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President’s Letter

An extremely important milestone for Baylor Plano’s oncology program in 2012 was becoming Baylor Charles A. Sammons Cancer Center. This designation brings the full array of Baylor Health Care System’s cancer diagnostic and treatment resources to Plano and surrounding communities. In addition, being a part of the Baylor Charles A. Sammons Cancer Center network provides cancer patients with highly specialized medical expertise and access to advanced clinical trials.

Today, I’m proud to say that 2012 was the best year yet for the Oncology Program at Baylor Regional Medical Center at Plano. There were many successes and milestones, including:

- Expanded women’s imaging services to include the Elizabeth Jekot, MD, Breast Imaging Center
- Expanded inpatient bed capacity for oncology patients from 16 to 32 with the opening of 7 South
- Added a research nurse navigator to the oncology team to support patients on clinical research trials through their cancer experience
- Launched an inpatient and outpatient palliative care program
- Began a bi-monthly genetics clinic
- Implemented a behavioral medicine program for inpatients and outpatients
- Established an on-site genetic counselor for cancer patients and their families
- Expanded access to clinical trials offered by U.S. Oncology and the Mary Crowley Cancer Research Center
- Increased frequency of breast tumor board meetings to bimonthly
- Enhanced breast surgery services in skin sparing/nipple sparing mastectomies
- Established a thoracic robotic surgery program
- Implemented a new cancer treatment for abdominal cancer—hyperthermic intraperitoneal chemotherapy (HIPEC)

In 2012, Baylor Plano’s oncology services reached into the community with a variety of support groups and educational events and classes, reaching more than 5,000 people:

- Developed an affiliation with the Mary Crowley Cancer Research Center to provide personalized vaccines for our cancer patients
- Established a cancer community advisory board to incorporate the voice of the community into Baylor Plano’s cancer program planning
- Implemented From Cancer to Health™, an 18-week structured psychosocial support program designed to help breast cancer patients develop a coping mechanism for dealing with the diagnosis
- Launched a breast surgery class for patients and caregivers that provided education to more than 150 women
- Began a monthly cancer survivorship education and support program
Established the Passing the Hat™ program, which involved volunteers who knitted more than 300 hats for patients undergoing chemotherapy
Collaborated with the Russell Creek YMCA to establish the Plano-based LIVESTRONG® program
Launched MammaCare® breast self-exam community classes
Developed the oncology seamstress volunteer program to sew comfort items for cancer patients undergoing therapy.

As we begin a new year of service to cancer patients, I am thankful to all whose hard work, dedication and compassion have elevated the oncology program at Baylor Plano. I look forward to another exciting, successful and fulfilling year.

Jerri Garison
President, Baylor Regional Medical Center at Plano
Moving Forward—Oncology Director’s Report

Baylor Regional Medical Center at Plano’s cancer program continued to expand and improve in 2012 to meet the growing needs of the communities we serve. The volume of oncology cases increased by 23%, while the number of surgical oncology cases increased by 15.9%.

The oncology team at Baylor Plano proudly continued to provide the quality care associated with being an Accredited Comprehensive Community Hospital Cancer Program by the American College of Surgeons’ Commission on Cancer. Two fellowship-trained surgical oncologists and one orthopedic surgical oncologist joined the hospital’s medical staff, expanding the scope and expertise of services we provide to cancer patients. In addition, two new physician specialists on the medical staff were added to our urology/oncology services. The cancer program at Baylor Plano also met the criteria to belong to the Baylor Charles A. Sammons Cancer Center network, bringing more outstanding resources and excellence to patients in our community.

Building on the positive momentum of 2012, we have many exciting plans for Baylor Plano’s Oncology Program in 2013:

• Launch the Thoracic Oncology Clinic
• Increase access to clinical trial opportunities for patients with a focus on personalized medicine
• Establish a dedicated health and wellness clinic for cancer patients
• Open an oncology cancer survivors’ boutique
• Addition of a third full-time medical oncologist to the medical staff
• Develop a Radiosurgery Program with True Beam™ technology
• Add an informatics/data nurse to the oncology team
• Complete a community needs assessment
• Develop and implement a cancer survivorship care plan
• Launch a cancer distress screening process
• Expand the From Cancer to Health™ program to serve cancer patients beyond those with breast cancer
• Extend Baylor Plano’s oncology education and screening outreach to residents of the Douglass community
• Add a child life therapist
• Increase the number of American Cancer Society Reach to Recovery® volunteers available to breast cancer patients
• Expand navigation services to gastrointestinal and lung cancer patients and their families
• Develop breast cancer patient education materials to focus on diagnosis to survivorship.

We are grateful for the support and dedication you provided to make 2012 the best year ever for Baylor Plano’s cancer care services. We are truly committed to having the future of cancer care here at Baylor Plano.

Mark Engleman, MD
Medical Director, Oncology
Programs of Focus 2012

Women’s Imaging Services Extends Reach with Three Centers

Baylor Regional Medical Center at Plano’s women’s imaging services continued its rapid growth in 2012 to meet increasing community needs. In addition to the Women’s Imaging Center at Baylor Plano, area women were also able to access services at Baylor Diagnostic Imaging Center at Craig Ranch in McKinney and at the Elizabeth Jekot, MD, Breast Imaging Center. The three centers combined performed 24,500 exams in 2012. In addition to screening and diagnostic mammograms, the centers offered:

- Breast ultrasound
- Stereotactic biopsy
- Ultrasound guided biopsy
- Lesion localization procedures
- Ductograms
- Cyst aspirations
- Bone density screening and evaluation
- Breast MRI
- Molecular breast imaging (Craig Ranch).

The Women’s Imaging Center at Baylor Plano and Elizabeth Jekot, MD, Breast Imaging Center were accredited by the American College of Radiology in mammography, breast ultrasound and stereotactic breast biopsies.

