



*Cancer treatment
close to home*

Community Cancer Care

Annual Report 2016
with 2015 data



As 2016 draws to a close, we look back on a busy, successful year. Our women's center became the first in the community to offer 3D mammography, which will lead to earlier detection of breast cancer and fewer false positives. In radiation oncology we added on a new vault and are welcoming our second treatment machine, offering state-of-the-art radiation therapy technology. Having two vaults and two machines will enable us to schedule patients sooner and keep more patients close to home for their radiation treatment. Within medical oncology, our physicians are doing more with gene mutation, conforming a patient's treatment for them. The physicians can take their cases to our network molecular tumor board to discuss with the specialty pathologist and other specialists to define the best treatment for the patient. Our affiliation with MD Anderson has proven beneficial for many patients. Our oncologists and surgeons collaborate with their peer experts to come up with the best plan of action for unique cases, keeping the patients from having to travel out of state.

While Community Cancer Care experienced a great 2016 with many successful patient outcomes, we know there is still work to be done. Globally, cancer rates continue to rise each year. Early detection programs and cancer treatments have helped to increase survival rates. While the overall mortality rate for cancer has decreased, research suggests that by 2020, cancer will surpass heart disease as the leading cause of death in the United States.

Despite these alarming statistics, our great team of physicians, nurses, navigators, therapists and many more will continue to fight for our patients. We are very proud of our cancer program and I am proud to be part of a cutting edge team.

Marsha Sherrell,
director of cancer services



Cancer Committee

The cancer committee leadership is responsible for goal setting, as well as, planning, initiating, implementing, evaluating and improving, all cancer-related activities. Our organization is accredited by the American College of Surgeons/Commission on Cancer.

Jennifer Zook MD, radiation oncologist, COC liaison
Boguslaw Uchman, MD, pathologist, chair
Bilal Siddiqui, MD, medical oncologist/hematologist
Roger Brockman, MD, diagnostic radiologist
D. Benjamin McCurdy, MD, general surgery including breast surgery
Jennifer Nemunaitis-Keller, MD, OB/GYN
Marsha Sherrell, administrative director oncology, cancer registry coordinator
Carol Whitesel, RN, vice president of patient care services
Beth Tharp, RN, president/CEO
Angel Lyons, RN, OCN, clinical director oncology, community outreach coordinator
Nancy Hunt, CTR, cancer registrar, cancer conference coordinator
Katie Elliott, oncology quality and navigation manager, quality improvement coordinator
Leigh Ann Hayes, cancer registrar
Jill Hensley, RN, breast health navigator
Michelle Anders, oncology patient navigator

Judy Overby, RN, OCN, oncology nurse
Pam Davis, RN, breast health navigator
Valarie Godfrey, RT (R) (M), women's center manager
Judy Overby, RN, OCN, oncology nurse
Pat Woods, RN, director case management
Sonia Smythe, RN, quality resources manager
Danielle Olney, RD, oncology specialized dietitian
Jodi Nixon, PhD, psychologist
Gloria Hoyle, PharmD, oncology pharmacist
Layne Jackson, RN, clinical research coordinator
Lesia McBride, NP, administrative clinical research director
Stephanie Metz, PT, certified lymphedema specialist
Brandy Hill, marketing/community relations manager
Judy Wood, certified mastectomy fitter
Rebekkah Krukenberg, certified genetics counselor
Dick True, chaplain
Paul Brown, American Cancer Society
TJ Krusan, American Cancer Society

Community Cancer Care staff

Shiroo Parshad, MD, medical oncologist
Bilal Siddiqui, MD, medical oncologist
Natraj Reddy Ammakannavar, MD, medical oncologist
Jennifer Zook, MD, radiation oncologist
JoLyn Veza, ANP, medical oncology nurse practitioner

Marsha Sherrell, administrative director
Angel Lyons, RN, OCN, clinical director
Lori Real, radiation oncology manager
Katie Elliott, oncology quality and navigation manager
Sharlet Gandy, office manager, medical oncology

Michelle Anders, oncology navigator
Angie Ledford, RN, oncology navigator
Jill Hensley, RN, breast health navigator
Pam Davis, RN, breast health navigator
Susan Gray, medical records technician
Kaylie Smith, front office assistant

