We are pleased to share the 2016-2017 Sentara Cancer Network Annual Report. It has truly been a remarkable year in clinical advances within oncology across the country. One year ago, the White House announced the national Cancer Moonshot program to accelerate progress against cancer. This shared vision of progress has reinvigorated the research community, identified new areas of scientific collaboration, and raised our ambitions regarding what may be possible beyond the progress we have already made in the treatment of cancer. The advances highlighted in this report attest to a key trend that is driving progress against cancer today in regards to Precision Therapy. Cancer therapies are becoming increasingly precise, thereby enabling a more personalized approach to treatment selection. The research into cancer biology is propelling rapid development with many new novel treatments in the pipeline for approval by the FDA.

Thanks to earlier detection, advanced treatment and supportive care, more Americans are surviving cancer than ever before. In fact, there are almost 14.5 million cancer survivors alive in the United States today, and that number is expected to grow to nearly 19 million by 2024, as reported by the American Cancer Society. Due to all of these efforts, many cancers can now be regarded as more chronic in nature. While we have made great strides forward, we realize that the same therapies that were used to treat the disease create their own challenges in the
medical community. Addressing the needs of cancer survivors has been a focused area for the Sentara Cancer Network this year as we continue to work with our cancer survivors and their families to ensure we have the right services and programs in place to not only meet their needs but to help them fully embrace their survivorship. Throughout the report, you will see the commitment that the Sentara Cancer Network has to improving the health of our community. Our physicians, nurses and staff participate in many prevention, education and screening programs to raise the awareness for cancer support and improve the overall health of our communities.

As the only Integrated Cancer Program in Virginia, designated by the American College of Surgeons Commission on Cancer, we are in a position to provide expert care close to home. Through our multidisciplinary team approach, evidence-based protocols, cutting-edge technologies and advanced clinical trials, patients can rest assured that they are receiving quality care throughout our entire Sentara Cancer Network. This 2016-17 Annual Report summarizes many of our accomplishments, including:

- Adding new diagnostic and treatment technologies to our arsenal of cancer-fighting tools as they become available
- Welcoming outstanding new physicians and staff to our team
- Listening to what our patients are telling us, and focusing on access and refining processes to improve our patients’ experiences
- Creating innovative new programs, such as our next generation molecular lab capacities
- Establishing a Survivorship Program, to enhance our patients’ well-being and long-term health

- Increasing our clinical research activity and expanded clinical research accrual
- Creating a safe environment for care delivery
- Providing our community with cancer screening services and cancer prevention education

As we reflect on the outstanding accomplishments for this year, and for the excitement that is ahead with the transformation in oncology care, we are privileged to share these accomplishments, as well as many more highlighted throughout this report.

Sincerely,

Richard A. Hoefer, D.O., FACS
Surgical Oncology Medical Director, Sentara Cancer Network

Thomas A. Alberico, M.D.
Medical Oncology Chair, Oncology High Performance Team

James Schneider, M.D., FACS
Surgical Oncology Cancer Liaison Physician (CLP), Sentara Cancer Network

Cindy Allen
Vice President, Sentara Cancer Network
12 Acute care hospitals

7 in Hampton Roads
1 in Northern Virginia
2 in the Blue Ridge
1 in South Boston
1 in Northeastern North Carolina

Sentara Albemarle Medical Center
Elizabeth City, NC
182 Beds

Sentara CarePlex Hospital
Hampton, VA
224 Beds
Orthopaedic Hospital at Sentara CarePlex
Hampton, VA
18 Beds (included in Sentara CarePlex Hospital license)

Sentara Heart Hospital
Norfolk, VA
112 Beds (included in Sentara Norfolk General Hospital license)

Sentara Leigh Hospital
Norfolk, VA
250 Beds
Orthopaedic Hospital at Sentara Leigh
Norfolk, VA
48 beds (included in the Sentara Leigh Hospital license)

Sentara Halifax Regional Hospital
South Boston, VA
192 Beds

Sentara Martha Jefferson Hospital
Charlottesville, VA
176 Beds

Sentara Obici Hospital
Suffolk, VA
176 Beds

Sentara Princess Anne Hospital
Virginia Beach, VA
160 Beds

Sentara Northern Virginia Medical Center
Woodbridge, VA
183 Beds

Sentara Norfolk General Hospital
Norfolk, VA
525 Beds
28,000+ members of the team
Four medical groups
With more than 1,000 physicians and advanced practice clinicians at 222 locations
12 acute care hospitals
Advanced imaging and diagnostic centers
Nursing and assisted-living centers
Home care and hospice
Optima Health Plan
Serving 450,000 Members
Sentara College of Health Sciences
Sentara Quality Care Network
A Clinically Integrated Network
Our Sentara Cancer Network is at the forefront of cancer diagnosis and care, bringing access to quality cancer services to patients in Virginia and North Carolina. Our integrated network includes 12 acute care hospitals with multiple outpatient settings and a partnership with Eastern Virginia Medical School.

Our annual report includes information and data on cancer services in all Sentara service areas:

- Sentara Albemarle Medical Center (Elizabeth City, NC)
- Sentara BelleHarbour (Suffolk, VA)
- Sentara CarePlex Hospital (Hampton, VA)
- Sentara Halifax Regional Hospital (South Boston, VA)
- Sentara Lake Ridge (Lake Ridge, VA)
- Sentara Leigh Hospital (Norfolk, VA)
- Sentara Martha Jefferson Hospital (Charlottesville, VA)
- Sentara Norfolk General Hospital (Norfolk, VA)
- Sentara Northern Virginia Medical Center (Woodbridge, VA)
- Sentara Obici Hospital (Suffolk, VA)
- Sentara Port Warwick (Newport News, VA)
- Sentara Princess Anne Hospital (Virginia Beach, VA)
- Sentara RMH Medical Center (Harrisonburg, VA)
- Sentara Virginia Beach General Hospital (Virginia Beach, VA)
- Sentara Williamsburg Regional Medical Center (Williamsburg, VA)

Our goals include improving the skills, technology and experience of our entire network. To do so, we aim to find more ways to customize treatment for individuals, to be more accessible to at-risk populations, to translate clinical research more seamlessly into our care and to continue our mission of improving health every day. We aim to make a difference for our patients today and to improve the future of cancer care. Our relentless pursuit of better, more effective cancer treatment inspires us to do more.

The Sentara Cancer Network is a collaboration of providers in many specialties, including:

- Breast surgery
- Cardiology
- Colorectal surgery
- Dentistry/oral surgery
- Dermatology
- Endocrinology
- Gastroenterology
- General surgery
- Gynecology oncology
- Head and Neck surgery
- Hematology
- Hospice
- Medical oncology
- Neurology
- Neurosurgery
- Otolaryngology
- Pain management
- Palliative care
- Pathology
- Physical medicine and rehabilitation
- Plastic surgery
- Primary care
- Pulmonology
- Radiation oncology
- Radiology
- Surgical oncology
- Thoracic surgery
- Urology
Patients were added to the network registries in 2015.

Patients documented in network registries since 1995:

- 9,223
- 100,000+
- 1,600+
- 3,782

Sentara Cancer Network Top 20 Tumor Sites 2015:

- Breast: 30%
- Lung: 15%
- Colorectal: 6%
- Bladder: 6%
- Prostate: 6%
- Kidney/renal/pelvis: 6%
- Thyroid: 5%
- Non-Hodgkin lymphoma: 4%
- Kidney/renal/pelvis: 4%
- Pancreas: 3%
- Uterus: 3%
- Thyroid: 3%
- Leukemia: 2%
- Brain: 2%
- Miscellaneous: 1%
- Stomach: 2%
- Tongue: 1%
- Myeloma: 1%
- Anus: 1%
- Ovary: 1%
- Esophagus: 1%
- Tongue: 1%

Source: Sentara Cancer Network, Cancer Registries
<table>
<thead>
<tr>
<th>1990s</th>
<th>2000s</th>
<th>2010s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiosurgery</td>
<td>Hyperthermic intraperitoneal chemotherapy (HIPEC)</td>
<td>CT lung screening program</td>
</tr>
<tr>
<td>Autologous stem cell transplantation</td>
<td>Robotic radiosurgery with CyberKnife®</td>
<td>TheraSphere®</td>
</tr>
<tr>
<td>Monoclonal antibody therapy</td>
<td>Intraoperative radiation (Intrabeam)</td>
<td>Electromagnetic navigational bronchoscopy (ENB)</td>
</tr>
<tr>
<td>High-dose rate remote afterloading brachytherapy</td>
<td>SIR-Spheres®</td>
<td>Minimally invasive esophagectomy</td>
</tr>
<tr>
<td></td>
<td>Nurse navigator</td>
<td>Cancer rehabilitation</td>
</tr>
<tr>
<td></td>
<td>da Vinci® robotic surgery</td>
<td>Endoscopic neurosurgery</td>
</tr>
<tr>
<td></td>
<td>TransOral robotic surgery for head/neck cancer (TORS)</td>
<td>Interleukin-2 (IL2)</td>
</tr>
<tr>
<td></td>
<td>Transanal endoscopic microsurgery (TEMS)</td>
<td>3D mammography (tomosynthesis)</td>
</tr>
<tr>
<td></td>
<td>High-dose radiation for skin cancer</td>
<td>Alliance for clinical trials in oncology and NRG Oncology memberships</td>
</tr>
<tr>
<td></td>
<td>Radiofrequency ablation and cryoablation for lung cancer</td>
<td>Laparoscopic pancreaticoduodenectomy</td>
</tr>
<tr>
<td></td>
<td>Positron emission tomography/Computed tomography (PET/CT)</td>
<td>Breast tumor radioactive seed localization</td>
</tr>
<tr>
<td></td>
<td>Whipple surgery for pancreatic cancer</td>
<td>Microwave ablation and cryoablation</td>
</tr>
<tr>
<td></td>
<td>Endobronchial ultrasound (EBUS)</td>
<td>Advanced neurosurgical oncology: awake craniotomy and brain mapping; NICO BrainPath and 6 Pillars Approach; NeuroBlate; and Optune</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Next generation sequencing molecular testing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skull-Base tumor program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thoracic fast-track clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DTI tractography</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Comprehensive gynecologic oncology program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sentara-EVMS Comprehensive Head and Neck Program</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sentara Neuro-Oncology Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sentara-EVMS Skull Base Center</td>
</tr>
</tbody>
</table>
CANCER SCREENINGS AND EARLY DETECTION

Access is key to early detection

In order to successfully impact survival rates, cancers must be found early. The most successful way of detecting the disease is through a variety of cancer screenings and Sentara Cancer Network is committed to offering these in convenient locations throughout the communities we serve.