“In 2012, we implemented a new workflow process and work area for our technologists,” says Trudy Fox, manager of the breast imaging centers. “We have seen a decrease in wait time by at least 50% since the start of the project. As a result, our patient satisfaction scores have increased to the 99% ranking.”

Baylor Charles A. Sammons Cancer Center at Plano

Baylor Regional Medical Center at Plano is proud to be a member of the Baylor Charles A. Sammons Cancer Center network. For more than 35 years, Baylor Sammons Cancer Center has been providing quality cancer care to patients at Baylor University Medical Center. Baylor Health Care System (BHCS) has extended the Baylor Charles A. Sammons Cancer Center quality of care to its medical centers throughout North Texas, including Baylor Plano. Being a part of the network means that Baylor Plano oncology programs and services meet or exceed the stringent criteria established by Baylor Health Care System.

These criteria include:

- Achieving accreditation by the Commission on Cancer (CoC) of the American College of Surgeons as an approved
cancer program. Accreditation by the CoC indicates that a cancer program provides high-quality care as measured against national standards and continuously strives to address each patient's needs while improving outcomes.

• Meeting specific requirements demonstrating active participation by their Cancer Committee physician leader, administrative director/representative, and oncology nursing leader in BHCS oncology strategic initiatives.

• Meeting specific requirements demonstrating active participation in BHCS oncology safety and health care improvement projects.

• Meeting specific requirements demonstrating active participation in BHCS oncology educational efforts in nursing, medicine or other ancillary education related to oncology.

• Demonstrating participation in research initiatives, either within the facility or by supporting other Baylor facilities and their oncology research by making clinical trials available to patients, regardless of the location of the trials.
Baylor Plano, American Cancer Society® Collaborate to Offer Breast Cancer Patients Hope and Support

With nearly a century of experience, the American Cancer Society has been working with Baylor Charles A. Sammons Cancer Centers, including Baylor Charles A. Sammons Cancer Center at Plano, to deliver lifesaving results. A designated Society representative worked closely with Baylor Plano’s oncology staff to provide patients with the resources and support they needed. The Society representative also served on the cancer committee to help Baylor Plano fulfill American College of Surgeons accredited facility requirements.

Through Reach to Recovery®, the Society helped Baylor Plano breast cancer patients learn how to cope with the side effects of the disease. For more than 40 years, the program has helped people cope with the breast cancer experience. Baylor Plano prides itself on the strength of the on-site Reach to Recovery® program. Program volunteers, all of whom have faced their own personal battle with breast cancer, worked with 305 Baylor Plano patients in 2012, throughout their cancer journey, from the moment they faced the possible diagnosis of breast cancer through treatment and recovery. The specially-trained volunteers gave a measure of comfort and an opportunity for emotional grounding and informed decision-making to the patient with whom they were in touch. Patients and family members shared their feelings, talked about their fears and concerns and tapped the expertise of the Reach to Recovery® volunteers. Most importantly, the volunteers offered Baylor Plano breast cancer patients understanding, support and hope because they had survived breast cancer and gone on to live normal, productive lives. Another popular Society program held at Baylor Plano in 2012 was Look Good Feel Better®. The program helped female cancer patients deal with and overcome changes in their appearance caused by cancer treatment.

Robin Berger

Robin Berger’s back hurt—quite a bit, in fact. The pain persisted—she saw a pulmonologist who evaluated her MRI and determined she had a mass in her right lung.

“I remember the pulmonologist was almost certain the mass wasn’t cancer,” recalls Berger. “Just to be on the safe side, I was
referred to a surgeon. My surgery was performed at THE HEART HOSPITAL BAYLOR PLANO. When they removed the mass, the pathology report determined it was cancer, so they removed a large part of my right lung.”

Following her surgery, Berger’s treatment included rounds of chemotherapy and radiation therapy. The chemo was delivered through a port and her body reacted to it and began rejecting it. Berger developed a blood clot and had to have follow-up surgery at Baylor Plano to address the problem. “My husband proved to be an excellent, selfless caregiver, getting up at 5 a.m. every day to give me my shots,” says Berger.

Even today, she is surprised that she had lung cancer because her health had been good and there was no history of cancer in her family. “I had been a smoker and after my surgery I quit,” says Berger. “My husband also quit smoking the day I came home from the hospital. I had a pretty rough recovery and had to take a leave of absence from my job. I took lots of medications and slept in a recliner for three months because I couldn’t lie flat.”

Gradually, Berger regained her strength and today she says she feels great. “I don’t feel restricted in any way,” she says. “I have some nerve damage, but I can live with it. I can do everything I want. The only lingering effect is an occasional back spasm when I lie down.

Berger credits her family and her strong support system for her full recovery. And, she is grateful to the oncology team at Baylor Plano. “The surgeon was amazing, as were the nurses,” says Berger. “I was awake during the procedure to fix the port and I remember I was scared prior to going into the OR. I will always remember that my doctor even teared up a little with me prior to my procedure. That really touched me and I thought that because the doctor was so emotionally connected to me, I was going to be OK.”

Today, Berger is the assistant to the owner of a local automobile dealership. She has three daughters and seven grandchildren that keep her busy. Never without her cell phone, she is a big Facebook fan. And, if that weren’t enough, she and her husband recently welcomed a puppy into the family—Arabella, or Bella for short.
“If any of my friends were facing cancer, I would definitely recommend Baylor Plano,” says Berger. “The doctors and the entire oncology staff are skilled and they truly care. They are gentle, feeling and very empathetic, exactly what I needed as a cancer patient.”

Genetic Counseling Services Inform Families about Their Risk for Developing Cancer

In October 2011, Baylor Regional Medical Center at Plano introduced genetic counseling services for cancer patients and their families and those who may be at risk for developing the disease based on their family history. Led by Laura Panos, MS, CGC, a board-certified, master’s level-educated genetic counselor, the program served 41 families in 2012.

