups
- Cancer patient library with current literature and educational materials provided
- Lectures given at area medical society meetings, as well as at civic organizations and community gatherings

### Services offered at Via Christi Hospital

- Acute rehabilitation
- Ambulatory surgery
- American Cancer Society
- Brachytherapy
- Cancer data registry
- Certified oncology nursing services
- Chemotherapy
- Clinical laboratory services including histology and pathology
- Clinical trials
- Diagnostic imaging, including certified mammography services, ultrasound, CT scanning, nuclear medicine scans including single photon emission technology (SPECT), positron emission technology (PET) and magnetic resonance imaging (MRI)
- Education programs
- Entero/stomy
- Financial counseling
- Genetic testing
- Grief counseling/support programs
- Hematology
- Home health
- Home medical equipment
- Hospice
- Inpatient rehabilitation
- Inpatient therapy
- Lymphedema therapy
- Medical oncology services
- Multidisciplinary Cancer Committee
- Nutrition services
- Occupational therapy
- Pain management
- Palliative care
- Pastoral/spiritual care navigation services
- Patient pharmaceutical support
- Physical therapy
- Psychiatric therapy
- Radiation oncology services including intensity modulated radiation therapy (IMRT)
- Rehabilitation services
- Satellite medical oncology clinics in Fort Scott and Parsons
- Screening/educational programs
- Social services
- Speech therapy
- Stereotactic breast biopsies
- Stomal therapy
- Surgical oncology
- Tobacco cessation support/therapy
- Transitional rehabilitation
- Transportation services
- Tumor conferences
- Wound care
- Yoga therapy
Breast cancer patient navigation

The patient navigation process includes consistent coordination throughout the continuum of care and an assessment of the physical, psychological and social needs of the patient. The anticipated results are enhanced patient outcomes, increased satisfaction and reduced costs of care. This may involve different individuals at each point of care. Breast cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience.

Breast Center of Excellence

In our pursuit of excellence for Diagnostic Imaging, we have been granted American College of Radiology accreditation recognition in Breast Ultrasound and Breast Stereotactic Biopsy, which, together with our Mammography, give us the recognition of Breast Center of Excellence through December of 2015. We are also accredited in general ultrasound, CT and MRI.

New guidelines for Breast Imaging Center of Excellence in 2016 require dedicated MRI breast accreditation.

“I consider it a great privilege to hold the title of breast cancer patient navigator. Working with each breast cancer patient and their family to ensure quick and quality care along with our providers is truly an honor.”

— Jen Boggs, oncology nurse navigator
2015 Cancer Committee members

Robert Huebner, MD  
Surgery, ACOS Liaison — Chair

Dr. Shahid Awan  
Radiation safety officer/physicist, Radiation Oncology

Rick Baker  
Via Christi Cancer Center  
Pharmacy

Tammy Battaglia, MD  
Pathology

Clayton Kent  
Rehabilitation

Christi Lynagh, CTR  
Tumor Registry

Nikkie Leake  
American Cancer Society

Amy Gibson-Bebee, APRN  
Radiation Oncology

Joanna Hughes  
Community Relations

Melinda Adair  
Clinical trials/Medical Oncology manager

Sandy Krusich  
Via Christi Cancer Center  
patient navigator

Lisa Lovell, CTR  
Tumor Registry

X.M. Jenkins, MD  
Surgery

Boban Mathew, MD  
Medical Oncology, Hematology

Pete Mayo  
Pastoral Care

Duane Myers, MD  
Radiation Oncology

Jose Pacheco, MD  
Radiation Oncology

Hilah Perkins, APRN  
Medical Oncology

Jeffrey Phillips  
Radiation Oncology manager

Mary Reed, MD  
Medical Oncology, Hematology

Tariq Suwan, MD  
Diagnostic Imaging

Debra Regehr  
Diagnostic Imaging director

Drew Talbott  
administrator of operations

Charlotte Russell  
Via Christi Cancer Center director

Carrie Amershek  
Quality and Risk Management director

Jason Bailey, DO  
Pulmonology

Brett Dunbar, DO  
Surgery

Seema Latchman, DO  
Surgery

Dr. Jeffrey Burch  
Behavioral Health

Linda Bean, DO  
Family Practice

Jennifer Boggs  
Breast patient navigator

Mickey Xun, MD  
Medical Oncology, Hematology

Randy Cason  
Senior administrator

Chandra Stebbins  
Palliative care coordinator

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