IT IS AGAIN MY PRIVILEGE to write this year’s letter as the cancer committee chairman, and what a year it has been. Following the official opening of the new SOMC Cancer Center in late 2004, things have very quickly grown, both in quality and in quantity.

Vincent Randaisi, DO, FCAP
Medical Director, SOMC Cancer Services

One of the most significant changes for 2005 is the addition of a cadre of new, highly trained and knowledgeable oncologists. Drs. Ebenezer Kio and Amory Novoselac arrived in Portsmouth this summer and began their medical oncology practices at the new center in August. Both received their Board certification in medical oncology in November. They have been instrumental in establishing the hospital’s new medical oncology service. This new hospital service includes nursing, pharmacy and laboratory technicians, and clerical staff. Everyone involved has pulled together remarkably during this learning period.

The newest physician to join the oncology team is Dr. Li-Fen Chang, who began her radiation oncology practice in October. Under her guidance Image Guided Radiation Therapy (IGRT) was introduced, which incorporates the batcam system to image body structures, which provides more accurate delivery of radiation; and ethyol administration has been initiated, a medication that reduces the side-effects of radiation therapy. Dr. Inoshita has moved his private practice to a new building in town and continues to provide his customary quality medical oncology care. Dr. Prakash Patel maintains his practice in the new cancer center and continues to guide the nascent prostate seed brachytherapy program. There are now five oncologists on the SOMC medical staff, providing both physicians and patients with quality choices for care.
I am also pleased to extend congratulations to our Cancer Care Coordinator Heather Ashley, who has obtained oncology nursing certification, and to Cindy Hall, our cancer registrar, for obtaining her certification. Wendi Waugh also obtained registrar certification.

Through the efforts of our Cancer Liaison Physician, Dr. Thomas Khoury, two cancer related symposia were held in 2005. The first focused on cancer prevention, while the second addressed issues regarding women and cancer. These wonderful and informative meetings were provided free of charge to the public, but could not have occurred without the voluntary support of the participating physicians, SOMIC and its staff. Another community targeted event, the SOMIC Cancer Rally was held this fall and featured cancer survivor and motivational speaker Christine Clifford.

The prospective tumor board continues to provide multidisciplinary discussion and recommendation for newly diagnosed cancer cases, and the aggregate number of cases discussed has now exceeded five hundred to date. Again, this important quality initiative could not be maintained if not for the voluntary support of the physicians and supporting staff.

In closing, I would like to acknowledge the tireless effort and dedication to the success of the cancer program put forth by its director, Mrs. Wendi Waugh. Her accomplishments are too many to list in this letter. Nearly every success over this past year and in preceding years, mostly from behind the scenes, can be attributed to her, and this program would in no way be the success it is without her. Thank you Wendi, for all you do.

**CANCER LIAISON PHYSICIAN REPORT**

**Dear fellow physicians,**

The activities of our cancer committee have included a series of symposia presented to our community covering various cancers. One of the most important ones this year dealt with prevention targeting **OBESITY** and **SMOKING**. It has been recognized that eliminating both can reduce the incidence of cancer by over 50%.

Therefore I urge you to have in your office posters targeting both goals. I also urge to support legislation to have smoking cessation in public places and restaurants.

I believe we are on target for being certified by the American College of Surgeons and hope to pass the upcoming inspection.

The statistics are showing a rise in cancer services proving once and again the community trust in our services and our outreach to surrounding communities.

The joint efforts of the American Cancer Society, the various volunteer organizations and our cancer committee are paying off in our community with free screening programs and educational seminars.

I welcome your comments and your volunteering.

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**Thomas L. Khoury, MD, FACS, FICS, CNSP, RVT**

SOMC Cancer Services
Last year, more than 563,700 Americans died of cancer, according to the American Cancer Society. These statistics and probably the vast majority of statistics that you see or hear about cancer come from cancer registry departments around the United States. The cancer registry departments house health care professionals who help the public better understand the disease and prevention methods by carefully collecting vital, accurate information on each patient that crosses their path. These health care professionals are called cancer registrars.

The Cancer Registry database at Southern Ohio Medical Center Cancer Center currently tracks over 2800 cancer cases each year. This daunting task is accomplished by one full time certified cancer registrar.

Last year there were 478 new cancer cases diagnosed and/or treated at SOMC. Our cancer registrar has prepared a site distribution table that explains the specific sites that were found. (See table 1)

The Cancer registry department is required by the CoC to maintain follow-up of at least 90% on these eligible patients. Our registry department has not only achieved this requirement but surpassed this by maintaining an average of 94% follow-up.