Vicki Walsh, charge analyst
Jamie Johnson, front office assistant
Rhonda Goodman, front office assistant
Mary Kleeberg, insurance verification specialist
Nichel Henson, front office assistant
Paula Bilyeu, navigation support specialist
Debbi Smith, patient access specialist
Allison Dill, patient access specialist

Gloria Hoyle, PharmD, pharmacist
Chris Pohland, RpH, pharmacist
Penny Metsker, chemotherapy technician
Allison Thomas, chemotherapy technician

Judy Overby, RN, OCN
Stanna Kirchenbauer, RN, OCN
Terri Reason, RN, OCN
Melanie King, RN

Joni Goodpaster, RN
Melissa Jessie, RN
Beth Romine, RN
Kristi Gill, RN
Patricia Neal, LPN
Stacey Huffman, LPN
CJ Philips, MA
Crytalina Smith, LPN

Kasey Stansberry, dosimetrist
Ana Mihail, physicist
Nancy Hunt, CTR, cancer registrar
Leigh Ann Hayes, cancer registrar
Melissa Andrews, lead radiation therapist
Heather Clawson, radiation therapist
Erin Frick, radiation therapist
Reid Hensley, radiation therapist
Lauren Reinholt, radiation therapist

Program Accreditations



Palliative Care/Surveillance Team

Katie Elliott, oncology quality and navigation manager
Michelle Anders, oncology patient navigator
Jill Hensley, RN, breast health navigator
Pam Davis, RN, breast health navigator
Angie Ledford, RN, oncology patient navigator
Marsha Sherrell, administrative director oncology
Angel Lyons, RN, OCN, clinical director oncology
Danielle Olney, RD, oncology specialized dietitian
Pat Woods, RN, director case management
Kandace Poole, Community Long Term Care

Jackie Eddleman, speech therapist, rehab services representative
Tabitha Lehman, Lifestream services
Jodi Nixon, PhD, psychologist
Lori Real, radiation oncology manager
Nancy Hunt, CTR, cancer registrar
Layne Jackson, RN, clinical research coordinator
Nicole Rosemond, wound center director
Leigh Ann Hayes, cancer registrar
Melissa Andrews, lead radiation therapist

2016 Updates at Community Cancer Care

3D mammography

The Community Hospital Anderson Women's Center recently introduced 3D mammography, becoming the only hospital in Madison County to offer it. This new technology allows the doctor to examine breast tissue layer by layer. So instead of viewing all of the breasts' complexities in a flat image, fine details are more visible. Research has shown that the 3D mammography detects 41% more invasive breast cancers and reduces false positives by up to 40%.

Community Anderson is accredited by the American College of Radiology (ACR) to offer mammography services. The Women's Center has dedicated digital mammography equipment and technologists and radiologists who are specially trained in mammography. For more information about 3D mammography, call 765-298-1617.

TrueBeam

Community Hospital Anderson installed new state-of-the-art equipment for our radiation oncology patients – TrueBeam™ by Varian Medical Systems. This machine will allow us to provide advanced cancer care to our patients.

TrueBeam provides highly targeted treatments, utilizing stereotactic body radiotherapy (SBRT), a technique that allows our staff to deliver high doses of radiation to a focused target. This treatment can be accomplished in fewer sessions and eliminates some side effects. In many cases, SBRT is also more effective than traditional treatments.

MD Anderson

All five of Community Health Network cancer centers have met the rigorous standards to treat cancer patients with MD Anderson evidence-based guidelines and best practices: Community Hospitals Anderson, East, North, South and Howard Regional Health in Kokomo. Community was the first healthcare organization in the nation to achieve this system-wide recognition.

This means that Community Hospital Anderson's certified physicians are able to regularly conference with experts from MD Anderson Cancer Center in Houston, TX. Our patients receive world class care – right here in Anderson.



Radiation therapists Melissa Andrews, Heather Clawson, Erin Link and Reid Hensley show off the new TrueBeam equipment.