Whether it be through the newest technology (3D mammography, CT lung screening), through promoting self-exams (breast and testicular), or through offering free early detection events (head and neck, prostate), Sentara Cancer Network is focused on fighting cancer early when it is most treatable.

Breast Cancer

Mammography, especially 3D imaging, has been proven to be an invaluable tool for detecting breast cancer early. Our skilled radiologists provide specialized expertise in reading breast images for accuracy. Women throughout our network have convenient access to mammography at our comprehensive breast centers, imaging centers and mobile mammography vans.

The time from a suspicious finding on a mammogram to the initiation of a biopsy is a time of anxiety for a patient. Because of this, we have been working to reduce the time that patients wait from a questionable mammogram to biopsy.

---

Mammography Turnaround Time: From screening to biopsy

<table>
<thead>
<tr>
<th>Sentara Cancer Network Median</th>
<th>National Consortium of Breast Centers Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 days</td>
<td></td>
</tr>
</tbody>
</table>

2016 Total Sentara Cancer Network Outpatient Mammography Volumes: 244,399

The Sentara Cancer Network provides mammography services at more than 20 locations in Virginia and Northeastern North Carolina.

Source: Axiom/Corporate Finance, Sentara Mammography Executive Review Dashboard
Zoe Kirk, Early-stage lung cancer survivor, Eastern Shore, VA

Lung cancer

A landmark national study of longtime, heavy smokers over 55 indicated that screening with low-dose computed tomography (CT) scans can help find lung cancer early, leading to a higher cure rate. The brief CT screening covers the entire chest and provides a more detailed look than a standard chest X-ray. As an early adopter of a low-dose CT lung screening program, Sentara Cancer Network has been providing screenings in several of our communities for more than five years. Diagnosing lung cancer at an early stage, before the cancer has spread, increases a patient’s chance of successful treatment and survival.

Colon and rectal cancer

According to the American Cancer Society, colorectal cancer is the third most common cancer in the United States, and is one of the leading causes of cancer-related death. Unfortunately, parts of Hampton Roads have been identified as one of three colon cancer “hot spots” nationally where death from colon cancer is a dramatic problem. Sentara physicians strongly believe in the effectiveness of colon and rectal cancer screenings to help improve outcomes. Our teams are working collaboratively with the American Cancer Society and other community health resources to promote screenings and treatments.
Education and prevention

Education and community awareness is a key component often forgotten in the battle against cancer. By familiarizing ourselves with national, state and local statistics, we can target pockets of high incidence areas and focus cancer-specific messaging and events to impact these communities. To do this, Sentara Cancer Network offers tobacco cessation programs, sunscreen promotions, and has cancer-specific programs surrounding diet and exercise to specifically promote this cancer prevention messaging.

Preventive screenings and community events

Party on Wheels! mobile mammo event
Sentara Northern Virginia Medical Center and Potomac Mills Mall partnered for a breast cancer awareness month event. The first-time event was a big success. More than 300 people visited the Sentara tents, and 13 women completed their annual screening in our mammovan. Attendees were also able to have their breast health questions answered by board-certified breast specialists and take a spin on our prize wheel.

Skin cancer screenings
Sentara Cancer Network provided skin cancer screenings at various locations throughout our system in 2016. For example, Sentara Martha Jefferson Hospital staff members and our dermatologists partnered to reach the Charlottesville community with skin cancer screenings and sun safety education. In Hampton Roads, Sentara Cancer Network partnered with Eastern Virginia Medical School to provide education and screening at the Virginia Beach Boardwalk Art Festival, which resulted in more than 250 patients screened, including 26 people who were referred for follow-up.

Reel recovery, real hope

Sentara supported the Virginia Chapter of Reel Recovery, a national nonprofit organization that conducts free fly-fishing retreats for men living with all forms of cancer. The spring retreat took place at Graves Mountain Lodge & Rose River Farm in Syria, Va., with 14 men participating, including several individuals from Hampton Roads.

The organization’s mission is to help men recover by sharing with them the healing powers of the sport fly-fishing, while providing a safe, supportive environment to explore their personal experiences with cancer and to share their stories.

Working with Mother Nature to heal: Gary Ardison, M.D., (left) retired physician, serves as a Reel Recovery Fishing Buddy. Here he fishes with an active-duty United States Navy service member.
Our community outreach team encouraged men to get checked for prostate cancer and the women to encourage the men in their lives. The Potomac Nationals changed the kiss cam to the “bearded cam” and added our hashtag #GetChecked.

Potomac Nationals hit a home run for Prostate Cancer Awareness Month
Sentara Northern Virginia Medical Center helped promote Prostate Cancer Awareness Month with the Potomac Nationals in Northern Virginia. Bearded hand fans/photo props were a big hit, as were the Get Checked foam fingers.

Don’t Sit on Colon Cancer
Through this popular community 5K, a record crowd raised funds to support local colon cancer education and patient care programs. Led by Sentara Princess Anne Hospital and Sentara Virginia Beach General Hospital, the network provided education and awareness to help encourage screening and early detection.

Race for Breath
There were 64 Sentara team members who participated in the Race for Breath at the Virginia Beach Oceanfront. Dr. Lara Bonner-Millar, Radiation Oncology, was the keynote speaker. Sentara provided CT lung screening and tobacco cessation information in more than 750 race packets.

National Cancer Survivors Day
Sentara celebrated National Cancer Survivors Day and honored cancer survivors by telling their stories in a digital celebration on the Sentara Healthcare Facebook page. This annual celebration continues to grow and attract inspiring comments and words of encouragement from the community.

Relay for Life
Sentara had a strong showing at the American Cancer Society Relay for Life with 641 participants on 21 teams contributing $51,367.26.

Head/neck and thyroid screenings
Nearly 80 people were screened for head, neck and thyroid cancers in Hampton Roads in 2016. Several patients were referred for evaluation and/or tobacco cessation.

Potomac Nationals fans encouraged to #GetChecked for prostate cancer.
Breast cancer can’t knock Karlene Matthes down…or out

Sentara Northern Virginia Medical Center offers support, rehabilitation and expertise

Karlene Matthes leads an active life as a personal trainer and massage therapist. She teaches boxing and cardio kickboxing and is committed to health and wellness. Unfortunately, cancer doesn’t discriminate; it can still affect people who eat well and exercise regularly.

When Karlene went for her regular gynecology checkup, she was shocked to be diagnosed with Stage III triple-negative breast cancer.

Her doctor referred her to Dr. Negar Golesorkhi, a Sentara Medical Group surgeon with advanced training in breast surgical oncology. Stage III triple-negative breast cancer is a type of cancer that tends to be more aggressive than others, especially in the later stages.

Dr. Golesorkhi recommended a combination of therapies including chemotherapy, surgery and radiation therapy. While going from feeling healthy to staring down a life-threatening diagnosis was a shock for Karlene, she didn’t lose hope.

“I never felt like a victim,” she said. “With Sentara, I felt like a member of my own healthcare team. They validated me and respected my wishes and knowledge.”

Although chemotherapy can be exhausting, Karlene refused to be sidelined by it. She maintained her active lifestyle: riding her red Harley Davidson, running and working with her clients.

Yet she certainly had her share of challenges. She developed neuropathy, a common side effect of chemotherapy that is typically characterized by tingling, pain and numbness in the hands and feet. Karlene also had “chemo brain,” a mental fog causing temporary thinking and memory problems following cancer treatment. Her team worked with her to manage these challenges, teaching her how to stay safe when she had numbness in her hands and feet and advising that she set reminders and give herself time, to avoid feeling frustrated.

After rounds of chemotherapy, Karlene had surgery at Sentara Northern Virginia Medical Center. She then felt a lot of anxiety about radiation therapy, her final leg of her journey. Dr. Golesorkhi’s reassurance and patience gave Karlene time to prepare, and she successfully completed all of her treatment.

“It was so comforting to know I had Dr. Golesorkhi and the entire Sentara Healthcare team,” said Karlene. “Cancer itself isn’t a blessing, but it comes with a lot of blessings.”
CLINICAL INNOVATION & ADVANCED TECHNOLOGY:

Early adoption of advanced technology

With our team of highly skilled physicians focused on bringing proven, state-of-the-art cancer treatments to our communities, the Sentara Cancer Network offers patients advanced and effective technologies and innovations to fight cancer. Our expertise is enhanced by partnerships with other medical centers. Together, we create one of the leading, cutting-edge cancer networks in the nation. To deliver the most effective care to our patients, we rely on a team of highly trained, board-certified radiologists, pathologists and other specialists to accurately diagnose cancer. Collaborating with a team of experts allows us to diagnose patients and develop a personalized care plan earlier than was possible just a few years ago.

The Cyberknife system, pictured above, delivers radiotherapy in a more targeted, accurate manner than traditional radiotherapy.

The daVinci® Surgical Robot allows surgeons to view cancerous sites through an advanced 3D high-definition vision system and to access the sites with highly manipulable instruments (pictured below) more flexible than a hand.
Earlier detection: 3D mammography

Available at numerous sites throughout the network

In addition to standard mammography, 3D mammography has been proven to increase early detection rates by 35 percent. Because of the groundbreaking success in early detection, Sentara Cancer Network invested in making the 3D technology available throughout the network to give more women access close to home.

*June 2013 issue of the American Journal of Roentgenology (AJR)*

A closer look: Breast-specific gamma imaging

Dorothy G. Hoefer
Comprehensive Breast Center,
Sentara RMH Medical Center

While mammography remains the primary method of early detection, diagnostic challenges can occur due to the complexity of the breast tissue. Breast-specific gamma imaging (BSGI) aids in diagnosis when a mammogram is inconclusive by revealing important information that can help more accurately determine if an area of concern is cancerous. During the procedure, a gamma camera takes images showing the metabolic activity of breast lesions. The high-resolution camera creates pictures so doctors can see cancers as small as 3 millimeters. It can detect early stage cancers, see lesions even in dense tissue and provide multiple angle views.
A comprehensive combination: Positron emission tomography/computed tomography (PET/CT)

Available at numerous sites throughout the network

A PET scan and a CT scan are performed at the same time with the same machine, providing a more comprehensive image than each produces alone. Using nuclear medicine technology, PET scans take pictures of the function of the organs and tissues, while CTs create a 3D physical image using X-rays. A PET/CT scan is used often to image the heart, brain and liver. An oral contrast medium may be used to outline or highlight organs so that they can be seen more easily. The combined scan is one of the most effective ways to study cancer.