All types of cancer are addressed through genetic counseling services, including the most common types—breast and colon.

“In a typical genetic counseling session, I collect a three-generation family history (pedigree) and medical information,” says Panos. “I assess the chance of the disease being associated with a genetic condition. I explain the possible condition and the likelihood that the patient inherited the condition. I also explain the testing and the possible results.”

If the test results are negative, Panos discusses with the patient and family the residual risk of a genetic predisposition, other conditions for which they may be tested and the impact on the family. If the results are positive, the discussion includes recommended management, screening and prevention options. Appropriate resources are provided and research opportunities are presented.

“I help the patient understand which family members are at risk and I help them find ways to obtain genetic testing,” says Panos. “All recommendations are made in a counseling setting, allowing the patient and family to make informed choices and feel adapted to the condition or risk present in their family.”

Panos attends tumor boards, participates in the high-risk breast screening program, serves on the breast site committee and on the oncology services advisory council.
Mark Engleman, MD, medical director of oncology at Baylor Regional Medical Center at Plano, has a clear vision for the cancer program. “Working with a lot of support from Baylor Plano administration, our goal for the past eight years has been to create an academic oncology atmosphere in a community hospital setting,” says Dr. Engleman.

Significant progress has been made toward achieving this goal. The center’s dedicated inpatient Oncology Unit has grown from 16 to 32 beds. Outpatient space has increased to more than 10,000 square feet, including 15 infusion chairs, made available through a collaboration with Texas Oncology. These facilities have expanded on an almost annual basis to accommodate the increasing patient volume. Today, Baylor Plano sees more than 2,000 cancer patients annually.

“We are proud of the quality of our facilities and our staff,” says Sue Wertheim, RN, BSN, OCN, NE-BC, nurse manager, 7th floor oncology and float pool. “A vast majority of our eligible staff nurses are oncology-certified and fully one-half of them are working on advanced degrees. Our dedication to the advancement of knowledge in treating cancer was demonstrated in 2012 by two nurse-led research studies on the oncology floor. In addition, a palliative care physician joined the medical staff in 2012.

Outpatient Rehabilitation Services Offers Variety of Programs to Support Cancer Patients’ Needs

Hundreds of cancer patients receiving treatment at Baylor Regional Medical Center at Plano looked to the hospital’s outpatient rehabilitation services for education and support in 2012. According to Julia Cameron, MOT, OTR/L, CLT, center manager for Baylor Institute for Rehabilitation outpatient services, patients participated in classes, treatment programs, strengthening and range of motion sessions and activities of daily living programs.

“We are proud of the quality of our programs and services and the role we play in helping patients recover during their cancer journey,” says Cameron. “We continually assess our patients’ needs and establish new programs and services when there is an appropriate opportunity. For example, our goal for 2013 is to begin a preoperative/pre-treatment group for prostate cancer.”

In 2012, Baylor Plano cancer patients benefitted from these outpatient rehabilitation programs and services:

- **Breast surgery class:** Patients are referred by their physicians to this free class. Participants are given information about rehabilitative services, the recovery process, a tour of the hospital and they meet with a Reach to Recovery® volunteer.

- **Head and neck treatment program:** This program combines the expertise of an occupational therapist for lymphedema and a speech therapist for swallowing dysfunction and other vocal issues.

- **Lymphedema treatment program:** In 2012, 274 cancer patients accessed this program because they either were experiencing lymphedema, or they were interested in learning how to prevent it from occurring.

- **Women’s and men’s health programs:** Added in 2012, this comprehensive program addresses urinary incontinence, pelvic pain, pain with intercourse and other vaginal disorders. The women’s program was nationally recognized by the American Physical Therapy Association.
• **Wound care treatment:** Often, cancer patients suffer from other ailments that cause issues with their recovery. This program works with cancer patients who have wounds that won’t heal as a result of these contributing co-morbidities.

**Defining Palliative Care**

The primary mission of the Supportive and Palliative Care Program (SPC) at Baylor Regional Medical Center at Plano is to provide symptom relief to patients, improving their quality of life and assisting with advanced care planning or direction.

Palliative care is different from hospice care in that patients are often continuing active treatment with disease suppression. Palliative care is a medical specialty providing symptom management and care planning for patients and families facing serious illness. The goals of the SPC are:

- To improve physical, psychosocial and spiritual symptoms associated with advanced illness
- To help the patient and loved ones cope with changes through the stages of illness
- To help determine prognosis and plan for the future (advanced care planning).

**The SPC Team**

The SPC Team at Baylor Plano collaborates with the primary care team and the subspecialty team on a referral basis to help improve the physical, psychosocial and spiritual symptoms associated with advanced illness.

Since 2005, Baylor Plano had a palliative care registered nurse to specifically focus on palliative care services. This was Baylor Plano’s first step toward developing a strong focus on palliative care principles and services. In 2012, Baylor Plano became one of two hospitals in Baylor Health Care System to initiate a true comprehensive palliative care program by recruiting Alfred Levy, MD, to the medical staff. Dr. Levy is board certified in palliative care and consults with patients and families who have a palliative care referral, in both the inpatient and outpatient settings.

**Outcomes**

During 2012, the Inpatient SPC saw 478 patients, which is a 52% growth from the previous year.

As discussed earlier, the Outpatient SPC was launched in 2012. Within the last year, the SPC Clinic had 98 patient encounters,
of which 80% were cancer patient encounters. Baylor Plano’s SPC Clinic involvement associated with 21 fewer Baylor Plano deaths than would have been expected when applying Dartmouth Average data to 47 cancer deaths.

The national average for a SPC consultation for patients in need of service, per the Center to Advance Palliative Care (CAPC), is four days. Between 2011 and 2012, the palliative care team has been able to address these needs sooner and decrease our average from 4.5 days to 2.4 days.