Prospective cancer conferences are held bi-weekly. Specialty representation is required for medical oncology, radiation oncology, surgery, pathology, and diagnostic radiology. A total of 21 cancer conferences were held and 131 cases were presented prior to patient treatment decisions for team discussion and recommendations. The CoC recommends that 10% of the analytic case load is discussed and that at least 75% of them are discussed prospectively. At SOMC we discussed 29% of the analytic case load and 96% of them were prospectively presented.

Physicians are quickly becoming aware of the detailed and accurate reports that they can derive from the data that our registry collects. In 2005, our registrar prepared over ten special projects for our physicians internally. The registry department is delighted to help our physicians learn from the data that is collected and would like to encourage physicians, departments, and the community to call upon it when taking a look at outcomes or particular disease patterns. One of the goals of the registry department is to increase awareness of the activities and services that we can provide.

It is with great pride that we present to you the data within this years annual report. If you have any questions, need clarification, or would like similar data for your specific specialty or practice, please do not hesitate to call our registrar at 740 | 356-7558.
2004–2005 CANCER COMMITTEE MEMBERS

Heather Ashley
Janet Bivens
Elizabeth Blevins
William Buente, MD
Claudia Burchett
Sharon Carver
Li-Fen Chang, MD
Betsey Clagg
Lindsey Conn
Valerie DeCamp
Jeff Gilmore
Becky Hall
Cindy Hall
Sonie Hash
Linda Horner
Tsuyoshi Inoshita, MD
Jay Jacobs
Kevin Kammler, DO
Thomas Khoury, MD
Ebenezer Kio, MD
Beth Krouse
Robert Newman, MD
Amory Novoselac, MD
Prakash Patel, MD
Chaplain Oscar Perry
George Pettit, MD
Vince Randaisi, DO
Teresa Ruby
Elie Saab, MD
Christopher Schmidt, MD
Susan Schneider
Marcia Smith
Kendall Stewart, MD
Wendi Waugh

Li-Fen Chang, MD
## 2005 New Cancer Cases

*Excludes basal and squamous cell skin cancers and in situ carcinomas except urinary bladder. Percentages may not total 100% due to rounding.*

**ACS** = American Cancer Society  
**SOMC** = Southern Ohio Medical Center

### Men

<table>
<thead>
<tr>
<th>Site</th>
<th>ACS %</th>
<th>SOMC %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate</td>
<td>33 %</td>
<td>28 % (66)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>13 %</td>
<td>25 % (58)</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>10 %</td>
<td>10.5 % (25)</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>7 %</td>
<td>7.5 % (18)</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>5 %</td>
<td>5.5 % (13)</td>
</tr>
<tr>
<td>Oral Cavity &amp; Pharynx</td>
<td>3 %</td>
<td>3 % (7)</td>
</tr>
<tr>
<td>Leukemia</td>
<td>3 %</td>
<td>3 % (7)</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>4 %</td>
<td>1.7 % (4)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2 %</td>
<td>1.7 % (4)</td>
</tr>
<tr>
<td>Kidney/Renal Pelvis</td>
<td>3 %</td>
<td>.4 % (1)</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>17 %</td>
<td>13.5 % (31)</td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td><strong>234</strong></td>
<td></td>
</tr>
</tbody>
</table>

### Women

<table>
<thead>
<tr>
<th>Site</th>
<th>ACS %</th>
<th>SOMC %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>32 %</td>
<td>25 % (62)</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>12 %</td>
<td>20 % (49)</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>11 %</td>
<td>13.5 % (33)</td>
</tr>
<tr>
<td>Uterine Corpus</td>
<td>6 %</td>
<td>7 % (17)</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>4 %</td>
<td>5.3 % (13)</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>4 %</td>
<td>5 % (12)</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>2 %</td>
<td>3.2 % (8)</td>
</tr>
<tr>
<td>Ovary</td>
<td>3 %</td>
<td>1.6 % (4)</td>
</tr>
<tr>
<td>Thyroid</td>
<td>3 %</td>
<td>1.2 % (3)</td>
</tr>
<tr>
<td>Pancreas</td>
<td>2 %</td>
<td>1 % (2)</td>
</tr>
<tr>
<td>All Other Sites</td>
<td>21 %</td>
<td>39.7 % (41)</td>
</tr>
<tr>
<td><strong>Total Cases</strong></td>
<td><strong>244</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**Table 1**
2005 PATIENT DEMOGRAPHICS