Fewer procedures: Navigational bronchoscopy

Available at numerous sites throughout the network

An outpatient procedure called electromagnetic navigational bronchoscopy uses a navigation tool much like a GPS to provide a road map to better find, diagnose and mark spots on the lung for precision treatment later. Using this new system, Sentara Cancer Network pulmonologists thread a catheter through a patient’s nose and airways to reach some of the lungs’ deepest tissue. Once the questionable tissue is found, doctors rely on the fast work of specialized pathologists to determine if the spot is cancerous within minutes. Previously, patients would have required one or more procedures to receive a diagnosis.

Faster diagnosis, faster treatment: Endobronchial ultrasound

Available at numerous sites throughout the network

With a minimally invasive endobronchial ultrasound procedure known as EBUS, doctors are able to diagnose patients with lung cancers without surgery. This technological breakthrough helps patients with lung and lymph node tumors to be more accurately diagnosed and to begin treatment sooner. The physician uses a bronchoscope equipped with an ultrasound device to work through the patient’s nose or mouth and into the lung’s airways.

A minimally invasive approach to staging: Endorectal ultrasound

Sentara Norfolk General Hospital, Sentara Virginia Beach General Hospital

The same technology that makes EBUS possible is used for endorectal ultrasounds to help pelvic and colorectal cancers. No incisions are needed, and the minimally invasive procedure enables doctors to see and stage cancers prior to surgery.
Personalized medicine is one of the many benefits for patients in our Sentara Cancer Network, and our molecular testing lab makes the personalization possible. Having an in-house molecular laboratory, staffed by a board-certified molecular genetic pathologist, allows critical test results to be made available quickly.

The future of cancer medicine is heavily reliant on a person’s genetics. Because cancer is complex, with numerous subtypes, molecular information can assist physicians in pinpointing and treating the disease. With nearly 70 percent of medical decisions based on lab results, it’s vital for doctors to have state-of-the-art labs.

Other healthcare providers may need to send their samples to a lab out of state, while our Sentara Cancer Network lab allows our providers to receive quicker results and, soon after, to provide appropriate therapies.

We anticipate even more in-depth details on patients’ cancer as we implement next generation molecular sequencing. This advanced analysis allows us to further explore multiple genes faster and more cost effectively. We also look to the future as we preserve tissue removed during diagnosis. Should the patient need additional tests, we have the tissue readily available preserved in paraffin. We may also use the tissue in retrospective studies to help future patients, while always preserving patients’ anonymity.
Charles’ CT screening at Sentara Martha Jefferson Hospital in Charlottesville unfortunately showed Stage I lung cancer.

“I had no pain, no cough, nothing to indicate a problem,” said Charles. “I am so grateful that they were able to spot it so quickly.”

After discovering the tumor, the doctors removed it by lobectomy at Sentara Martha Jefferson Hospital. It took less than a month from diagnosis to surgery. Charles was pleased with the attentiveness of his doctors and staff and the speed of his care.

“The doctors answered every question and made sure we understood our options. I had no fears at all,” he said.

Dr. Christopher Willms, a thoracic surgeon at Sentara Martha Jefferson Hospital, performed Charles’ minimally-invasive lobectomy. Catching the cancer early meant that Charles didn’t require follow-up radiation or chemotherapy treatments.

“If Charles hadn’t had a CT scan, he could’ve gone for another year or more before having symptoms, and the cancer would’ve spread,” explained Dr. Willms. “Most patients who have lung cancer don’t get diagnosed until they are in the more advanced stages, when the cancer is much more difficult to treat.”

According to the American Cancer Society, lung cancer has been difficult to catch early in the past because symptoms don’t occur until advanced stages or people attribute their symptoms to colds, allergies or long-term effects of smoking.

Studies have shown a decrease in deaths from lung cancer by 20 percent when screenings catch the disease early. Because the cancer is smaller and in one concentrated area, it can often be removed more easily.

Dr. Howard, Charles’ primary care physician, continues to speak to patients about the screenings during annual checkups:

“It’s so important for patients to come in and get their annual wellness visits,” she said. “It’s a time for us to review what screenings patients are eligible for. That was the case with Charlie, and I’m so glad that his cancer was caught, and he’s doing so well.”
POWERFUL TREATMENT:

Interventional radiology

Interventional radiology physicians play a critical role in the multidisciplinary team approach in the treatment of cancer and cancer-related disorders. This is a rapidly evolving field where innovative techniques for diagnosing and treating cancer result in prolonged survival for patients as well as improved quality of life. Interventional procedures provide minimally invasive, targeted treatment of cancers.

At Sentara Norfolk General Hospital, our quaternary level facility, and at Sentara Martha Jefferson Hospital, we most commonly use interventional radiology to treat kidney, liver and other hepatobiliary cancers. In palliative care, we use the technique to drain fluids and clear obstructed kidney and bile ducts to keep patients comfortable and to alleviate complications.
More than a routine trip to the dentist

Oral cancer specialists at Sentara Norfolk General Hospital keep Larry moving forward

During a regular dental exam, Larry Staunton’s dentist noticed swelling and gum tissue pulled away from an infected tooth. He referred Larry to an oral surgeon who extracted the infected tooth and had it tested.

Unfortunately, the results came back as squamous cell carcinoma, a type of oral cancer. Larry was referred to one of the top oral cancer experts, Dr. Daniel Karakla, a head and neck surgeon with Eastern Virginia Medical School (EVMS).

The Sentara EVMS Comprehensive Head and Neck Center, a quaternary program of the Sentara Cancer Network, offers innovative treatment and multidisciplinary care for tumors and conditions of the head, neck and thyroid. It provides medical and surgical intervention for sites including the mouth, lips, tonsils, thyroid, parathyroid, pharynx and larynx. The patients require expert treatment from head and neck surgeons and other oncology specialists, as well as a variety of tumor-site specific rehabilitative services, including nutrition counseling, speech therapy and psychological care.

Larry went for additional CT and PET scans, and the Sentara Cancer Network team reviewed his results as part of their weekly cancer conference. They concluded that the cancer had not spread, but Larry’s treatment would still be fairly involved.

Dr. Karakla removed approximately two-thirds of Larry’s jaw and 12 teeth to remove the cancer. Next, Dr. Matthew J. Bak, an EVMS head and neck surgeon, removed part of Larry’s fibula bone and reconstructed a new jawbone.

“The surgeons did a great job. My friends and family were shocked at how good I looked, especially so soon out of surgery,” said Larry.

But Larry’s whole body had been affected, and he needed to learn to walk and talk again. After his recovery, he began daily physical therapy and speech therapy.

Speech therapy helped him adapt to changes in his mouth, while physical therapy helped him adjust to changes to his leg strength and overall balance. He went from a wheelchair to a walker and then from a cane to just his own feet.

“I couldn’t wait to exercise and get moving,” Larry said.
SURGICAL TECHNIQUES:

**Complex procedures, proven outcomes**

Our highly trained surgeons specialize in numerous minimally invasive, innovative surgical techniques that reduce complications and recovery time for patients. In many cases, small incisions replace larger surgical wounds that require more healing.

Our expertise comes not only from Sentara Cancer Network surgeons, but also from renowned experts at medical centers that partner with us to deliver exceptional care to our patients. We invest in the latest equipment and are committed to ongoing education to stay at the forefront of cancer treatment technology and techniques.

**da Vinci® surgical robot for gynecology, head and neck, urology and colorectal surgery**

- Sentara CarePlex Hospital, Sentara Leigh Hospital, Sentara Norfolk General Hospital, Sentara Northern Virginia Medical Center, Sentara Virginia Beach General Hospital

The da Vinci robot empowers a surgeon to perform a precise, nerve-sparing operation through several dime-sized incisions. With this minimally invasive surgery, the goal is to accomplish internal repair while leaving the body surface as natural as it was prior to surgery.

The robot dramatically enhances visualization by presenting a 3D view rather than the two-dimensional view used in traditional laparoscopic surgery. The precision, control and dexterity offered by the da Vinci system allow physicians to perform complex surgery in a more effective manner than open surgery or traditional laparoscopic surgery.
For example, head and neck cancer teams at our quaternary facility, Sentara Norfolk General Hospital, use the da Vinci surgical system to perform transoral robotic surgery, a significantly less invasive treatment for cancers in the voice box, throat and tongue. Surgeons use the advanced components of the da Vinci robotic surgery system, and patients benefit with less trauma, faster recovery, shorter hospital stays and fewer scars.

Additionally, use of the da Vinci prostatectomy surgical robot has revolutionized prostatectomy surgery by making it a more precise, minimally invasive procedure with excellent results. One of the most common treatments for prostate cancer, traditional radical prostatectomy, requires an 8- to 10-inch incision, which results in substantial blood loss, a lengthy recovery and the risk of impotence and incontinence.

A quicker recovery: Transanal endoscopic microsurgery

- Sentara CarePlex Hospital, Sentara Virginia Beach General Hospital

The minimally invasive transanal endoscopic microsurgery offers a quicker recovery, with less scarring and fewer complications. This surgical procedure uses a natural orifice to remove select rectal tumors that traditionally would require a more involved and invasive surgery.

Lobectomy Mortality*

Sentara Cancer Network vs. Society of Thoracic Surgeons (STS) National Database Benchmark

- Sentara CarePlex Hospital, Sentara Leigh Hospital, Sentara Norfolk General Hospital, Sentara Obici Hospital, Sentara Virginia Beach General Hospital, Sentara Williamsburg Regional Medical Center

System Urology Volumes

- 2013
- 2014
- 2015

Source: Cancer Registry; Date of Initial Diagnosis 2013 to 2015; Analytic Prostate, Kidney, and Bladder cases – All regions

0.8%

1.0%

STS National Average 2013-2015

*Lobectomy Mortality* Source: Society of Thoracic Surgeons database
**Pancreatic Resection Mortality***

Sentara Cancer Network consistently meets or exceeds the data presented in the Journal of the National Cancer Institute.