In recent publications, palliative care has not only shown to increase patients’ quality of care, but also found hospital costs significantly lower when palliative care providers are part of the care team. Morrison et al (2008) found that when patients qualify for palliative care and receive palliative care interventions, there is an anticipated cost savings between $1,696 and $4,908 in direct cost per admission. Savings is dependent upon whether the patient is discharged to hospice or expires in the hospital. If this cost savings were applied to the Baylor Plano population, cost savings in 2012 would range between $810,668 and $2,346,024. Currently, Baylor Plano is performing a research study to understand the true cost savings or avoidance within our specific palliative care patient population.

From a physician perspective, the palliative care team has had a substantial impact on patient and family services, providing enhanced advocacy, improved care coordination, educational and emotional support, and improving the level of care coordination provided by the team. “Palliative care has helped with patients making life-changing decisions. Dr. Alfred Levy has integrated into our clinical flow so we can tag team patients to help them come around to reality a little sooner. I have had a lot of very positive feedback from our patients and families about Dr. Levy and the palliative care program,” says Dr. Manish Gupta, medical oncologist. “He has been able to fill a void in the health care system that has been a huge black hole...to talk about a subject that has been very difficult for some physicians to discuss, yet very important. This puts an emphasis on the most important medical decision a person will ever make regarding their lives.”
Patient Support

Reaching into the Community to Provide Education and Screening Services

Baylor Regional Medical Center at Plano’s oncology outreach efforts reached more than 5,000 people in 2012, more than double the number reached in 2011. Outreach efforts included a variety of activities, including presentations, screenings and sponsorships. The following activities comprised Baylor Plano’s outreach program in 2012:

- Ask the doctor education
- Breast cancer education
- Breast self-exam education
- Screening and education—general, colon, breast
- Lung cancer risk reduction
- Oral cancer screening and education
- Prostate screening and education
- Risk assessment education/counseling
- Skin cancer screening
- Smoking cessation.

These activities were accomplished in a variety of settings, including:

- The City of Allen
- Plano Chamber Women’s Division
- Beal Bank
- State Farm Insurance
- Ericsson
- Samsung
- Prince of Peace Catholic Church
- St. Mark Catholic School.

Baylor Plano’s oncology program was pleased to sponsor these events in 2012:

- American Cancer Society—Silver Dollar Ball and Relay for Life®
- Frisco Little Wrangler with Rough Riders Event
- Susan G. Komen for the Cure® North Texas Race
- Dallas Hope.

Baylor Plano also hosted several cancer-related events for the community in 2012:

- For Women for Life™—women’s health event
- Look Good Feel Better®
- Survivorship programs
- For Your Health
- It’s A Guy Thing®—men’s health event
- MammaCare® breast self-exam classes
- Risk assessment clinic.

Community Outreach

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overwhelmed accompany the patient at different stages of his or her cancer journey. Recognizing that expert guidance would greatly enhance a cancer patient’s experience, Baylor Regional Medical Center at Plano integrated the oncology patient navigator into the oncology services team.

Betsy Booth, RN, BSN, CBCN, CMS, patient navigator, Oncology Services, says the program has grown in popularity and patient satisfaction with the program is high. In 2012, the oncology patient navigator completed 783 patient visits. “I am the single point of contact for cancer patients at Baylor Plano and I’m with them every step of the way,” says Booth.

As a registered nurse, Booth’s clinical expertise guides patients and their families through the cancer continuum of care at Baylor Plano. Collaboration between the navigator and the entire cancer team enables patients to have timely screenings, diagnosis, treatment and support services.

Booth’s specific responsibilities to cancer patients include:
- Assisting patients in understanding their diagnosis, treatment options and resources available, including educating patients about appropriate community resources, clinical research studies, technologies, hospital resources and support services
- Conducting pre-operative orientation for patients undergoing oncology procedures
- Performing follow-up phone calls to patients and their families
- Facilitating timely access to quality medical and psychosocial care from pre-diagnosis through all phases of the cancer journey
- Serving as an essential link between patients and their health care providers
- Assisting with and facilitating access to relevant hospital and community services.

**Helping Women Understand Their Risk for Developing Breast Cancer**

Baylor Regional Medical Center at Plano introduced a breast cancer risk assessment and prevention program in 2012. The program offers all women comprehensive...
education and consultation regarding their lifetime risk of developing breast cancer and strategies to decrease the risk. Women with a history of breast and ovarian cancer in their families are a primary target group for this service.

Candidates for the risk assessment and prevention program benefit in many ways. The program provides an individual consultation with a breast surgeon, genetic counselor and risk assessment nurse. Participants also receive a clinical breast exam, breast self-exam instructions and the opportunity to discuss risk reduction and lifestyle strategies with the medical professionals involved in the program.

The benefits of breast cancer risk assessment include:

- Proactive identification of women at risk for developing breast cancer
- Quantification of a woman's risk compared to the general population
- Reduction in the incidence of breast cancer using proven therapies
- Identification of women who would benefit from more frequent breast exams and mammograms, a well as breast MRI.

The program also includes an education component, bringing the message of early detection and genetic risk to women throughout the community. In September 2012, Lynn Canavan, MD, breast surgical oncology medical director, and Betsy Booth, RN, BN, CBCN, CMS, risk assessment nurse and a team from the Baylor Plano oncology program, presented the breast cancer risk assessment and prevention program to 61 teachers and staff at St. Mark Catholic School. The presentation provided the educators with an overview of breast cancer risk factors and risk reduction strategies. Attendees were encouraged to be active in identifying their own personal risk for developing breast cancer by completing a risk assessment questionnaire. Woman in attendance also received instruction in the MammaCare® breast self-exam method. One participant commented, “My own self-examinations have been less than thorough, so that gave me a goal for new learning.” Another participant said, “You stirred more of us into action for answers.”