Meet our oncologists



Shiroo Parshad, MD, is board-certified in medical oncology and hematology. She attended medical school at All India Institute of Medical Sciences in New Delhi and completed her residency at Albert Einstein Medical Center in Pennsylvania.



Bilal Siddiqui, MD, is board-certified in medical oncology and hematology. He completed his residency at Long Island Jewish Center, New York and his fellowship at IU Medical Center in Indianapolis.



Natraj Reddy Ammakkanavar, MD, is board-certified in medical oncology and hematology. Dr. Reddy attended medical school at Mysore Medical College in Mysore, India. Completed his residency at St. Luke's Roosevelt Hospital Center in New York City. He completed his fellowship in hematology/oncology with Indiana University Health.



Jennifer Zook, MD, is board-certified in radiation oncology by the American Board of Radiology. She graduated from medical school at Rush Medical College in Chicago, Illinois and received her residency training at Indiana University Medical Center. Dr. Zook has a special interest in the treatment of breast cancer.



Our cancer conference includes representatives from all areas of patient care.



Drs. Reddy, Zook, McCurdy, Uchman and Brockman discuss a case during the cancer conference.

MD Anderson
Cancer Network[®]
Certified Member

Our 3D mammography system is endorsed by award winning singer and breast cancer survivor, Sheryl Crow.



Study of Malignant Brain Tumors

An analysis by Jennifer Zook, MD, radiation oncologist

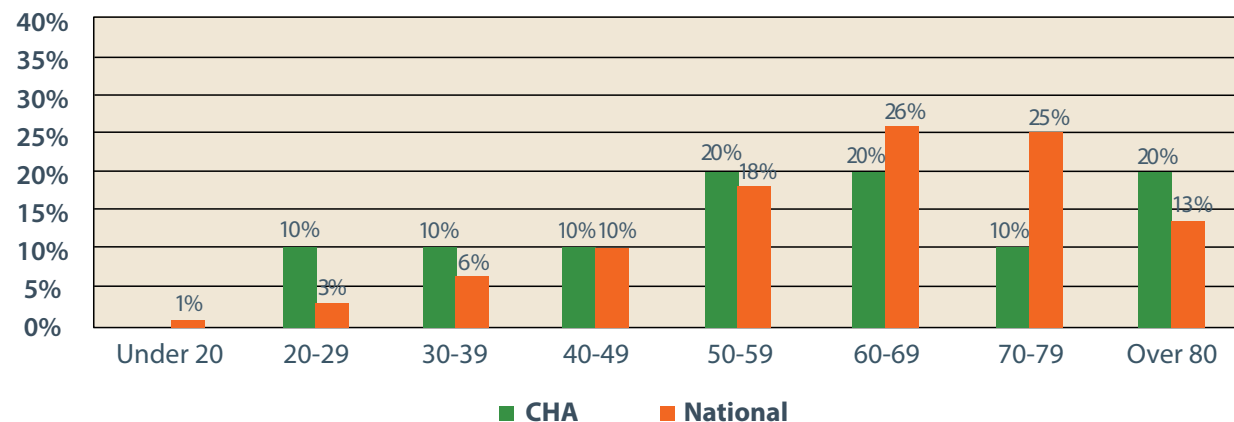
A Comparison of National Data (NCDB) and Community Hospital Anderson, looking at years 2011-2014 (The NCDB most recent data is from 2014)

High grade gliomas are malignant brain tumors including Grade III (anaplastic astrocytoma, anaplastic oligodendroglioma, anaplastic oligoastrocytoma, anaplastic ependymoma) and Grade IV (glioblastoma) tumors. Gliomas represent the most common primary brain tumor in adults. Treatment generally includes a combination of surgery, chemotherapy and radiation therapy.

An analysis was performed on the diagnosis and treatment of high grade gliomas from the years of 2011- 2014 at Community Hospital Anderson (CHA) compared to data from the National Cancer Data Base (NCDB) .