* Data includes Sentara CarePlex Hospital, Sentara Leigh Hospital, Sentara Norfolk General Hospital, Sentara Virginia Beach General Hospital

* Source: CareDiscovery database, Sentara Decision Support; Journal of the National Cancer Institute, *Assessment of Pancreatic Cancer Care in the United States Based on Formally Developed Quality Indicators*

---

**Needle Biopsy Performed Prior to Surgical Treatment of Breast Cancer**

Sentara exceeds the NAPBC goal of at least 80% of cases. Biopsying breast nodules to determine if they’re malignant prior to resection leads to reduced breast re-excision rates.

---

**Pancreatic Resection Mortality**

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

---

**Sentara Cancer Network**

- Hampton Roads: 99%
- Sentara Northern Virginia Medical Center: 100%
- Sentara Martha Jefferson Hospital: 93.9%
- Sentara RMH Medical Center: 91.4%

---

**NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS GOAL**
Getting closer with managing microscopic cells: Hyperthermic Intraperitoneal Chemotherapy (HIPEC)

**Sentara CarePlex Hospital, Sentara Norfolk General Hospital**

Complex and advanced abdominal cancers are difficult for physicians to treat because cancer cells are woven through the thin membranes of the peritoneum that wraps around the abdomen and internal organs. These microscopic cancer cells are often left behind during surgical procedures that remove abdominal tumors. However, the cells are now reachable: HIPEC uses high doses of chemotherapy to penetrate and destroy the cancer cells that remain after surgery. Physicians apply the high-dose solution of chemotherapy locally within the abdomen, minimizing side effects and improving absorption.

They can also administer HIPEC as a palliative measure to help control the disease and prevent fluid collection.

Expanded options: Neurosurgical oncology

**Sentara Norfolk General Hospital**

New surgical advances for brain tumors are offered at our quaternary hospital:

- With endoscopic neurosurgery, surgeons can access lesions and tumors that may have previously required an open craniotomy.
- Intraoperative brain mapping allows surgeons to map functional areas of the brain and remove a tumor without damaging critical areas.
- Using the 6 Pillars Approach to removing brain tumors, a six-prong process that features the NICO BrainPath, surgeons provide greater precision and safety to patients.
- The NeuroBlate® system offers minimally invasive robotic laser thermotherapy with MRI-guided neurosurgical ablation. The system also gives surgeons real-time imaging to ease quick decision making.
- Doctors can slow or stop cancer cells from dividing for at least 18 hours a day in patients with recurrent glioblastoma with the Optune™ portable medical device’s alternating electric fields.
Making a major surgery more manageable: 
Minimally invasive pancreaticoduodenectomy

Sentara CarePlex Hospital

Pancreaticoduodenectomy, often called the Whipple Procedure, involves the removal of part of the pancreas, a portion of the bile duct, the gallbladder and the duodenum. This major operation is now performed at Sentara using a minimally invasive technique, offering the benefits of smaller incisions and faster recovery.

A quicker return home: 
Minimally invasive esophagectomy

Sentara Leigh Hospital

This technique for removing esophageal cancer gives patients significant advantages over a traditional open esophagectomy. The procedure requires surgeons to be specially trained with advanced laparoscopic and thoracoscopic techniques. The approach results in potentially less blood loss, fewer blood transfusions, shorter hospital stays and quicker recovery.

Smaller incisions, smaller surgeries: 
Video-assisted thoracic surgery

Available at numerous sites throughout the network

Surgeons perform this surgery by making small incisions in the chest and using a videoscope called a thoracoscope. They can more easily remove masses close to the outside edges of the lung and test them for cancer, requiring a much smaller surgery than in the past.

New options for a new look: 
Advanced breast reconstruction

Sentara Martha Jefferson Hospital, Sentara Norfolk General Hospital, Sentara Obici Hospital, Sentara Princess Anne Hospital, Sentara RMH Medical Center

Many women choose reconstructive surgery following breast cancer surgery and treatment, and innovative procedures that use a woman’s own tissue are an option. Advanced microsurgery techniques, including the deep inferior epigastric artery perforator (DIEP) flap method, make it possible for surgeons to complete the reconstruction while also preserving patients’ abdominal muscle.

Removing masses more easily:
Christopher Willms, M.D.,
Thoracic Surgery, Sentara Martha Jefferson Hospital
Primary Care: The first line of defense against cancer

The difference keen observation and quick care coordination makes

When Margaret Hunt went in for her regular checkup with her nurse practitioner, Amanda Igata, she was feeling slightly sluggish.

“I was tired,” said Margaret, “but at my age, I didn’t pay much attention to it.”

Her bloodwork came back with low hemoglobin, which led Amanda to recommend additional testing.

“I don’t know if an urgent care center, which some people use in place of a primary care provider (PCP), would have detected her low levels of hemoglobin,” said Amanda. “It’s not unusual for a woman her age to have this level. But I knew it was a different level for her. As a PCP, we can look at previous lab work and compare them to see if there’s been a significant change.”

Within a week, Margaret was set up for an endoscopy and a colonoscopy with Dr. Suresh Jayatilaka. When he called her to come into the office for results on a Friday afternoon, Margaret was worried. She brought along her husband and two of her adult children. Dr. Jayatilaka gave her the news: It was Stage II colon cancer.

“It wasn’t a good feeling, but Dr. J explained everything,” she said. Soon, she had a section of her colon, a number of her lymph nodes and her enlarged gallbladder removed.

“On my seventh day in the hospital, Dr. J woke me up, excited to tell me that ‘They got it all!’” Margaret’s post-surgery lab and imaging results showed no sign of cancer.

“My first thought was to praise God, then I praised the hospital and then I praised Dr. J,” she said.

Amanda was able to follow along with Margaret’s surgery and recovery through shared computerized medical records. She saw Margaret recently and confirms she’s doing well.

Margaret did not need any additional treatment such as radiation or chemotherapy, but with her healthcare team, she continues to keep an eye on her health. She also urges people to get their colonoscopies, especially after the age of 50, when it’s recommended for everyone.
Our Sentara Cancer Network specializes in outpatient and inpatient targeted therapies that zone in on a patient’s cancer cells while sparing his or her surrounding tissue from excessive radiation. The doctor’s ability to target cancer precisely means the patient keeps healthy tissue while eradicating cancerous areas. When radiologists precisely target tumors and other lesions, they often completely eliminate the need for surgery. Other therapies use radiation to reach tumors not accessible in open surgery. In some cases, doctors implant radioactive particles in patients to deliver radiation directly to the tumor.

**Pinpointing the tumor: External beam radiation therapy**

*Sentara Albemarle Medical Center, Sentara CarePlex Hospital, Sentara Martha Jefferson Hospital, Sentara Norfolk General Hospital, Sentara Northern Virginia Medical Center, Sentara Obici Hospital, Sentara RMH Medical Center, Sentara Virginia Beach General Hospital*

External beam radiation therapy is a method for delivering a beam of high-energy X-rays to a patient’s tumor. This strategy exposes the cancerous tumor to a much larger dose than the surrounding healthy tissue. Ionizing radiation works by damaging the DNA of exposed tissue. To prevent non-cancerous tissue from being damaged, the radiation beams are shaped and aimed from several angles to intersect at the patient’s tumor.

**Reaching the once inaccessible: Stereotactic radiosurgery (SRS)**

*Sentara Martha Jefferson Hospital, Sentara Norfolk General Hospital, Sentara Obici Hospital*

SRS is a minimally invasive form of surgical intervention that uses a three-dimensional coordinates system to locate small targets inside the body. Using highly focused beams of ionizing radiation with high precision is a way to target tumors and other lesions that could be otherwise inaccessible for open surgery.
No surgery, no pain: CyberKnife®

Sentara Norfolk General Hospital

At the Sentara Cancer Network, we understand that being a leader in treating tumors means investing in promising new technologies. Our CyberKnife® robotic radiosurgery system, available at the Sentara Advanced Radiosurgery Center, is the most advanced system of its kind in Hampton Roads. CyberKnife is a non-invasive alternative to surgery for the treatment of both cancerous and non-cancerous tumors anywhere in the body, including the prostate, lung, brain, spine, liver, pancreas and kidney. The treatment delivers beams of high-dose radiation to tumors with extreme accuracy and offers new hope to patients. Though its name may conjure images of scalpels and surgery, the CyberKnife treatment involves no cutting. In fact, the CyberKnife system is the world’s first and only robotic radiosurgery system designed to treat tumors throughout the body non-invasively. It provides a pain-free, non-surgical option for patients who have inoperable or surgically complex tumors, or who may be looking for an alternative to surgery.

Treating and marking tumors: Brachytherapy/radioactive seed implant therapy

Available at numerous sites throughout the network

Brachytherapy is a form of radiotherapy where a radioactive source is placed inside or next to the area in a patient’s body requiring treatment. It’s commonly used for gynecologic cancers, urological cancers and early breast cancers. For breast cancer, the radioactive seeds are used to mark a tumor so that the surgeon can be as precise as possible during surgery.

Therapy for a curved or irregular surface: High-dose rate (HDR) for skin cancer

Sentara CarePlex Hospital, Sentara Norfolk General Hospital, Sentara Obici Hospital, Sentara RMH Medical Center, Sentara Virginia Beach General Hospital

A mobile radiation option for certain types of skin cancers gives patients a more convenient and targeted treatment. A high-dose rate iridium device, called an HDR unit, uses specially designed applicators with the high-dose rate treatments applied directly to the skin. It allows more precise treatment, especially for curved or irregular surfaces including those on the face, arms and legs, while sparing the patient’s surrounding healthy tissue.
Improving convenience for our patients: Accelerated partial breast irradiation (APBI)

- Sentara CarePlex Hospital, Sentara Martha Jefferson Hospital, Sentara Norfolk General Hospital, Sentara RMH Medical Center

APBI is a form of brachytherapy (internal breast radiation) in which radioactive substances are placed directly into a patient’s breast via a specialized catheter after a lumpectomy. APBI delivers the entire course of radiation within 5 to 7 days, reducing the time and travel required for the patient. It also radiates the area in the breast that is most likely to have recurrence and reduces the side effects of radiation by sparing normal tissues.