Survivorship Program, Support Groups Offer Hope and Encouragement to Cancer Patients

A critical success factor for cancer patients, in addition to quality diagnosis and treatment, is expert support and survivorship resources. Baylor Regional Medical Center at Plano sponsors a comprehensive program to address an array of our cancer patients’ needs, both physical and emotional. In 2012, programs were held monthly in the medical center’s education center. Designed as a first step for survivors and caregivers to find encouragement and education to navigate their cancer survivorship issues, the two-hour meetings featured dinner, a speaker presentation and small support group interaction. Individual support groups included:

- Breast cancer
- Living with cancer
- SPOHNC: support for people with head and neck cancer
- US TOO® Prostate Cancer Support Community

Baylor Plano’s philosophy is that for cancer patients, survivorship begins at the time of diagnosis and continues during and after treatment.
In 2012, more than 640 people participated in Baylor Plano’s survivorship and support group programs.

**Community Advisory Council**

In an effort to gauge whether Baylor Regional Medical Center at Plano’s oncology services were meeting the needs of the community, the hospital formed a Cancer Community Advisory Council (CCAC) in 2012. The CCAC provided a setting for Baylor Plano to hear the voice of the community and the patients served by the hospital’s Oncology Program. The CCAC acted as a sounding board for Baylor Plano, and provided insight about initiatives implemented by the hospital, validating that these truly met the needs of the community.

The CCAC includes a diverse membership from the community with representatives from the following areas: business, health care, education, civic and faith-based organizations. Members include:
- Betsy Booth, patient navigator
- Joe Brown, director of Oncology
- Thien Bui, community member
- Jean Callison, community member
- Glenn Callison, BRMCP board member
- Joey Carter, co-chair, BRMCP board member
- Nora Carter, co-chair, community member
- Chris Curran, community member
- Lauren Curran, community member
- Kim Engleman, community member
- Mark Engleman, MD, radiation oncologist
- Emily Gentry, Oncology Program coordinator
- Jerri Garison, BRMCP president
- Jocelyn Heisser, ACS representative
- John Janowski, community member
- Philip Kovoor, MD, medical oncologist
- Carl Neuzil, community member
- Darci Neuzil, community member
- Karla Oliver, school district representative
- Donna Rankin, ACS representative
- Leslie Reid, community member
- Donnie Snyder, community member
- Jill Tran, community member

Five presentations were given to the CCAC in 2012 by physicians, clinicians and administrative staff. Topics included:
- Support services and behavioral health support group
- Palliative care/transition in care planning

- BHCS cancer vision and services at Baylor Charles A. Sammons Cancer Center at Plano
- Advances in breast cancer and services at Baylor Plano
- Lung cancer program and services at THE HEART HOSPITAL BAYLOR PLANO.

**From Cancer To Health™—a Proven Approach to Help Cancer Patients Manage Stress and Cope with Disease**

Baylor Regional Medical Center at Plano introduced C2H—From Cancer to Health™—in 2012. The first evidence-based biobehavioral intervention designed for people recently diagnosed with cancer, the program was developed at The Ohio State University, by Barbara L. Anderson, PhD. At Baylor Plano, the program is led by Jamile Ashmore, PhD, director of the hospital’s Behavioral Health Center, with the assistance of Lindsey DeBor, MA, PhD candidate in clinical psychology.

“Behavioral and psychological factors often remain untreated in cancer patients, despite the fact that they can have an enormous effect on overall health and outcomes,” explains Dr. Ashmore. “I am excited that we are able to offer the C2H program as a service to our patients.”

The C2H program is a set of behavioral and psychological interventions aimed at improving immune system functioning, preventing cancer recurrence, improving quality of life and improving psychological distress associated with a cancer diagnosis. Patients meet weekly for 16 weeks, where they learn and practice specific behavioral and cognitive skills which help them cope with the stress of cancer.

Based on up to 11 years of follow-up data collected by Dr. Anderson and colleagues, breast cancer patients who participated in the C2H program at OSU experienced a 77% reduction in anxiety after four months, a 295% improvement in physical functioning at a one-year follow-up and an amazing 55% reduction in risk of recurrence.
Cancer Registry

The year 2012 has seen positive changes in Baylor Health Care System’s (BHCS) Cancer Registry. The BHCS Cancer Registry includes nine (9) hospitals with seven (7) of the facilities’ cancer programs accredited by the American College of Surgeons’ Commission on Cancer (Baylor University Medical Center at Dallas, Baylor Medical Center at Waxahachie, Baylor All Saints Medical Center at Fort Worth, Baylor Medical Center at Irving, Baylor Regional Medical Center at Grapevine, Baylor Medical Center at Garland, and Baylor Regional Medical Center at Plano).

This year has seen the Registry grow with the addition of three certified tumor registrars. New processes have been added to our program as well as new informational technologies.

The Registry has developed the Remote Registrar Program in which Baylor has recruited several certified tumor registrars who live outside the Dallas/Fort Worth area. Our registry team welcomes the following remote registrars: Susanna Arias, CTR, from Fort Lauderdale, Fla; Bonnie Stewart, CTR, Spokane, Wash.; and Briana McCants, CTR, Bessmer, Ala. The addition of these experienced registrars brings the Cancer Registry staff to a total of seven full-time certified cancer registrars. These numbers include the Cancer Registry manager, supervisor, and Cancer Registry staff. This new recruitment process has brought a positive way of staffing our Registry team.

In 2012, the Cancer Registry has embarked on a new informational technology. The ePath application of Artificial Intelligence in Medicine has been approved for installation. The application will save each cancer registrar time due to the manual case-finding review of 100% pathology reports. This automation will “read” each pathology report and choose only those cases applicable to the Cancer Registry. Upon electronic review by a registrar that each case requires abstracting, the case will be automatically downloaded into the suspension of our database for abstracting. This will save not only time, but also increase efficiency in the Cancer Registry.