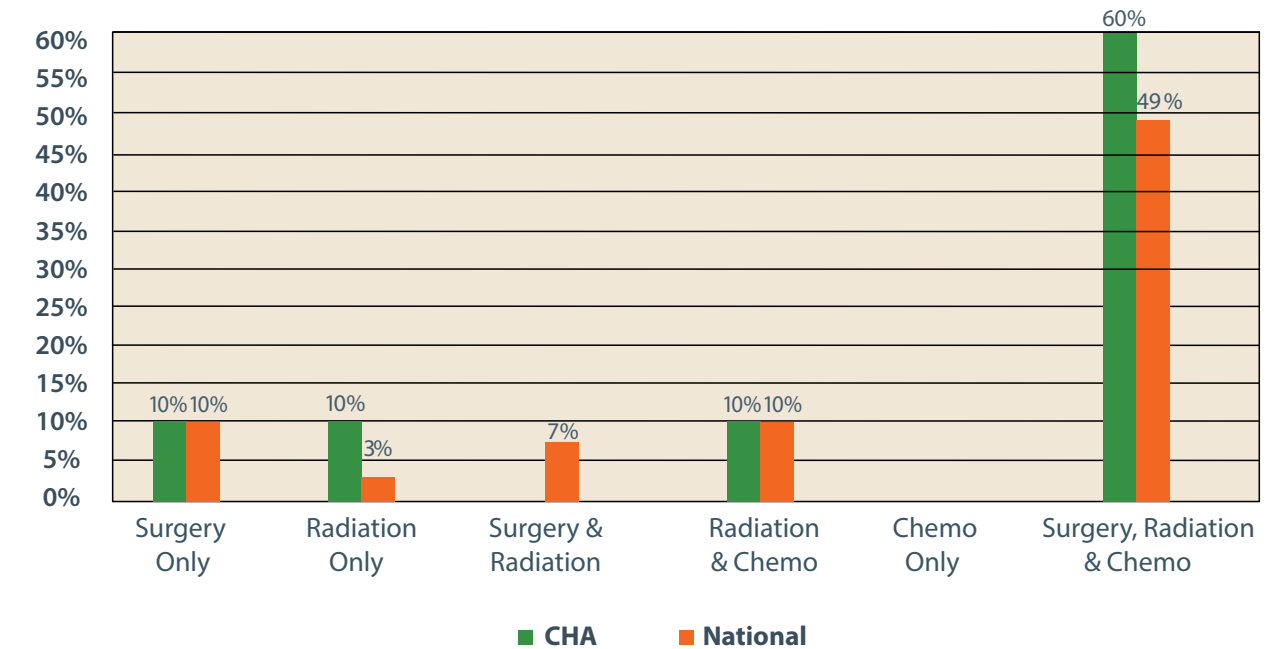
Below is a table looking at the age of diagnosis at CHA compared to the NCDB. When compared to the NCDB, the age of diagnosis in patients at CHA appears to be generally similar.

Age Comparison at Diagnosis 2011- 2014 to National Cancer Data Base



Below is a table looking at different treatments given at CHA compared to the NCDB. When compared to the NCDB, treatments appear to be generally similar.

Treatment comparison 2011-2014 to National Cancer Data Base



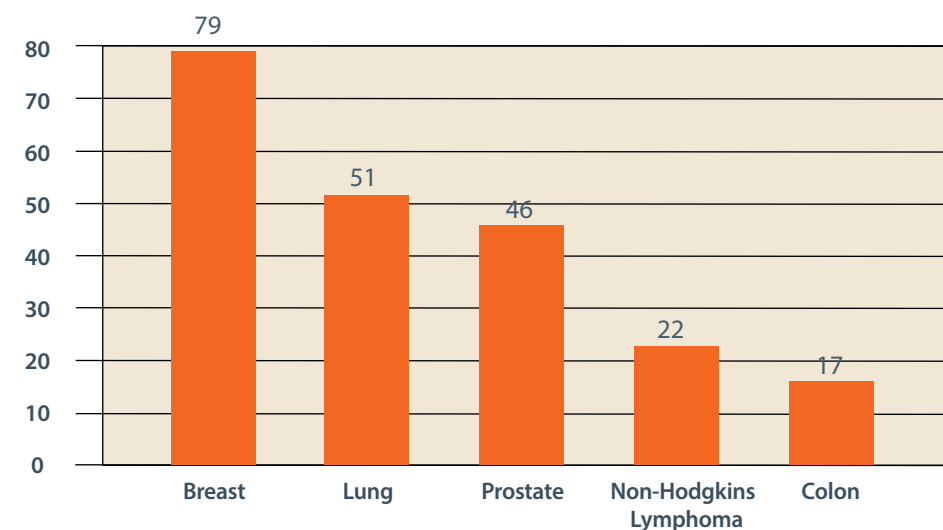
A look at Community Hospital Anderson’s Malignant High Grade Gliomas, comparing treatment to national treatment guidelines.