From clinical trial to care option: Intraoperative radiation therapy (IORT)

- Sentara CarePlex Hospital, Sentara Northern Virginia Medical Center

IORT delivers a concentrated, high-dose beam of radiation to cancerous tumors. The tumor is irradiated while it is exposed in an operative suite. Sentara CarePlex Hospital introduced IORT to our network during a clinical trial with IntraBeam® in 2007. The Xoft electronic brachytherapy system, available at Sentara Northern Virginia Medical Center, takes the treatment to the next level by offering the patient mobility and shielding during the process.
With the help of his healthcare team, Ralph Sampson, Sr., stays strong

Sentara RMH Medical Center aids in prostate and lung cancer treatment and recovery

Ralph Sampson, Sr., 80, was admitted to the hospital on a twisting health journey in Harrisonburg. As part of a team that included his wife, son Ralph, Jr., (a retired professional basketball player) and two daughters, Ralph Sr. was assisted in dealing with challenging health decisions.

Prostate issues brought him to the hospital, but that was only the beginning. His urologist referred Ralph to the Sentara RMH Hahn Cancer Center’s radiation oncology department after learning he had prostate cancer. First Ralph needed to undergo previously scheduled hernia surgery. Due to complications afterward, X-rays were taken, and doctors discovered a spot on Ralph’s lung.

With this new information, the Sampsons had more decisions to make. A biopsy revealed that the spot on his left lung was cancerous. The doctors recommended chemotherapy, followed by surgery. It took a team effort to get him through treatment and to improve his nutrition and exercise. Luckily, Ralph’s family was knowledgeable and enthusiastic about the process. Working with a nutritionist from the Sentara Cancer Network, they reminded Ralph to drink more water, gave him nutritious juice smoothies and got him moving.

“Good nutrition during treatment can help patients maintain strength and energy, promote a stronger immune system and help the body heal after treatment,” said Robin Atwood, clinical dietitian with Sentara RMH Hahn Cancer Center. “The goal is to consume healthy foods and drinks to supply the body with fuel for repair and healing.” Registered dietitian nutritionists can help patients make dietary changes based on the side effects of treatment that can help them feel more comfortable and as strong as possible.

Dr. Heather Morgan, a radiation oncologist, was impressed by Ralph’s stamina.

“The fatigue that often results from radiation depends a lot on the patient’s level of fitness,” Dr. Morgan said. She cites studies that show patients who exercise experience much less fatigue than those who don’t. She applauds Ralph’s family for helping him regain his health.

Today, Ralph is doing well and maintaining a healthy lifestyle. He wants to retire soon, but he has no plans to sit in a rocking chair. Instead, he’ll do more volunteer work.
Connecting patients to clinical trials: Christine Urbanski, M.D., Medical Oncology, Sentara RMH Medical Center

Innovative therapies are changing cancer care

In the past 10 years, there have been significant advancements in the availability of new and innovative drugs for cancer patients. Immunotherapy and chemotherapy options that target specific genetic mutations and often have fewer side effects are becoming more common. Our Network infrastructure allows for these new tests, new personalized therapies, and new clinical trials to be reviewed and offered quickly and conveniently to the communities we serve.

Foundation for the Accreditation of Cellular Therapy accreditation

After meeting rigorous clinical standards, our autologous stem cell transplant program received accreditation by the Foundation for the Accreditation of Cellular Therapy (FACT). The program remains the first and only transplant program in Hampton Roads to earn the prestigious distinction. The Autologous Stem Cell Transplant Program at our quaternary hospital, Sentara Norfolk General Hospital, is one of 135 nationally. Sanctioned through FACT, the program adheres to the most stringent clinical standards. FACT accreditation is the gold standard insurance companies often demand.

Quality Oncology Practice Initiative certification

Multiple medical oncologists within the Sentara Cancer Network have earned the Quality Oncology Practice Initiative (QOPI) Certificate of Participation by the American Society of Clinical Oncology. QOPI is an oncologist-led, practice-based quality improvement program promoting excellence in cancer care by helping practices create a culture of self-examination and improvement.
Clinical trials

Within our Sentara Cancer Network, clinicians and academic researchers work together to elevate care for patients. This collaborative philosophy fosters innovation in our network and drives access to clinical trial options for our patients. Collaborations between surgical, radiation and medical oncologists in our Sentara Cancer Network are especially instrumental in connecting patients with clinical trials.

Through collaboration with the National Cancer Institute’s National Clinical Trials Network (NCTN), the Alliance for Clinical Trials in Oncology and National Research Group Oncology develop and conduct clinical trials with promising new cancer therapies. These collaborative efforts allow us to utilize the best science to develop optimal treatment and prevention strategies for cancer, as well as research methods to alleviate side effects of cancer and cancer treatments.

Clinical Trial Highlights:

- Efficacy and safety trials for investigational biologics
- Combination trials for oncology drugs
- Surgical and radiation therapy research trials
- Adjuvant and maintenance drug trials
- Postoperative oncology options
- Retrospective chart reviews

Collaborating to identify possibilities: Rita Mack, Clinical Research Coordinator, Sentara Cancer Network and Richard Hoefer, D.O., Surgical Oncology, Sentara CarePlex Hospital
QUALITY AND OUTCOMES:

Better care: It’s all in the numbers

The Cancer Registry

The Cancer Registry is the data collection arm of the Sentara Cancer Network focused on collecting and analyzing incidence, survival and staging statistics for the patients we serve. These statistics help drive community outreach, improve clinical quality and improve the patient experience. Our cancer registry also plays an important role in reporting cancer-specific data to the Virginia Department of Health, the National Cancer Institute, and the Commission on Cancer’s National Cancer Data Base (NCDB).

Rapid Quality Response System (RQRS)

The Commission on Cancer (CoC) implemented the Rapid Quality Response System, a reporting and quality improvement tool, in 2011. They created the tool to assess and improve the quality of care for breast and colon cancer patients. It is a web-based, systematic data collection and real-time reporting system that is only available to CoC-accredited cancer programs.

Twice a month, a Sentara cancer registrar submits cases that meet the criteria to RQRS. In turn, RQRS provides alerts when a patient is in need of adjuvant treatment. These alerts help us monitor and identify patients who are at risk of slipping through the cracks. The cancer registrar works with clinicians to resolve issues that may arise and makes sure the patient’s treatment is started in a timely manner.

RQRS also allows us to compare performance rates in the Sentara Cancer Network to other participating cancer programs locally and nationally.
Cancer conferences (tumor board)

As a cornerstone to providing multidisciplinary care, the Sentara Cancer Network offers physicians a variety of cancer conferences (or tumor boards). These meetings provide physicians an opportunity to present patient cases with input from radiology, pathology, surgery, radiation oncology, medical oncology, and others with multiple goals in mind:

- Developing a treatment plan
- Improving throughput and care coordination
- Identifying and resolving barriers to care
- Ensuring adherence to national treatment guidelines
- Improving the patient experience
Every three years, the American College of Surgeons’ Commission on Cancer surveys the Sentara Cancer Network to evaluate the effectiveness of the services provided, the utilization of multidisciplinary care, clinical quality, and the institution’s commitment to community outreach. As part of these standards, the Commission on Cancer reviews clinical quality metrics to ensure the cancer program is in compliance and identifying any opportunities for improvement.

Multi-year performance is shown below with the US and VA data acquired from the American College of Surgeons’ National Cancer Data Base (NCDB).

**Our quality measures**

**Breast**

Radiation therapy is administered within 1 year of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer.

Combination chemotherapy is considered or administered within 4 months of diagnosis for women under 70 with T1cN0M0, or Stage II or III hormone receptor negative breast cancer.
**Breast (continued)**

**Tamoxifen Administration**
Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year of diagnosis for women with T1cN0M0, or Stage II or III hormone receptor positive breast cancer.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentara Hampton Roads hospitals</td>
<td>96.1-98.9%</td>
</tr>
<tr>
<td>Sentara Northern Virginia Medical Center</td>
<td>90.7-99.3%</td>
</tr>
<tr>
<td>Sentara Martha Jefferson Hospital</td>
<td>96.5-100%</td>
</tr>
<tr>
<td>Sentara RMH Medical Center</td>
<td>70.7-98.5%</td>
</tr>
<tr>
<td>Virginia CoC-accredited programs</td>
<td>94.2-96%</td>
</tr>
<tr>
<td>United States CoC-accredited programs</td>
<td>95.1%</td>
</tr>
<tr>
<td><strong>United States CoC-accredited programs</strong></td>
<td>93%</td>
</tr>
</tbody>
</table>

**Radiation Therapy Administration Following Mastectomy**
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentara Hampton Roads hospitals</td>
<td>95.4-92.8%</td>
</tr>
<tr>
<td>Sentara Northern Virginia Medical Center</td>
<td>100-100%</td>
</tr>
<tr>
<td>Sentara Martha Jefferson Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>Sentara RMH Medical Center</td>
<td>100%</td>
</tr>
<tr>
<td>Virginia CoC-accredited programs</td>
<td>89.3-96.5%</td>
</tr>
<tr>
<td>United States CoC-accredited programs</td>
<td>89.5%</td>
</tr>
<tr>
<td><strong>United States CoC-accredited programs</strong></td>
<td><strong>88.8-90.2%</strong></td>
</tr>
</tbody>
</table>

---

**Colorectal**
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentara Hampton Roads hospitals</td>
<td>92.1%</td>
</tr>
<tr>
<td>Sentara Northern Virginia Medical Center</td>
<td>94.7%</td>
</tr>
<tr>
<td>Sentara Martha Jefferson Hospital</td>
<td>93.9%</td>
</tr>
<tr>
<td>Sentara RMH Medical Center</td>
<td>85.7%</td>
</tr>
<tr>
<td>Virginia CoC-accredited programs</td>
<td>91.6%</td>
</tr>
<tr>
<td>United States CoC-accredited programs</td>
<td>91.3%</td>
</tr>
<tr>
<td><strong>United States CoC-accredited programs</strong></td>
<td><strong>89.3%</strong></td>
</tr>
</tbody>
</table>

Adjuvant chemotherapy is considered or administered within 4 months of diagnosis for patients under the age of 80 with Stage III (lymph node positive) colon cancer.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Confidence Intervals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentara Hampton Roads hospitals</td>
<td>93.2%</td>
</tr>
<tr>
<td>Sentara Northern Virginia Medical Center</td>
<td>87.5%</td>
</tr>
<tr>
<td>Sentara Martha Jefferson Hospital</td>
<td>100%</td>
</tr>
<tr>
<td>Sentara RMH Medical Center</td>
<td>83.3%</td>
</tr>
<tr>
<td>Virginia CoC-accredited programs</td>
<td>94.6%</td>
</tr>
<tr>
<td>United States CoC-accredited programs</td>
<td>89.3%</td>
</tr>
<tr>
<td><strong>United States CoC-accredited programs</strong></td>
<td><strong>88.7-89.9%</strong></td>
</tr>
</tbody>
</table>
Rectal
Preoperative chemo and radiation are administered for clinical AJCC T3N0, T4N0, or Stage III; or postoperative chemo and radiation are administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0, or Stage III; or treatment is recommended for patients under the age of 80 receiving resection for rectal cancer.