**Fig. 1**

<table>
<thead>
<tr>
<th>State/County</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>OH - Scioto</td>
<td>363</td>
<td>75%</td>
</tr>
<tr>
<td>OH - Pike</td>
<td>45</td>
<td>9.39%</td>
</tr>
<tr>
<td>KY - Greenup</td>
<td>29</td>
<td>6%</td>
</tr>
<tr>
<td>OH - Adams</td>
<td>16</td>
<td>3%</td>
</tr>
<tr>
<td>OH - Lewis</td>
<td>11</td>
<td>2%</td>
</tr>
<tr>
<td>OH - Lawrence</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>OH - Ross</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>OH - Jackson</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>OH - Brown</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>OH - Franklin</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>OH - Gallia</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>OH - Licking</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>KY - McCracken</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>OH - Monroe</td>
<td>1</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

**Fig. 2**

2005 FREQUENCY OF CANCER

- **Bron Lung**: 25.3%
- **Breast**: 14.7%
- **Prostate**: 15.6%
- **Skin**: 5.4%
- **Colon**: 9%
- **All Other**: 30%
The linear accelerator is the radiation therapy treatment machine. The machine delivers the radiation treatment prescribed by our radiation oncologists. Our linear accelerator features an 80 multi-leaf collimator system that allows treatment fields or beams to conform to the shape of the tumor. The accelerator can deliver radiation treatments with photon or electron energies. The energy of the treatment is determined by the radiation oncologist and is selected depending on the tumor depth and location. The accelerator also has a digital imager that allows for examination of the patient’s treatment field as the machine delivers the treatment. It gives a clear view of the patient’s position, thus increasing accuracy of treatment.

**ELEKTA LINEAR ACCELERATOR**

Our linear accelerator is capable of delivering intensity modulated radiation therapy (IMRT). IMRT is one of the newest forms of radiation therapy available today. This delivery method from the machine allows the radiation oncologist to prescribe a very tight margin around the tumor volume and further spare the surrounding structures from the radiation. IMRT was initiated through the SOMC Cancer Center in the spring of 2005.
BATCAM IMAGE GUIDED TREATMENT

BATCAM (bi-modal acquisition and targeting camera system) was introduced in the SOMC Cancer Center in December 2005. This system stereotactically localizes the prostate each treatment day through the use of ultrasound. It is a form of image guided radiation therapy. Daily target verification facilitates a marked reduction in planning treatment margins by correcting potential organ-motion and set-up errors.

IMPAC INTEGRATED ONCOLOGY MANAGEMENT SYSTEM

This single, integrated oncology information system handles the center’s extensive clinical and administrative information management needs for radiation oncology, medical oncology, and cancer registry. In fact, patient records can be visualized throughout the entire building and from home by our oncologists. This availability assists with communication between the departments within the center, the physicians, and the staff. IMPAC therefore contributes to improved communication, efficiency and quality of care. In addition IMPAC streamlines the radiation delivery process and provides for automatic patient setup, and records and verifies treatment. IMPAC captures the medication and infusion record. The system has a full electronic record that features a patient’s diagnosis, prescription, treatment history, notes, transcripts, nursing assessments, laboratory, and vital signs.

PHILLIPS ACQSIM CT SIMULATOR AND THE PINNACLE TREATMENT PLANNING SYSTEM

Images created by Computed Tomography, or CAT scan, enables clinicians to create the most accurate radiation treatment plans. The CT Simulator is one of the most advanced systems used for conformal and high-precision radiation planning. The CT scanner is capable of producing digitally reconstructed radiographs (DRRs) and possesses unique visualization tools. The CT images produced may be easily transferred to the treatment planning system to be fused and aligned with CT images, MRI and PET scans. The treatment planning system provides advanced graphics, fast dose calculations and simplifies the complexities of 3-D and IMRT (intensity modulated radiation therapy) treatment planning tasks. With the sophisticated software, it simplifies complex planning for patients undergoing radiation treatment and allows for the contouring of complex tumor structures.

When it comes to cancer treatment, you want the absolute latest technology, you want professionals who are experts in their field, you want a progressive facility prepared for the future, you want care that you can trust, you want Southern Ohio Medical Center.