In addition to reviewing diagnosed cases from 2011-2014 and comparing them to the NCDB database, it was decided to review more recent diagnosed cases from 2015-2016 and compare received treatments to national guidelines. At Community Hospital Anderson, there has been an increase in the number of high grade gliomas that have been diagnosed and treated over the past few years due to the addition of a Neurosurgery program led by Dr. James Callahan and Dr. Daniel Kim. This second study was done to ensure that patients were receiving the recommended treatments compared to national guidelines. After reviewing all the patients diagnosed and treated during the years 2015-2016, 100% received treatment per national guideline recommendations.

2015 Annual Cases

Site	All	Female	Male
Breast	79	78	1
Lung/Bronchus	51	26	25
Prostate	46	0	46
Non-Hodgkins Lymphoma	22	17	5
Colon	17	12	5
Uterine	16	16	0
Leukemias	15	7	8
Rectum	15	4	11
Bladder	14	3	11
Kidney/Renal	13	6	7
Melanoma	10	3	7
Other/Unknown	9	3	6
Pancreas	9	4	5
Brain/Nervous System	8	4	4
Esophagus	7	2	5
Multiple Myeloma	6	2	4
Ovary	5	5	0
Cervix	5	5	0
Pharynx	5	2	3
Tongue	4	1	3
Thyroid Gland	3	3	0
Larynx	3	0	3
Stomach	3	1	2
Ureter	2	1	1
Vagina	2	2	0
Soft Tissue	2	1	1
Hodgkin's Disease	1	0	1
Eye	1	1	0
Testis	1	0	1
Vulva	1	1	0
Other Skin Cancers	1	1	0
Bones/Joints	1	0	1
Liver	1	0	1
Major Salivary Gland	1	1	0
TOTAL	379	212	167

Top sites



Stage at diagnosis

	In Situ	I	II	III	IV	Unk
Breast	9	31	21	5	5	8
Lung/Bronchus	1	9	2	15	20	4
Prostate	0	6	30	3	3	4
Non-Hodgkins Lymphoma	0	4	2	7	7	2
Colon	3	3	1	6	2	2

Age at diagnosis

	20-29	30-39	40-49	50-59	60-69	70-79	over 80
Breast	0	4	13	18	17	15	12
Lung/Bronchus	0	0	3	8	15	18	7
Prostate	0	0	0	12	14	17	3
Non-Hodgkins Lymphoma	1	0	2	4	4	9	2
Colon	0	0	1	3	5	4	4

Patient Navigation

Community Hospital Anderson's navigation program continues to grow each year. We now have four patient navigators. Michelle Anders and Angie Ledford, RN are the general oncology navigators. Jill Hensley, RN and Pam Davis, RN are the breast health navigators.

General oncology

Upon diagnosis, each patient meets with Michelle or Angie. The navigators work with all physicians involved in a patient's care to provide seamless navigation throughout their cancer journey. The navigators can be a patient's primary resource when they are unsure who to call or what to do in any situation. The navigator will help to ease the burden for the patient by connecting them with resources before, during and after treatment. Also, the navigation team continues to follow all patients, for at least five years after their treatment is completed, working with the patient's oncologist to provide a survivorship care plan. The navigators are always available for their patients and provide exceptional care outside of the direct patient care that we pride ourselves in already.

Breast health

Jill and Pam meet with every patient who has a breast biopsy. While many of these patients will not be diagnosed with cancer, the navigators are there to assist them and to provide support during an uncertain time.