Gastric
At least 15 lymph nodes are removed and pathologically examined for resected gastric cancer.

Lung
Systemic chemotherapy is administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node-positive.

Surgery is not the first course of treatment for cN2, M0 lung cases.
Hospitals within the Sentara Cancer Network have achieved, or are on the path to achieving, accreditation from the American College of Surgeons’ Commission on Cancer. The Commission on Cancer key principles of accreditation include measurement and proof of performance in providing:

- Quality care close to home
- Comprehensive care
- A multidisciplinary team approach
- Information and education
- Patient-centered services
- Options for genetic assessment and counseling, and palliative care services
- Care monitoring and quality improvement
- Treatment planning based on evidence-based national treatment guidelines
- Clinical trials and new treatment options
- Follow-up care including a survivorship care plan
- Patient tracking through the cancer data system

**Sentara Cancer Network**
Hampton Roads, Virginia
**ACCREDITATION:** Integrated Network Cancer Program (Only network accredited in Virginia)

**Sentara Martha Jefferson Hospital**
Charlottesville, Virginia
**ACCREDITATION:** Comprehensive Community Cancer Program with Silver Commendation

**Sentara Northern Virginia Medical Center**
Woodbridge, Virginia
**ACCREDITATION:** Community Cancer Program

**Sentara RMH Medical Center**
Harrisonburg, Virginia
**ACCREDITATION:** Comprehensive Community Cancer Program
National Accreditation Program for Breast Centers (NAPBC)

All Sentara Comprehensive Breast Centers are fully designated with the National Accreditation Program for Breast Centers and work with the American College of Surgeons’ cancer programs to maintain this status. NAPBC standards focus on breast health and dedication to the improvement of quality care and outcomes through evidence-based standards. The NAPBC defines 28 program standards and 17 program components of care that collectively provide the most efficient and contemporary care available for patients.

American College of Radiology Accreditation (ACR)

Since 1987, the ACR has accredited more than 35,000 facilities in 10 imaging modalities. The ACR offers accreditation programs in CT, MRI, breast MRI, nuclear medicine and PET, as mandated under the Medicare Improvements for Patients and Providers Act, as well as for modalities mandated under the Mammography Quality Standards Act.

American College of Radiation Oncology Accreditation (ACRO)

All Sentara Cancer Network radiation therapy centers are fully accredited by the ACRO, with the exception of Sentara RMH Medical Center, which is accredited by the American College of Radiology, and follow practice standards for radiation oncology. Accreditation is a voluntary process in which professional peers identify standards indicative of a quality practice, and an audit is conducted to ensure that these standards are followed.

College of American Pathologists Accreditation (CAP)

The CAP, the leading organization of board-certified pathologists, created the CAP Laboratory Accreditation Program. Designed to go well beyond regulatory compliance, the program helps laboratories achieve the highest standards of excellence to positively impact patient care. The program is based on rigorous accreditation standards that are translated into detailed and focused checklist requirements. The comprehensive program helps achieve a consistently high level of service throughout a healthcare system.
Academic publications

As our physicians collaborate to advance cancer care, they share their discoveries in leading medical journals. Here we share their recent work:


*More academic publications online at https://sentaracancerdata.com.*

*Sentara Cancer Network contributors are shown in blue.*
### 2015 Sentara Cancer Network Primary Site Tables

We collect data on cases diagnosed and treated at each facility in our network. Analytic cases are cases diagnosed and/or treated during the first course of treatment at the assigned institution. Please note that the sum of the individual facilities may not add up as some cases are shared among multiple facilities, which affects the totals.

This table's data is collected by the Sentara Cancer Network Registry Subcommittee from the Hampton Roads region and other regional registrars.

**CANCER REGISTRARS**

- **Sentara Albemarle Medical Center**
  - Nannette Jones, CTR

- **Sentara Martha Jefferson Hospital**
  - Maria Barnes, CTR
  - Rebecca Lewis, CTR
  - Jessica Washington, CTR

- **Sentara RMH Medical Center**
  - Trishia High, CTR
  - Eunice Wiens, CTR

- **Hampton Roads**
  - Tammy Berryhill, CTR
  - Karrie Brickhouse, CTR
  - Kristy Bridgeman, CTR
  - Diana Coates, CTR
  - Rhonda Despinis, CTR
  - Cynthia Freeman, CTR
  - Holanda Harding
  - June Harlow
  - Marlene Kelly, CTR
  - Kathleen Marcia, CTR
  - Cressetta Peterson, CTR
  - Terry Reich
  - Mary Seemueller, CTR
  - Lana Tyree, CTR

### Grouping

<table>
<thead>
<tr>
<th>Grouping</th>
<th>Primary Site</th>
<th>Total</th>
<th>Analytic</th>
<th>Total</th>
<th>Analytic</th>
<th>Total</th>
<th>Analytic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/Neck</td>
<td>Head/Neck</td>
<td>Lip</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tongue</td>
<td>8</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Salivary Gland</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Floor of Mouth</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gum/Other Mouth</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nasopharynx</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tonsil</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Oropharynx</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypopharynx</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Oral Cavity and Pharynx</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Digestive</td>
<td>Digestive</td>
<td>Esophagus</td>
<td>10</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Stomach</td>
<td>11</td>
<td>9</td>
<td>18</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Small Intestine</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Colon</td>
<td>53</td>
<td>50</td>
<td>47</td>
<td>45</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rectosigmoid Junction</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rectum</td>
<td>16</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Anus, Anal Canal, and Anorectum</td>
<td>10</td>
<td>5</td>
<td>14</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Liver</td>
<td>6</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Intrahepatic Bile Duct</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gallbladder</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Biliary</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pancreas</td>
<td>20</td>
<td>17</td>
<td>28</td>
<td>22</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retropertioneum</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peritoneum, Omentum, and Mesentery</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Digestive Organs</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Respiratory</td>
<td>Respiratory</td>
<td>Nose, Nasal Cavity and Middle Ear</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Larynx</td>
<td>12</td>
<td>11</td>
<td>9</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lung, Bronchus - Small Cell</td>
<td>19</td>
<td>17</td>
<td>13</td>
<td>9</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lung, Bronchus - Non Small Cell</td>
<td>103</td>
<td>95</td>
<td>132</td>
<td>116</td>
<td>296</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lung, Bronchus - Other Types</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pleura</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trachea, Mediastium, Other Respiratory</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Bones and Joints</td>
<td>Bones and Joints</td>
<td>Bones and Joints</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Soft Tissue Including Heart</td>
<td>3</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Skin Excl Basal and Squamous</td>
<td>114</td>
<td>110</td>
<td>10</td>
<td>9</td>
<td>119</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Rare Skin Types</td>
<td>7</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breast</td>
<td>243</td>
<td>239</td>
<td>395</td>
<td>391</td>
<td>451</td>
</tr>
<tr>
<td>Female Genital System</td>
<td>Female Genital System</td>
<td>Cervix</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uterus</td>
<td>20</td>
<td>19</td>
<td>75</td>
<td>74</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ovary</td>
<td>7</td>
<td>7</td>
<td>49</td>
<td>27</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vagina</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vulva</td>
<td>9</td>
<td>9</td>
<td>20</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Female Genital Organs</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>Male Genital System</td>
<td>Prostate</td>
<td>66</td>
<td>57</td>
<td>15</td>
<td>13</td>
<td>168</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Testis</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Penis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Male Genital Organs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Urinary System</td>
<td>Urinary System</td>
<td>Bladder</td>
<td>37</td>
<td>34</td>
<td>32</td>
<td>29</td>
<td>151</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kidney/Renal Pelvis</td>
<td>16</td>
<td>15</td>
<td>4</td>
<td>2</td>
<td>235</td>
</tr>
<tr>
<td>Eye and Orbit</td>
<td>Eye and Orbit</td>
<td>Eye and Orbit</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Brain and Other CNS</td>
<td>Brain and Other CNS</td>
<td>Brain</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>74</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other CNS</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Endocrine</td>
<td>Endocrine</td>
<td>Thyroid</td>
<td>10</td>
<td>10</td>
<td>42</td>
<td>41</td>
<td>97</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other Endocrine, Thymus</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>Lymphoma</td>
<td>Hodgkin-Lymphoma</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-Hodgkin Lymphoma</td>
<td>25</td>
<td>22</td>
<td>37</td>
<td>29</td>
<td>102</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Myeloma</td>
<td>6</td>
<td>6</td>
<td>11</td>
<td>9</td>
<td>31</td>
</tr>
<tr>
<td>Leukemia</td>
<td>Leukemia</td>
<td>Leukemia</td>
<td>18</td>
<td>15</td>
<td>16</td>
<td>13</td>
<td>78</td>
</tr>
<tr>
<td>Mesothelioma/Kaposi Sarcoma</td>
<td>Mesothelioma</td>
<td>Mesothelioma</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Kaposi Sarcoma</td>
<td>Kaposi Sarcoma</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Miscellaneous</td>
<td>Miscellaneous</td>
<td>6</td>
<td>6</td>
<td>16</td>
<td>16</td>
<td>81</td>
</tr>
</tbody>
</table>

**TOTAL**

<table>
<thead>
<tr>
<th>Sentara CarePlex Hospital</th>
<th>Sentara Leigh Hospital</th>
<th>Sentara Norfolk General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>928</td>
<td>866</td>
<td>1061</td>
</tr>
<tr>
<td>961</td>
<td>2555</td>
<td>2007</td>
</tr>
</tbody>
</table>