OUTPATIENT INFUSION

The SOMC Cancer Center opened a new service for Southern Ohio Medical Center when the Infusion Center began operations in August 2005. The infusions include administration of chemotherapy, blood/blood products, IV fluids, IV antibiotics and supportive injections. Due to the excellent services provided by the oncologists and staff, the volume of patients seen in this department continues to grow. Patients can have their blood drawn and processed within the infusion center. In addition, all of the pharmaceuticals are prepared right on site and reviewed by a pharmacist prior to the infusion for the safe handling and preparation of the agents.
**Colorectal Cancer** is the third most common cancer diagnosed within the state of Ohio and the United States. Additionally, it is the second leading cause of cancer-related death in both Ohio and the United States.

The Ohio Dept of Health and American Cancer Society estimate that, on average, 6,724 Ohioans will be diagnosed annually with colorectal cancer and that 2,701 will die from the disease. That means that 19 Ohioans per day, or almost one every hour, will be diagnosed, and eight Ohioans per day, or almost one every four hours, will die from colorectal cancer.

At SOMC 58 patients, 25 males and 33 females, were diagnosed and/or treated with colorectal cancer last year. The SOMC colorectal cancer incidence rates align with state and national statistics. The disease is the fourth most commonly diagnosed cancer at SOMC falling just behind lung, prostate, and breast cancer.

Each year, our annual report presents an in-depth analysis of one specific cancer. This year, colorectal cancer has been selected since it has consistently been among the top five sites at SOMC for many years. In 2005, we presented an extremely successful colorectal cancer awareness campaign that featured local “celebrities.” Rita Rice Morris, president of Shawnee State University, Steve Hayes, local radio personality, and Randy Yohe, television reporter, appeared in advertising and public service announcements talking about the importance of screenings for colon cancer including colonoscopy. The results were phenomenal, with an increase in the number of colonoscopies performed during the campaign and an increase in awareness about colon cancer, its risk factors and early detection.

The campaign was so successful that it received a state award for community education presented by the Central Ohio Chapter of PRSA (Public Relations Society of America).

Ebenezer Kio, MD
The risk of developing colorectal cancer increases with age. Nationally, more than 90% of cases are diagnosed in individuals aged 50 and older. At SOMC 94% of the colon cancer we diagnose has been found on patients older than 50. See figure 3 for the age distribution data. Other risk factors include family history, personal history of ovarian, uterine or breast cancer, heavy alcohol consumption, obesity, physical inactivity, a diet high in animal-based foods and low in fruits and vegetables, diabetes, and smoking.

**Fig. 3**

**2000–2005 Colorectal Cases by Age at Diagnosis**

Surgery is the mainstay of treatment for early stage disease and may be coupled with chemotherapy for the latter stage diseases. When the cancer is located within the rectum, radiation therapy is often utilized in addition to chemotherapy and surgery.

The staging of the disease is a way of summing up the findings from various tests that are used to determine how far the cancer has progressed. For cancers of the colon and rectum the American Joint Committee on Cancer (AJCC) groups the stages I to IV. Stage IV is highest stage indicating advanced disease with the poorest survival.

The earlier a cancer is diagnosed, the better the chance of survival. Each member of the multidisciplinary Cancer Care team at Southern Ohio Medical Center is committed to providing care that will make a difference: care that will increase the chance of survival, care that is convenient and close to home, and care that both touches and changes lives.

With the addition of new physicians and new facilities in 2005 we truly believe that through our patient care, education, community outreach, program development, prospective cancer conferences, and personal touch that we are “making a difference.”
SCREENING GUIDELINES FOR THE EARLY DETECTION OF COLORECTAL CANCER FROM THE AMERICAN CANCER SOCIETY RECOMMEND THAT, BEGINNING AT AGE 50, MEN AND WOMEN SHOULD FOLLOW ONE OF THE FOLLOWING EXAMINATION SCHEDULES:

- A fecal occult blood test (FOBT) every year
- A flexible sigmoidoscopy (FSIG) every five years
- Annual fecal occult blood test and flexible sigmoidoscopy every five years
- A double-contrast barium enema every five years
- A colonoscopy every ten years
- People who are at moderate or high risk for colorectal cancer should talk with a doctor about a different testing schedule

Tsuyoshi Inoshita, MD
Colorectal cancer is one of the most commonly diagnosed malignancies in the United States (more than 150,000 newly diagnosed cases in 2005) and one of the leading causes of cancer related death in both women and men (more than 55,000 deaths).

Despite our progress and recent advances in medical treatment, colorectal cancer remains as one of the most common causes of cancer-related death in this country and worldwide.