Once a patient receives a breast cancer diagnosis, the navigators will coordinate her care – working with the primary care provider, surgeon and oncologists to make sure she is receiving all the necessary treatments. They provide educational materials. They check health and family history, making referrals for genetic testing when appropriate. The navigators continue to provide follow up on their patients for at least five years after treatment, and then work with the patient's oncologist to provide a survivorship care plan.

Jill and Pam are also active in the community, advocating for women's health. They speak to groups, encouraging all women to regularly receive clinical breast exams and mammograms. Both Jill and Pam are certified to provide free clinical breast exams by appointment.

If patients are uninsured or underinsured, the navigators can connect them with one of our programs to help pay for these services. Community receives grants that provide funding for screening and diagnostic mammograms as well as breast ultrasounds and biopsies. Community is a provider of the Indiana Breast Cancer/Cervical Cancer Program (BCCP) for women between the ages of 40-59.



L to R: Jill Hensley, RN, Angie Ledford, RN, Michelle Anders, Pam Davis, RN, Katie Elliott, Paula Bilyeu



Clinical research

Community Clinical Research Center conducts clinical trials in many specialties. Our patients benefit from this research by gaining access to new treatments before they are widely available. Also, research patients receive top quality medical care and close monitoring by board-certified physicians, as well as our clinical research staff.

Current trials:

- *University of Nebraska data study for personal and/or family history of breast cancer*
- *Hoosier Cancer Research Network – triple negative breast cancer study*
- *E7389-M000-219 – metastatic breast cancer study*
- *Janssen Cassini – blood thinner for patients first starting chemotherapy*
- *Bristol-Myers Squibb Research – lung cancer study*

Layne Jackson, RN, clinical research coordinator

Cancer Registry

Nancy Hunt, certified tumor registrar and Leigh Ann Hayes, work in cancer registry collecting patient data and entering it into a database. This is sent to the state registry and the national cancer database. This information is disseminated anonymously by the American College of Surgeons Commission on Cancer. Information provided through this database includes patient survival, age at diagnosis, staging at diagnosis and treatment. This data goes into a national database for local and national comparison. The cancer committee reviews the data annually.

Lymphedema

People who have had surgery to remove lymph nodes and/or radiation therapy are at risk for developing lymphedema, a condition that causes significant swelling of the arm or leg due to extracellular fluid buildup in that part of the body. Community Hospital Anderson's cancer program provides comprehensive lymphedema services, beginning with diagnosis. Community's navigators are trained to administer L-Dex, a measurement system that aids in the assessment of lymphedema. The L-Dex can diagnose lymphedema in its earliest stage, before symptoms are obvious to the patient or physician. Patients who are diagnosed are then referred to see our certified lymphedema specialist for treatment.



Leigh Ann Hayes and Nancy Hunt, CTR, cancer registrars

Cancer Genetic Counseling

Mutations are a factor in all cancers, but mutations associated with hereditary cancer syndromes can be inherited from a person's parents. It is estimated that inherited mutations play a role in the development of about 5 to 10 percent of all cancers. Cancers commonly associated with family history include breast, colorectal, ovarian, prostate and endocrine.

Patterns in family members may indicate a hereditary cancer syndrome. Some family history patterns that indicate an increased risk for a hereditary cancer syndrome are young age of cancer diagnosis, similar cancers in multiple family members, and certain combinations of cancer types. Genetic testing for hereditary predisposition to disease such as cancer can help determine the following:

- *If a person's condition is the result of an inherited syndrome.*
- *Whether or not family members have a suspected gene mutation.*
- *If a person with no symptoms has the same gene mutation as known carriers in the family, and is therefore at increased risk of developing disease.*
- *A person's chance of passing on a genetic disorder to children.*

Genetic counseling and testing is offered at Community Cancer Care by referral from an oncologist. The genetic counselor will counsel the patient and family on genetic testing and what testing options may be right for them.