**HAMPTON ROADS**
<table>
<thead>
<tr>
<th>Grouping</th>
<th>Primary Site</th>
<th>Sentara Obici Hospital</th>
<th>Sentara Princess Anne Hospital</th>
<th>Sentara Virginia Beach General Hospital</th>
<th>Sentara Williamsburg Regional Medical Center</th>
<th>Total</th>
<th>Analytic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/Neck</td>
<td>Lip</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tongue</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Salivary Gland</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Floor of Mouth</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Gum/Other Mouth</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Nasopharynx</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Tonsil</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Oropharynx</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Hypopharynx</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other Oral Cavity and Pharynx</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Digestive</td>
<td>Esophagus</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Stomach</td>
<td>14</td>
<td>14</td>
<td>9</td>
<td>8</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Small Intestine</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Colon</td>
<td>21</td>
<td>21</td>
<td>34</td>
<td>32</td>
<td>70</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Rectosigmoid Junction</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Rектум</td>
<td>11</td>
<td>11</td>
<td>10</td>
<td>10</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Anus, Anal Canal, and Anorectum</td>
<td>4</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Liver</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Intrahepatic Bile Duct</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Gallbladder</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Other Bilary</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Pancreas</td>
<td>14</td>
<td>12</td>
<td>14</td>
<td>12</td>
<td>38</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>Retropertioneum</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Peritoneum, Omentum, and Mesentery</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Other Digestive Organs</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Nose, Nasal Cavity and Middle Ear</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Larynx</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Lung, Bronchus - Small Cell</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>6</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Lung, Bronchus - Non Small Cell</td>
<td>62</td>
<td>57</td>
<td>62</td>
<td>46</td>
<td>132</td>
<td>113</td>
</tr>
<tr>
<td></td>
<td>Lung, Bronchus - Other Types</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Pleura</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Trachea, Mediastinum, Other Respiratory</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bones and Joints</td>
<td>Bones and Joints</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Soft Tissue Including Heart</td>
<td>Soft Tissue Including Heart</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Skin Excl Basal and Squamous</td>
<td>Melanoma - Skin</td>
<td>10</td>
<td>10</td>
<td>20</td>
<td>9</td>
<td>68</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>Other Rare Skin Types</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Breast</td>
<td>172</td>
<td>168</td>
<td>200</td>
<td>194</td>
<td>299</td>
<td>256</td>
</tr>
<tr>
<td>Female Genital System</td>
<td>Cervix</td>
<td>8</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Uterus</td>
<td>15</td>
<td>14</td>
<td>3</td>
<td>3</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Ovary</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Vagina</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Vulva</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Other Female Genital Organs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Male Genital System</td>
<td>Prostate</td>
<td>25</td>
<td>24</td>
<td>1</td>
<td>1</td>
<td>58</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Testis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Penis</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other Male Genital Organs</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Urinary System</td>
<td>Bladder</td>
<td>8</td>
<td>7</td>
<td>19</td>
<td>17</td>
<td>72</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Kidney/Renal Pelvis</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Ureter</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Other Urinary Organs</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Eye and Orbit</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Brain</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Endocrine</td>
<td>10</td>
<td>10</td>
<td>1</td>
<td>0</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Lymphoma</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>3</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Myeloma</td>
<td>16</td>
<td>15</td>
<td>30</td>
<td>22</td>
<td>46</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Leukemia</td>
<td>16</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>Mesothelioma/Kaposi Sarcoma</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Miscellaneous</td>
<td>12</td>
<td>10</td>
<td>15</td>
<td>14</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>487</td>
<td>465</td>
<td>515</td>
<td>444</td>
<td>1123</td>
<td>940</td>
</tr>
<tr>
<td>Analytic Caseload</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>346</td>
<td>314</td>
</tr>
<tr>
<td>TOTAL Cancer Network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6302</td>
<td>5334</td>
</tr>
</tbody>
</table>

Sentara Cancer Network Total Analytic Caseload: 6302
<table>
<thead>
<tr>
<th>Primary Site</th>
<th>Sentara RMH Medical Center</th>
<th>Sentara Martha Jefferson Hospital</th>
<th>Sentara Albemarle Medical Center</th>
<th>Sentara Northern Virginia Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORAL CAVITY</td>
<td>Total Analytic</td>
<td>19 14</td>
<td>22 19</td>
<td>10 8</td>
</tr>
<tr>
<td>Lip</td>
<td>1 1</td>
<td>3 0</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Tongue</td>
<td>8 6</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>1 1</td>
<td>1 1</td>
<td>0 0</td>
<td>2 2</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>0 0</td>
<td>1 1</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Other</td>
<td>9 6</td>
<td>18 17</td>
<td>8 6</td>
<td>8 6</td>
</tr>
<tr>
<td>DIGESTIVE SYSTEM</td>
<td>Total Analytic</td>
<td>171 156</td>
<td>152 113</td>
<td>80 76</td>
</tr>
<tr>
<td>Esophagus</td>
<td>9 9</td>
<td>10 7</td>
<td>5 5</td>
<td>5 5</td>
</tr>
<tr>
<td>Stomach</td>
<td>14 14</td>
<td>10 8</td>
<td>32 32</td>
<td>32 32</td>
</tr>
<tr>
<td>Colon</td>
<td>63 53</td>
<td>76 48</td>
<td>16 15</td>
<td>16 15</td>
</tr>
<tr>
<td>Rectum</td>
<td>29 28</td>
<td>24 18</td>
<td>4 4</td>
<td>4 4</td>
</tr>
<tr>
<td>Anus/Anal Canal</td>
<td>9 9</td>
<td>3 3</td>
<td>2 2</td>
<td>2 2</td>
</tr>
<tr>
<td>Liver</td>
<td>9 7</td>
<td>7 7</td>
<td>7 5</td>
<td>7 5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>24 23</td>
<td>14 14</td>
<td>9 8</td>
<td>9 8</td>
</tr>
<tr>
<td>Other</td>
<td>14 13</td>
<td>8 8</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>RESPIRATORY SYSTEM</td>
<td>Total Analytic</td>
<td>130 124</td>
<td>139 137</td>
<td>81 75</td>
</tr>
<tr>
<td>Nasal/Sinus</td>
<td>1 0</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Larynx</td>
<td>3 3</td>
<td>7 7</td>
<td>9 9</td>
<td>9 9</td>
</tr>
<tr>
<td>Lung/Bronchus</td>
<td>126 121</td>
<td>131 129</td>
<td>70 64</td>
<td>70 64</td>
</tr>
<tr>
<td>Other</td>
<td>0 0</td>
<td>1 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>BLOOD &amp; BONE MARROW</td>
<td>Total Analytic</td>
<td>76 65</td>
<td>57 52</td>
<td>3 1</td>
</tr>
<tr>
<td>Leukemia</td>
<td>42 36</td>
<td>24 24</td>
<td>2 2</td>
<td>2 2</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>19 16</td>
<td>20 18</td>
<td>2 2</td>
<td>2 2</td>
</tr>
<tr>
<td>Other</td>
<td>15 13</td>
<td>13 10</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>BONE</td>
<td>Total Analytic</td>
<td>0 0</td>
<td>0 0</td>
<td>13 9</td>
</tr>
<tr>
<td>CONNECT/SOFT TISSUE</td>
<td>Total Analytic</td>
<td>104 93</td>
<td>50 32</td>
<td>13 9</td>
</tr>
<tr>
<td>Skin</td>
<td>Total Analytic</td>
<td>4 4</td>
<td>2 2</td>
<td>13 9</td>
</tr>
<tr>
<td>Melanoma</td>
<td>100 89</td>
<td>43 27</td>
<td>9 7</td>
<td>9 7</td>
</tr>
<tr>
<td>Other</td>
<td>4 4</td>
<td>2 2</td>
<td>4 2</td>
<td>4 2</td>
</tr>
<tr>
<td>BREAST</td>
<td>Total Analytic</td>
<td>197 186</td>
<td>231 228</td>
<td>124 105</td>
</tr>
<tr>
<td>Female Genital</td>
<td>Total Analytic</td>
<td>43 34</td>
<td>30 18</td>
<td>13 11</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>2 2</td>
<td>3 1</td>
<td>4 2</td>
<td>4 2</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>26 21</td>
<td>15 9</td>
<td>8 8</td>
<td>8 8</td>
</tr>
<tr>
<td>Ovary</td>
<td>11 10</td>
<td>6 6</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Vulva</td>
<td>4 4</td>
<td>5 1</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Other</td>
<td>0 0</td>
<td>1 1</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Male Genital</td>
<td>Total Analytic</td>
<td>106 103</td>
<td>70 54</td>
<td>46 43</td>
</tr>
<tr>
<td>Prostate</td>
<td>99 96</td>
<td>65 50</td>
<td>46 43</td>
<td>46 43</td>
</tr>
<tr>
<td>Testis</td>
<td>5 5</td>
<td>5 4</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Other</td>
<td>2 2</td>
<td>0 0</td>
<td>2 2</td>
<td>2 2</td>
</tr>
<tr>
<td>URINARY SYSTEM</td>
<td>Total Analytic</td>
<td>71 69</td>
<td>50 48</td>
<td>22 21</td>
</tr>
<tr>
<td>Bladder</td>
<td>49 48</td>
<td>29 27</td>
<td>14 13</td>
<td>14 13</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>17 17</td>
<td>18 18</td>
<td>7 7</td>
<td>7 7</td>
</tr>
<tr>
<td>Other</td>
<td>5 4</td>
<td>3 3</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Brain &amp; CNS</td>
<td>Total Analytic</td>
<td>9 6</td>
<td>14 13</td>
<td>5 5</td>
</tr>
<tr>
<td>Brain (Benign)</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
</tr>
<tr>
<td>Brain (Malignant)</td>
<td>5 3</td>
<td>4 4</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>Other</td>
<td>4 3</td>
<td>9 8</td>
<td>4 4</td>
<td>4 4</td>
</tr>
<tr>
<td>ENDOCRINE</td>
<td>Total Analytic</td>
<td>18 18</td>
<td>11 11</td>
<td>8 8</td>
</tr>
<tr>
<td>Thyroid</td>
<td>17 17</td>
<td>11 11</td>
<td>4 4</td>
<td>4 4</td>
</tr>
<tr>
<td>Other</td>
<td>1 1</td>
<td>0 0</td>
<td>1 1</td>
<td>1 1</td>
</tr>
<tr>
<td>LYMPHATIC SYSTEM</td>
<td>Total Analytic</td>
<td>52 45</td>
<td>44 42</td>
<td>18 12</td>
</tr>
<tr>
<td>Hodgkin Disease</td>
<td>5 5</td>
<td>3 3</td>
<td>2 2</td>
<td>2 2</td>
</tr>
<tr>
<td>Non-Hodgkin</td>
<td>47 40</td>
<td>41 39</td>
<td>16 10</td>
<td>16 10</td>
</tr>
<tr>
<td>UNKNOWN PRIMARY</td>
<td>Total Analytic</td>
<td>6 6</td>
<td>11 9</td>
<td>6 5</td>
</tr>
<tr>
<td>OTHER/Ill DEFINED</td>
<td>Total Analytic</td>
<td>12 10</td>
<td>3 3</td>
<td>1 0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>Total Analytic</td>
<td>1018 930</td>
<td>886 781</td>
<td>436 383</td>
</tr>
</tbody>
</table>