The primary duties of the cancer registry include, but are not limited to, the abstracting of cancer data (including site, histology, stage and treatment) on all reportable cancers, and to provide lifetime of follow-(Continued on page 20)
## Baylor Regional Medical Center at Plano Analytic Cases Diagnosed 2011

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Number of cases excluded: 1
This report INCLUDES CA in-situ cervix cases, squamous and basal cell skin cases, and intraepithelial neoplasia cases
Benign includes: Gastrointestinal stromal tumors, benign meningiomas, benign brain, and other cns benign.
Other/Ill-Defined includes: ill-defined sites and hematopoietic diseases not included in the leukemia/lymphoma/myeloma category.
<table>
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<th>Primary Site</th>
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(Continued from page 17) up of patients. In addition, the cancer registrars are responsible for collecting the data elements for the Cancer Program Practice Profile Reports (C3PR) required by the American College of Surgeons’ Commission on Cancer with a goal of 90% completion rate. To maintain quality of the registry abstract, each cancer registrar works with the medical staff in completing quality review of greater than 10% of annual analytic abstracts.

With the cooperation of physicians on the medical staff at all Baylor facilities, the Cancer Registry was able to submit data to the National Cancer Data Base during the Annual Call for Data not only error free, but also submitted data that met the goals of 90% treatment completion rate for the CP3R.

The staff attends monthly state webinar meetings which include presentations from the North American Association of Certified Cancer Registrars, as well as the annual Regional Quality Seminars sponsored by Baylor Charles A. Sammons Cancer Centers. All Registry staff attended the Texas Tumor Registrars Association (TxTRA) Annual Educational Conference in Bedford, Texas.

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### 2011 Top Five Sites

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<tr>
<th>Baylor Plano</th>
<th>National</th>
<th>Texas</th>
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<tr>
<td>Prostate</td>
<td>Breast</td>
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<td>Lung</td>
<td>Lung</td>
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<td>Colorectal</td>
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<tr>
<td>Colorectal</td>
<td>Melanoma</td>
<td>Melanoma</td>
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Breast Surgery Educational Program Study

In an effort to continually improve the breast cancer patient experience, a team from Baylor Regional Medical Center at Plano's Breast Oncology Program conducted a study on the impact of its breast surgery educational program on overall patient satisfaction.

Satisfaction scores of those breast surgery patients who attended the educational program were compared to the scores of breast surgery patients who did not attend the program. The study was conducted from November 2010 through September 2012. The breast surgery educational program includes content on the following topics:

- Lymphedema prevention/early detection
- Prehabilitation support as evidenced by education and use of preoperative ROM/arm circumference measurements
- Scar management
- Fatigue management
- Activities of daily living

In addition, class participants receive an overview of the many hospital support services including access to patient navigation, books, publications, community resource information, physical medicine and rehabilitation services. In addition, each patient receives an American Cancer Society Reach to Recovery® visit and a personalized tour of the hospital.

The study used the hospital's patient satisfaction survey as the basis for its comparisons and findings. The survey includes several questions that comprise the overall satisfaction score. After reviewing the results of the study, the team determined that the patient satisfaction survey was not a valid tool to identify whether educational outcomes were met by the breast surgery participants or non-participants.

Based on these findings, moving forward the team will facilitate three patient focus groups to identify the actual metrics to measure the educational outcomes of the breast surgery class participants and non-participants:

- Women who have completed the breast surgery class prior to their mastectomy
- Women who have completed the breast surgery class prior to their lumpectomy
- Women who have not completed the breast surgery class but have had their breast surgery performed at Baylor Plano.

The Baylor Plano breast oncology center team continues to focus on providing a quality patient experience and will consider all options to measure and monitor their efforts.


**Education**

**Cancer Conferences Evaluate Variety of Cancer Cases in 2012**

Cancer conferences are an essential forum to provide multidisciplinary, consultative services for oncology patients, as well as to offer education to physicians and allied health professionals. To provide a consultative service to patients and physicians, 80% of the cases presented must be discussed prospectively, that is, address patient management issues. Prospective cases are presented by physicians on the medical staff to the multidisciplinary team.

Prospective cases include, but are not limited to:
- Cases requiring an adjustment or change in the original treatment plan
- Cases requiring consideration of adjuvant treatment or palliative care
- Cases with treatment complications or disruptions
- Cases with recurrent cancer requiring/need further treatment consideration.

General cancer conference meets monthly with the following multidisciplinary composition—medical oncology, radiation oncology, surgery, pathology, and diagnostic radiology.

Site conference case presentations include, but are not limited to:
- Case summary with prospective and interdisciplinary discussion
- Image projections with radiologic findings
- Pathology slides, pathologic findings including special stains
- Molecular studies/prognostic indicators
- Clinical and pathologic staging (AJCC or other specific staging)
- Treatment planning
- Citation of national treatment guidelines (e.g., NCCN)
- Citing of clinical trials availability
- Discussion of need to refer for genetic testing
- Discussion for referral to palliative care services.

In 2012, Baylor Regional Medical Center at Plano sponsored five different tumor boards—breast, lung, head and neck, gastrointestinal/general and genitourinary—that met regularly to discuss complex cancer cases and prepare individualized care plans for patients who were evaluated. Each tumor board included a cross-section of physicians on the medical staff, including medical oncology, radiation oncology, pathology, radiology, and surgery. The tumor boards were presented with 130 cases in 2012, of which 19.3% were analytic case population and 97.3% were prospective in nature.
Research

Baylor Plano, Mary Crowley Cancer Research Center Collaborate to Provide Latest Clinical Trials to Area Patients

Opportunities for cancer patients being served by Baylor Regional Medical Center at Plano’s oncology services to participate in innovative clinical trials conducted by the Mary Crowley Cancer Research Center continued to increase in 2012. Dallas-based Mary Crowley is an early phase cancer translational research center encompassing six clinical trial sites across the United States, utilizing 20 years of experience in the use of molecular cancer research techniques. The clinical trials are overseen by the U.S. Food and Drug Administration (FDA) and use the newest therapies that target the molecular pathways that impact cancer growth.