Our progress in the treatment of neoplastic diseases has been remarkable in the past two decades. This advance has been prominent in the treatment of colorectal cancer. As recently as ten years ago we only had one chemotherapeutic agent available for the treatment of early and advanced colon cancer. This drug, 5-fluorouracil, synthesized in 1957, still remains the enduring power in the treatment of colorectal cancer. However, the assortment of available drugs is considerably larger today. Some of the most exciting drugs available in the treatment of cancer are being utilized in the treatment of colorectal cancer.

*Figure 6* shows drugs that are available in the treatment of the colorectal carcinoma today. Most notably the treatment paradigm is shifting from classic chemotherapy towards targeted treatments. These exciting new drugs that are now being utilized in the treatment of increasing number of malignancies, including colorectal cancer, are designed specifically to target abnormalities in cancer cells. We are now witnessing significantly improved outcomes in the treatment of early and advanced colorectal cancer.

Our optimal approach in the battle with colorectal cancer has to be prevention but, until we define causality of the cancer precisely, we are striving to better treat this disease. With the implementation of new technologies (genomic research, etc.) near the future holds promise for even better targeted and eventually individualized treatments. The question of who may need the therapy and what kind of therapy may be answered in the near future. This is an exciting time for the Oncology community (both our patients and medical professionals), and we are hopeful that in the near future we may witness significant improvement in the treatment and outcomes of the colorectal and other cancers.
Believing that excellent cancer care involves not only treating the physical aspects of disease, it is of utmost importance that we also meet the psychosocial and educational needs of patients and our regional community.

In meeting this need at SOMC, we continue to partner with the American Cancer Society (ACS) to provide the Cancer Resource Center, which is a comprehensive cancer library for patients and the community that is fully staffed by trained volunteers. The ACS support groups, “Look Good Feel Better” and “I Can Cope” continue. In addition, the Breast Cancer Support Group meets on a monthly basis, and ladies that have a breast cancer diagnosis are offered “Reach to Recovery,” whereby they may discuss their disease with another breast cancer survivor. For the first time ever, a family support program—Strength for Caring—was offered.

Reaching into the community, 294 free cancer screenings were provided with 182 hours of professional time donated. Likewise, several school groups ranging from elementary through high school came to the Cancer Center for a field trip experience and healthy lifestyle education.

In 2005, Cancer Center staff participated in three school and community health fairs. Additionally, genetic testing and hereditary cancer education are offered at the Cancer Center upon physician referral, and the Cancer Care Coordinator continues to be available for education and support to family that is affected by cancer.

Considering that “Everything that is done in the world is done by hope,” our nursing staff provides safe, holistic nursing care to patients throughout the cancer spectrum. Cancer Center nurses are abreast of new oncology findings through frequent continuing education offerings, oncology nursing journals, and conferences. Evidence Based Practice guides our nursing care as we seek to promote positive patient outcomes by decreasing infection rates and treatment complications through nursing intervention.

Please continue to be our partner as we seek to educate and assist those fighting cancer in our community.
**Promise Guild** is an organization that is a part of the Friends of SOMC. The promise guild has several projects throughout the year in which the proceeds are used to benefit the oncology patients at the SOMC Cancer Center. Several Guild members volunteer at the American Cancer Society Resource Center located at the SOMC Cancer Center. The guild also helps furnish snacks for patients and their families at the cancer center.

**The Monitored Care Unit of SOMC** supports our cancer services by providing an area where patients can receive inpatient chemotherapy treatments. The nursing staff have received special education in providing this service and work closely with our Medical Oncologist to meet the need of our patients.

**The Fight Cancer, Save Lives... Act Now Coalition** is associated with the Appalachian Community Cancer Network (ACCN) which is a port of the National Cancer Institute (NCI). The coalition membership is comprised of representatives from multiple community institutions/agencies and volunteers. The coalition’s mission is to help residents become more aware of when and where to seek early detection for cancer, how to proceed when cancer is diagnosed, how to navigate through a complex health system, and where to turn for community resources and support for survivors. The coalition is very active in providing screening for major types of cancer.

**SOMC Community Relations** holds yearly free health screenings at the SOMC Cancer Center. 2005 brought 143 patients for a free skin cancer screening. 28 patients received free breast cancer screenings and 266 gentlemen received a free prostate screening.
The American Cancer Society, Cancer Resource Center is housed at the SOMC Cancer Center. The Cancer Resource Center is a free comprehensive library of the most up-to-date information with trained volunteers assisting patients, families and community in locating resources regarding all aspects of cancer, from prevention, to early detection, to treatment, and quality of life. Resources available include books, videos, brochures and Internet access. All reference materials are available for the community to “check-out” for extended use. The Cancer Resource Center also offers a wig, prosthesis and bra bank.