Danielle Olney, RD

Nutrition

Danielle Olney, board certified oncology specialized dietitian, meets with patients before, during and after their medical and radiation oncology treatments to help them meet their survival and lifestyle goals. Chemotherapy can cause side effects such as a poor appetite, nausea, vomiting, diarrhea and/or constipation. Danielle assists her patients in curtailing these side effects and maintaining their lean muscle mass. She also reviews any potential nutrition related interaction that could occur with the various chemotherapy drugs and provides that education to the patient. Danielle provides tailored high calorie or high protein recipes to patients and offers nutritional guidance for those who must use a feeding tube.

Danielle's board certification helps solidify her experience in oncology nutrition and provides her with professional resources. To earn this certification, she was required to have at least 2000 hours of oncology experience in the past five years, two years of experience as a dietitian and pass an exam. She is one of only 16 certified oncology specialized dietitians in the state of Indiana.

Psychosocial therapy

A cancer diagnosis can be devastating, not just for the patient, but for his or her family as well. Jodi Nixon, PhD, psychologist, visits the cancer center each week. She meets with patients and/or their families, providing support and guidance during this difficult time.



Jodi Nixon, PhD, psychologist

The Comfort Shoppe

Our boutique provides the full shopping experience for breast cancer survivors and their families. The shop offers personally fitted forms, bras, bathing suits and lingerie. It also offers many hats, breast cancer gifts and inspirational items. Radiation/post-mastectomy garments, bras and breast forms are covered yearly by Medicare and most insurance plans. Judy Wood, certified mastectomy fitter, provides each patient with a personal consultation.

The Comfort Shoppe is conveniently located right next to Community Hospital Anderson's Women's Center. Our certified mastectomy fitter is available. Please schedule an appointment so that she can guarantee you receive uninterrupted service. Call 765-298-1622 for more information.



Judy Wood, The Comfort Shoppe coordinator, shows off some of the items from the shop.

Breast Center

Community Hospital Anderson's breast program is accredited by the American College of Surgeons, National Accreditation Program for Breast Centers. The breast health leadership team is responsible for goal setting, as well as planning, initiating, implementing, evaluating and improving all breast related activities. The Women's Center is accredited by the American College of Radiology and has been named an ACR Breast Center of Excellence.

Leadership Team

Jennifer Zook, MD, radiation oncologist,
breast program lead

Boguslaw Uchman, MD, pathologist

Bilal Siddiqui, MD, medical oncologist/hematologist

Roger Brockman, MD, diagnostic radiologist

D. Benjamin McCurdy, MD, general surgery
including breast surgery

Jennifer Nemunaitis-Keller, MD, OB/GYN

Marsha Sherrell, administrative director oncology

Carol Whitesel, RN, vice president of patient
care services

Beth Tharp, RN, president/CEO

Angel Lyons, RN, OCN, clinical director oncology

Pam Davis, RN, breast health navigator

Jill Hensley, RN, breast health navigator

Nancy Hunt, CTR, cancer registrar

Valarie Godfrey, RT (R) (M), women's center manager

Katie Elliott, oncology quality and
navigation manager

Jodi Nixon, PhD, psychologist

Layne Jackson, RN, clinical research coordinator

Pat Woods, RN, director case management

Stephanie Metz, PT, certified lymphedema specialist

Danielle Olney, RD, oncology specialized dietitian

Rebekkah Krukenberg, certified genetics counselor

Gloria Hoyle, PharmD, oncology pharmacist

Judy Wood, certified mastectomy fitter

Paul Brown, American Cancer Society

Sonia Smythe, RN, quality assurance

Brandy Hill, marketing/community relations manager

Funded breast programs

There are many women in our community who are uninsured or underinsured and cannot afford an annual mammogram, or the necessary follow up care. With a grant from the Indiana Breast Cancer Awareness/License Plate Grant (IBCAT), and as a provider of the Breast and Cervical Cancer Program (BCCP), Community Hospital Anderson's breast center has found the resources to provide services to these women. In 2015 we served 157 women with these funds.

Free Mammograms

-66 with IBCAT funds

-33 with BCCP funds

Free Breast Ultrasounds

-16 with IBCAT funds

-16 with BCCP funds

Free Pap Smears/Cervical Screenings

-26 with BCCP funds

For more information about the services available in our breast center, contact our breast health navigators at 765-298-1617.