Patients who come to Baylor Plano for their cancer surgery may be candidates for participation in Mary Crowley’s genomic cancer research program. In 2012, more than 40 patients were referred as possible investigational trial participants. Working with oncologists and surgeons on the medical staff of Baylor Plano, the collaboration with Mary Crowley brings personalized cancer therapies, including vaccines and gene-targeting agents, to Baylor Plano cancer patients participating in the clinical investigation.

“Thousands of lives have been changed over the past 20 years by the work overseen by the Mary Crowley Cancer Research Center,” says Joe Brown, Baylor Plano’s director of oncology. “The collaboration between Baylor Plano and Mary Crowley enables our patients to benefit from innovative research that will ultimately expand treatment options for all cancer patients.”

Brown says one secret to the success of the approach used by Mary Crowley is that Baylor Plano patients are encouraged to bring their personal oncologists and surgeons with them to become part of their care team to augment traditional treatments with one or more innovative therapies. An open line of communication exists with all members of the patient’s care team to provide the patient with quality care.

Acknowledging the potential research trials offered to Baylor Plano cancer patients, the medical center implemented a new role on the oncology services care team—
research patient navigator. Tricia McCord, RN, partners with patients and presents them with appropriate research opportunities. She helps coordinate their research visits as well as oncology treatments outside of the research program. In 2012, McCord worked with more than 50 Baylor Plano cancer patients battling a variety of cancers, with the largest number fighting lung cancer.

“I feel privileged to work with our cancer patients in my unique role, guiding them to research trials that might benefit their treatment,” explains McCord. “My job has many aspects, including referring patients to support groups and community resources, following up with patients by phone to identify and address any ongoing needs, visiting patients in the hospital, educating newly diagnosed patients and referring patients to appropriate investigational studies being conducted by Mary Crowley Cancer Research Center.

**Research and Clinical Trials**

Baylor Regional Medical Center at Plano is part of Baylor Health Care System and is a dedicated research center for finding prevention strategies and treatments for diseases and illnesses. Baylor’s research focuses on the patient, meaning these are more than laboratory studies—they bring research to the patient’s bedside. Baylor works to understand the cause of a disease, identify potential treatments or preventive measures and enroll patients in research trials. The clinical trials shown on pages 24 and 25 were available at Baylor Plano in 2012. Not all trials are currently open for enrolling participants. For a complete list of clinical trials, visit BaylorHealth.com and choose the “Research” tab.

**Baylor Plano Oncology Practice Named RTOG Site**

In 2012, Dr. Mark Engleman, radiation oncologist on the medical staff at Baylor Regional Medical Center at Plano, and Baylor Plano medical director of oncology, was named a Radiation Therapy Oncology Group (RTOG) site, enabling Baylor Regional Medical Center at Plano cancer patients access to the RTOG clinical trials and protocols.

The RTOG is a national clinical cooperative group that has been funded by the National Cancer Institute (NCI) since 1968 to increase the survival and improve the quality of life of patients diagnosed with cancer. The primary areas of research for RTOG investigators are: brain tumors, head and neck cancer, lung cancer, cancers of the gastrointestinal system (esophagus, pancreas, rectum, anal canal and stomach), genitourinary tract cancers (bladder and prostate), sarcomas, gynecologic cancer (cervix) and breast cancer. The RTOG consists of both clinical and laboratory investigators from more than 360 institutions across the United States and Canada. Its membership includes nearly 90% of all NCI-designated comprehensive and clinical cancer centers.
## Baylor Plano Clinical Trials in 2012

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<td>Breast</td>
<td>Randomized Phase II Trial of Letrozole With or Without Dasatinib as First and Second-line Treatment for Hormone Receptor-positive, HER2-negative Post-menopausal Breast Cancer That is Unresectable, Locally Recurrent or Metastatic</td>
<td>A Randomized, Phase 2 Trial of Preoperative MM-121 With Paclitaxel in HER2-negative Breast Cancer</td>
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<td>A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study To Evaluate The Efficacy And Safety Of Bevacizumab, And Associated Biomarkers, In Combination With Paclitaxel Compared With Paclitaxel Plus Placebo As First-Line Treatment Of Patients With HER2-Negative Metastatic Breast Cancer</td>
<td>A Pharmacokinetic Substudy in Association with the Phase III, Randomized, Multicenter, Double-blind, Placebo-controlled Trial APHINITY (BIG 4-11 / BO25126 / TOC4939g) to Evaluate Pharmacokinetics and Potential Drug-drug Interactions in Patients with Early Breast Cancer</td>
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<td>A Randomized, Phase III, Open-label Study of Lapatinib Plus Trastuzumab Versus Trastuzumab as Continued HER2 Suppression Therapy After Completion of First- or Second-line Trastuzumab Plus Chemotherapy in Subjects With HER2-positive Metastatic Breast Cancer</td>
<td>A Randomized, Double-blind, Placebo-controlled Study to Evaluate the Long-term Safety and Efficacy of Darbepoetin Alfa Administered at 500 µg Once-Every-3-Weeks in Anemic Subjects With Advanced Stage Non-small Cell Lung Cancer Receiving Multi-cycle Chemotherapy</td>
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<td>A Randomized, Phase 2 Trial of Preoperative MM-121 With Paclitaxel in HER2-negative Breast Cancer</td>
<td>A Phase II, Randomized, Double-Blind, Placebo-Controlled Study of Oral E7080 in Addition to Best Supportive Care (BSC) Versus BSC Alone in Patients With Locally Advanced or Metastatic Non-Squamous Non-Small Cell Lung Cancer Who Have Failed at Least Two Systemic Anticancer Regimens</td>
</tr>
<tr>
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<td>A Pharmacokinetic Substudy in Association with the Phase III, Randomized, Multicenter, Double-blind, Placebo-controlled Trial APHINITY (BIG 4-11 / BO25126 / TOC4939g) to Evaluate Pharmacokinetics and Potential Drug-drug Interactions in Patients with Early Breast Cancer</td>
<td>A Randomized, Double-blind, Placebo-controlled Study to Evaluate the Long-term Safety and Efficacy of Darbepoetin Alfa Administered at 500 µg Once-Every-3-Weeks in Anemic Subjects With Advanced Stage Non-small Cell Lung Cancer Receiving Multi-cycle Chemotherapy</td>
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<td>Randomized Phase II Trial of Letrozole With or Without Dasatinib as First and Second-line Treatment for Hormone Receptor-positive, HER2-negative Post-menopausal Breast Cancer That is Unresectable, Locally Recurrent or Metastatic</td>
<td>A Phase II, Randomized, Double-Blind, Placebo-Controlled Study of Oral E7080 in Addition to Best Supportive Care (BSC) Versus BSC Alone in Patients With Locally Advanced or Metastatic Non-Squamous Non-Small Cell Lung Cancer Who Have Failed at Least Two Systemic Anticancer Regimens</td>
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<td>A Phase III, Randomized, Double-Blind, Placebo-Controlled, Multicenter Study To Evaluate The Efficacy And Safety Of Bevacizumab, And Associated Biomarkers, In Combination With Paclitaxel Compared With Paclitaxel Plus Placebo As First-Line Treatment Of Patients With HER2-Negative Metastatic Breast Cancer</td>
<td>GI A Randomized Phase 2 Placebo-Controlled Study of LY2495655 in Patients With Advanced or Metastatic Pancreatic Cancer Receiving Chemotherapy</td>
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Physicians on the medical staff and their patients can now access information about open clinical trials in oncology at Baylor Sammons Cancer Center by following these steps:

- Go to BaylorHealth.edu/Sammons.
- Click on “Cancer Clinical Trials” on the right-hand menu.
- From the list of studies that appears, click on the study that is of interest to you to view details such as the inclusion/exclusion criteria.

For additional details or questions about the studies, please contact the Office of Clinical Oncology Research Coordination at 214.818.8472 or via e-mail at cancer.trials@baylorhealth.edu.

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<th>Site</th>
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<tr>
<td>GI</td>
<td>A Randomized, Phase III, Multicenter, Double-Blind, Placebo-Controlled Study Evaluating The Efficacy And Safety Of Onartuzumab (MetMAb) In Combination With 5-Fluorouracil, Folinic Acid, And Oxaliplatin (mFOLFOX6) In Patients With Metastatic Her2-Negative, Met-Positive Gastroesophageal Cancer</td>
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</tbody>
</table>
# Contact Information

## Referrals

**Referral Line for Physicians**  
1.800.9BAYLOR (922.9567)

**Physician Referral, Event Registration and Information**  
1.800.4BAYLOR (422.9567)

## Administration

**Baylor Health Care System Foundation**  
214.820.3136

**Joseph Brown, MHA**  
469.814.2132

**Mark Engleman, MD**  
Medical Director, Oncology Chair, Oncology Advisory Board and Tumor Board Conferences  
469.814.2132

**Jeri Garison, RN, MHA, FACHE**  
President, Baylor Regional Medical Center at Plano and East Region Division Executive for Baylor Health Care System  
469.814.3176

**JaNeene L. Jones, RN, FACHE**  
Vice President/Oncology, Baylor Health Care System Chief Operating Officer, Baylor Charles A. Sammons Cancer Center/Baylor T. Boone Pickens Cancer Hospital  
214.820.2800

**Alan Miller, MD, PhD**  
Chief of Oncology, Baylor Health Care System  
214.820.2881

**Ellen Pitcher, RN, MSN, FACHE, MBA, CNAA**  
Chief Nursing Officer and Chief Operating Officer of Baylor Regional Medical Center at Plano  
469.814.2155

## Cancer Center Programs

**Baylor Plano Supportive and Palliative Care**  
469.814.5291

**Behavioral Health Program**  
469.814.4850

**Breast Cancer Risk Assessment Program**  
469.814.5768

**Cancer Genetics Program**  
214.820.9600

**Clinical Oncology Research Coordination**  
214.818.8472

**Diagnostic Imaging Scheduling**  
469.814.5500

**From Cancer to Health**  
469.814.2548

**Nutritional Consult**  
469.814.4483

**Oncology Patient Navigator**  
469.814.5768

**Oncology Program Coordinator**  
469.814.6753

**Outpatient Speech and Occupational Therapy**  
469.814.2550

**Lymphedema Treatment Center**  
469.814.2550

**Pastoral/Chaplaincy Program**  
469.814.2700

**Patient/Family Education and Support Programs**  
469.814.6753

**Registration**  
469.814.2329

**Wound Management Program**  
469.814.2550

## Diagnostic Imaging

**Baylor Plano Diagnostic Imaging Center**  
469.814.5500

**Baylor Diagnostic Imaging Center at Craig Ranch**  
469.814.5500

**Elizabeth Jekot, MD, Breast Imaging Center**  
214.442.7070

## Research

**Baylor Research Institute**  
214.820.2687

**Michael A.E. Ramsay, MD, President**

**Research Patient Navigator**  
469.814.4417

## Support Services

**A. Webb Roberts Center for Continuing Education**  
214.820.2317

**Cancer Registry**  
214.820.3976

**Guest Relations**  
469.814.2028

**Oncology Unit Manager**  
469.814.5341
Campus and Area Maps
Baylor Regional Medical Center at Plano is located near the intersection of President George Bush Turnpike and Preston Road in Plano.