The Cancer Resource Center serves as the hub for American Cancer Society support services such as Reach to Recovery, Road to Recovery, Look Good...Feel Better (meets third Tuesday each month at 6 PM in the conference room), I Can Cope support group (meets second Tuesday each month at 5:30 PM in the lobby) and many more services. The hours of operation are 9–12 and 1–4 Monday through Friday.

The Cancer Resource Center volunteers can be reached at 740.356.7606. For information after hours you can call the American Cancer Society’s National Cancer Information Center, toll-free, 1.800.ACS.2345 or visit www.cancer.org

The Nutritional Services Department offers a variety of services to the SOMC Cancer Center. Our department provides nutritious meals, supplements, and snacks to the cancer center to assure that our patient’s nutritional needs are maintained while visiting our facility.

A nutritional risk screen is completed on all patients when admitted to the cancer center. The screening process identifies with nutritional issues, such as weight loss, decreased appetite, etc. Once identified, the dietitian will contact these patients, review their medical record chart, and complete a nutritional assessment. The recommendations from the nutritional assessment are communicated via e-mail and verbal communication to the nursing/medical staff. Education material and counseling are available to patients as needed.

The dietitian serves as a resource and speaker for community activities, such as support groups, symposiums, and health fairs. We not only hope to help our patients who are receiving treatments, we also strive to support their families and promote public awareness to help our community better understand cancer prevention. Our goal is to meet the need of community at every point of care possible.

Clarence Felts
Cancer Survivor
There are a wide variety of support services that complement cancer services at SOMC.

**THE CANCER WELL-FIT PROGRAM** was created because healing from cancer is far more than conventional medical treatments. Therefore, the SOMC Cancer Center has joined forces with SOMC Rehab Services and the SOMC LIFE Center to offer the Cancer Well-Fit program. Three components comprise the program and the program is tailored to meet each individual’s needs. The first component is medical management, the second is rehab techniques, and the third is a support group called “Body and Soul”. For more information please call the SOMC Rehab Center at (740) 356-7632.

**THE SOMC SOCIAL WORK DEPARTMENT** provides consultation for any outpatient Cancer patient referred. When patients are in the hospital a social worker visits all patients to rule out needs for home. Social work is available to assist with home equipment and home care needs for any patient on a referred outpatient basis.

**HOSPICE OF SOUTHERN OHIO** provides supportive care for persons with a life limiting illness. When the hope of a medical cure is no longer possible, hospice offers a hope that can help persons to maximize the quality of their remaining days. A goal of hospice care is to affirm life through recognizing that dying is a part of the normal life process. Hospice of Southern Ohio provides palliative care that assists in meeting the physical, social, emotional, financial and spiritual needs associated with a terminal illness.

Hospice care is delivered by an interdisciplinary team of nurses, home health aides, social workers, volunteers, therapists, chaplains, dieticians, pharmacists and physicians. They each play a vital role in the provision of special services, patient/family support and bereavement care. The patient’s own physician oversees the direction of care and Dr. Suzann Bonzo serves as the hospice medical director.

Hospice of Southern Ohio serves patients in Scioto, Jackson and Pike Counties as well as some outreach into Lawrence, Adams and Ross counties. Admission into the program is based on the following criteria: a patient’s desire for palliative care versus curative care; location in one of the served counties/areas and the desire to receive care in the home or in a home-like setting. Hospice care is also provided through contracts with several nursing homes in the various served counties. Opening in late fall of 2006 will be a new Hospice House Inpatient facility with service of 12 beds.

Hospice of Southern Ohio is a certified provider of the Hospice Medicare Benefit and the Hospice Medicaid Benefit. Some patients are covered by hospice benefits of their own private insurance. A consideration of financial need is made when persons are admitted into the program without insurance coverage. The Caritas fund, created through gifts and donations to the hospice program, is used to assist patients with the cost of medications, supplies and other needs related to their terminal illness. For more information on Hospice of Southern Ohio, please call (740) 353-2567.
SOMC Cancer Center

Southern Ohio Medical Center

Very Good things are happening here

1121 Kinneys Lane
Portsmouth, Ohio 45662

www.somccancer.org

Main
740.356.7490

Cancer Registry
740.356.7558

Fax
740.356.6021

Prakash Patel, MD
SOMC Cancer Center

Southern Ohio Medical Center

Good things are happening here

1121 Kinney Lane
Portsmouth, Ohio 45662

www.somccancer.org