Community Hospital Anderson hosted its annual Breast Cancer Survivors' Tea on Saturday, Oct. 8. Over 100 women attend every year and enjoy a relaxing lunch. All survivors receive a teapot each year.

Community's transport team provides valet service at the event.

Community Outreach Summary Report 2016

Community Outreach Coordinator: Angel Lyons, RN, OCN
Assisted by: Marsha Sherrell, Director

Prevention

Our 2016 prevention efforts focused on a specific disease site. Community Cancer Care continues to see the same number of breast cancer diagnoses each year in varying age groups and varying stages, although usually in early stage.

Community Cancer Care representatives conducted two speaking engagements in the community. The first was for Senior Access, a hospital-sponsored senior group for those over age 55. The speaker focused on the importance of monitoring breast health, having a clinical exam annually and continuing screening mammograms. The second speaking engagement was to a larger group of varying ages, which included men and women who live in low-income housing. We did a pre-test to see what kind of knowledge the group had prior to speaking and a post-test after speaking to the group. Again, information was presented about taking care of your body, having clinical breast exams and mammograms. Cancer statistics were shared with both groups. Guidelines from the American Cancer Society and the NCCN guidelines were shared with the groups. Between the two events, information was shared with 26 people. Throughout the year, the Community Cancer Care team also shares breast health information at other community events, health fairs and more.

Screenings

In 2016, our screening efforts focused on prostate cancer screening. Community Cancer Care saw 44 patients diagnosed with prostate cancer in 2014 and 57 patients in 2013. Although there has been a slight drop in the number diagnosed, and the patients are presenting mostly with Stage II disease, this is still a top site. An age comparison indicated that most men in the community are diagnosed between the ages of 60-79.

Onisuru Okotie, M.D., urologist conducted our prostate cancer screenings on Saturday, Oct. 1. Of the 50 men participating, 42 men had benign prostatic hyperplasia (BPH or an enlarged prostate gland) and 8 men had BPH and an elevated prostate specific antigen blood test and no other abnormal exam. All elevated PSAs were between 5-10 results. Forty-three or 86% of the men seen were between the ages of 60-79, which was our target audience.

Total Patients Seen	50
Ages: <39	1
40-49	0
50-59	6
60-69	21
70>	22
BPH Only	42
BPH and Elevated PSA	8
Abnormal Exam Only	0



The fourth annual Community Chefs was held on Saturday, Sept. 17, 2016 at the Anderson Country Club. The event, which raised money that partially benefited Community's cancer program, featured 60 men from the community, each offering a unique dish for attendees to sample.



The Community Hospital Anderson Foundation has provided incredible financial support for our cancer program.

The Foundation paid for the Serenity garden, located next to the medical oncology center in the 1629 building. The garden features beautiful landscaping, multiple seating options and a fountain. Patients at the medical oncology center can enjoy a view of the garden during their treatment, as the patient rooms all overlook it.

In 2016, the Foundation has purchased much needed equipment for the radiation oncology center, as well as a new television set for one of the treatment rooms.

A cancer diagnosis can lead to financial hardship for an individual or family. In addition to medical bills, cancer patients might not be able to work due to their treatment. The Community Foundation has provided gas cards to our patients to help ease their transportation challenges, and assisted with other hardships when our patients are having a difficult time. Easing these burdens for patients can help them to fully focus on their recovery.

For more information or to donate to the Community Hospital Anderson Foundation, call 765-298-5133.

Important phone numbers

Community Cancer Care/Medical Oncology	765-298-4220
Community Cancer Care/Radiation Oncology	765-298-4770
Oncology navigation	765-298-4232
Breast health navigators	765-298-1617
The Comfort Shoppe	765-298-1622
The American Cancer Society	800-227-2345

Web sites

Community Hospital Anderson	CommunityAnderson.com
American Cancer Society	cancer.org

Dates to remember

Madison County ACS Relay For Life kickoff	January 2017
World Cancer Day	February 4, 2017
Community Hospital Anderson Walk of Life	May 6, 2017
National Cancer Survivor's Day	June 4, 2017
Madison County ACS Relay For Life	June 9, 2017



**Community
Hospital Anderson**

CommunityAnderson.com

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