| Primary Site | Total Analytic | 10 8 | 0 0 | 0 0 | 0 0 |
| Lip | 0 0 | 2 2 | 0 0 | 0 0 |
| Tongue | 3 3 | 2 2 | 0 0 | 0 0 |
| Salivary Gland | 1 1 | 0 0 | 0 0 | 0 0 |
| Floor of Mouth | 0 0 | 0 0 | 0 0 | 0 0 |
| Gum/Other Mouth | 1 1 | 0 0 | 0 0 | 0 0 |
| Nasopharynx | 1 1 | 0 0 | 0 0 | 0 0 |
| Tonsil | 4 4 | 0 0 | 0 0 | 0 0 |
| Oropharynx | 1 1 | 0 0 | 0 0 | 0 0 |
| Other Oral Cavity and Pharynx | Total Analytic | 0 0 | 0 0 | 0 0 | 0 0 |
| Esophagus | 6 4 | 0 0 | 0 0 | 0 0 |
| Others | Total Analytic | 0 0 | 0 0 | 0 0 | 0 0 |

| PRIMARY SITE | Total Analytic | 10 8 | 0 0 | 0 0 | 0 0 |
| Lip | 0 0 | 2 2 | 0 0 | 0 0 |
| Tongue | 3 3 | 2 2 | 0 0 | 0 0 |
| Salivary Gland | 1 1 | 0 0 | 0 0 | 0 0 |
| Floor of Mouth | 0 0 | 0 0 | 0 0 | 0 0 |
| Gum/Other Mouth | 1 1 | 0 0 | 0 0 | 0 0 |
| Nasopharynx | 1 1 | 0 0 | 0 0 | 0 0 |
| Tonsil | 4 4 | 0 0 | 0 0 | 0 0 |
| Oropharynx | 1 1 | 0 0 | 0 0 | 0 0 |
| Other Oral Cavity and Pharynx | Total Analytic | 0 0 | 0 0 | 0 0 | 0 0 |
| Esophagus | 6 4 | 0 0 | 0 0 | 0 0 |
| Others | Total Analytic | 0 0 | 0 0 | 0 0 | 0 0 |
Sentara Cancer Network leadership team

We work to attract and retain some of the country’s leading cancer experts in hopes that they will further develop our network into one of the top-performing treatment collaborations in the world. Our team as of fall 2017 includes:

**Physicians**

- **Thomas Alberico, M.D.**  
  Medical Oncology, Sentara Virginia Beach General Hospital  
  Oncology High Performance Team (HPT) Chair, Sentara Cancer Network
- **Christina Alencar, M.D.**  
  Medical Oncology, Sentara Albemarle Medical Center
- **Daniel Atienza, M.D.**  
  Medical Oncology, Sentara Obici Hospital
- **Parag Bharadwaj, M.D.**  
  Palliative Care, Sentara Princess Anne Hospital
- **Kathy Byun, M.D.**  
  Radiology, Sentara Norfolk General Hospital
- **Farn Chan, M.D.**  
  Medical Oncology, Sentara Northern Virginia Medical Center
- **Edwin Crandley, M.D.**  
  Surgical Oncology, Sentara CarePlex Hospital  
  Cancer Conference Coordinator
- **Richard Hoefer, D.O.**  
  Surgical Oncology, Sentara CarePlex Hospital  
  Cancer Conference Coordinator
- **Marybeth Hughes, M.D.**  
  Surgical Oncology, Sentara Norfolk General Hospital
- **Donald Jenkins, M.D.**  
  General Surgery, Sentara Norfolk General Hospital
- **Lester Johnson, M.D.**  
  Radiology, Sentara Norfolk General Hospital
- **Ghana Kang, M.D.**  
  Medical Oncology, Sentara Northern Virginia Medical Center
- **Eric Lappinen, M.D.**  
  Radiation Oncology, Sentara Norfolk General Hospital
- **Ying Li, M.D.**  
  Palliative Care, Sentara Leigh Hospital
- **Janete Mills, M.D.**  
  Radiation Oncology, Sentara Albemarle Medical Center
- **Heather Morgan, M.D.**  
  Radiation Oncology, Sentara RMH Medical Center
- **Diana Padgett, M.D.**  
  Pathology, Sentara RMH Medical Center
- **John Paschold, M.D.**  
  Medical Oncology, Sentara Williamsburg Regional Medical Center
- **Dennis Rowley, M.D.**  
  Pathology, Sentara Norfolk General Hospital
- **William Rudolph, M.D.**  
  Colorectal Surgery, Sentara Virginia Beach General Hospital
- **John Sayles, M.D.**  
  Colorectal Surgery, Sentara Leigh Hospital

- **Neil Schacht, M.D.**  
  Medical Oncology, Sentara Halifax Regional Hospital
- **James Schneider, M.D.**  
  Surgical Oncology, Sentara Leigh Hospital  
  Cancer Liaison Physician
- **Cynthia Sile, M.D.**  
  Medical Oncology, Sentara Obici Hospital
- **Marc Silverberg, M.D.**  
  Pathology, Sentara Norfolk General Hospital
- **Christopher Willms, M.D.**  
  Thoracic Surgery, Sentara Martha Jefferson Hospital

**Administrative and Clinical Leadership**

- **Cindy Allen, VP**  
  Oncology Service Line, Sentara Corporate
- **Heidi Ambrose**  
  Radiology Director, Sentara Albemarle Medical Center
- **Ron Bieszczad**  
  Oncology Director, Sentara CarePlex Hospital
- **Jan Bennett**  
  ACS Representative
- **Connie Bush**  
  Community Outreach, Sentara CarePlex Hospital  
  Community Outreach Coordinator
- **Mikki Carlini**  
  Oncology Nursing Manager, Sentara Northern Virginia Medical Center
- **Heather Causseaux**  
  Oncology Director, Sentara Virginia Beach General Hospital
- **Amanda Colley**  
  Oncology Director, Sentara Virginia Beach General Hospital
Abby Dalton
Oncology Nursing Manager, Sentara Virginia Beach General Hospital

Rhonda Despinis
Team Coordinator, Cancer Registry, Sentara CarePlex Hospital

Nicky Dozier
US Oncology Research Clinical Coordinator, Virginia Oncology Associates

Toni Erskine
Oncology Nurse Specialist, Sentara Norfolk General Hospital

Beth Gerstein
Manager, Clinical Nutrition, Sentara Norfolk General Hospital

Michelle Gibson
Oncology Nurse Practitioner, Sentara Halifax Regional Hospital

Caci Gilden
Manager, Rehabilitation, Sentara Therapy Center - Hilltop

Audrey Gregory
Genetic Counselor, Sentara Leigh Hospital

Cindy Hardy
Pastoral Care, Sentara Northern Virginia Medical Center

Megan Heisse
Hospice Manager, Sentara Hospice

Chernelle Hill
Oncology Director, Sentara Leigh Hospital

Carol Hodies
Oncology Nurse Navigator, Sentara Virginia Beach General Hospital

Jon Horton
Pharmacy, Sentara Norfolk General Hospital

James Hoy
Pastoral Care, Sentara Norfolk General Hospital

Yvonne Jarrels
Nurse Educator, Sentara RMH Medical Center

Susan Karch
Oncology Nursing Manager, Sentara Leigh Hospital

Samantha Kem
Oncology Director, Sentara Princess Anne Hospital

Brad Kirby
Oncology Service Line Director, Sentara Corporate Quality Improvement Coordinator

Sheri Knecht
Oncology Dietitian, Sentara Norfolk General Hospital

Shannon Kriz
Radiation Services Manager, Virginia Oncology Associates

Tiffany Lewis
Genetic Counselor, Virginia Oncology Associates

Helen Linton
Business Development, Sentara Northern Virginia Medical Center

Chris Manetz
Radiology Director, Sentara Princess Anne Hospital

Kathleen Marcia
Team Coordinator, Cancer Registry, Sentara Virginia Beach General Hospital

Jennifer May
Clinical Research Manager, Sentara Norfolk General Hospital

Maureen McGrath
Executive Director, US Oncology, Virginia Oncology Associates

Rebecca Mott
Hospice Director, Sentara Hospice

Lindsay Rushing
Oncology Nurse Navigator, Sentara Princess Anne Hospital

Faye Satterly
Oncology Director, Sentara Martha Jefferson Hospital, Sentara RMH Medical Center

Terri Sim
Oncology Director, Sentara Williamsburg Regional Medical Center

Annya Soucy
Oncology Service Line Leader, Sentara Albemarle Medical Center

Meredith Strand
Oncology Director, Sentara Norfolk General Hospital

Becca Straseskie
Team Coordinator, Rehab, Sentara Princess Anne Hospital

Grey Watson
Oncology Director, Sentara Halifax Regional Hospital

Lynne Whitlock
Oncology Director, Sentara Obici Hospital

Elisa Wills
ACS Representative

Karen Woodhouse
Licensed Clinical Social Worker, Sentara Norfolk General Hospital

Psychosocial Services Coordinator

Sentara Healthcare Corporate Leadership and Support

Brian Boland
Process Improvement

Leo Deleon
Finance

Terrie Edwards
Corporate Vice President

Roland McLendon
Decision Support

Patrick Prophet
Process Improvement

Betsy Reilly
Strategy

Peter Sengenberger
Brand Engagement

Rose West
Customer Development and Marketing

Chelsie Williams
Customer Development and Marketing

Caitlyn Womer
Customer Development and Marketing