GROWTH is never by chance; it is the result of forces working together.
Looking back at the past year, Adena Cancer Center made some major strides in expanding and improving our care to patients throughout south central Ohio. We added physicians and providers, expanded our patient navigator service, added new clinical trials to give patients access to the most advanced treatments, and improved our call system to get back to patients quicker and more accurately.

AND WE CARED FOR MORE PATIENTS THAN EVER IN OUR HISTORY.

In this report, we look closer at some of our success stories. But the real success story is in how we have managed this growth while continuing to treat our patients as family. This is what we are most proud of — and what our patients say is most important to them.

I want to provide special recognition to the nurses, medical assistants, radiation therapists, nurse navigators, and all of our support staff for the job they do day in and day out. While physicians often get the glory, the fact is that it’s the entire team that individually and collectively delivers the highest quality of care in the most caring environment.

We are honored to treat you and your families and hope to continue making a difference in our community.

William Alex Wilson, MD
Medical Director, Adena Cancer Center
**WHY WE EXIST**

Cancer today must be fought on many different fronts, starting with prevention and understanding it is now a chronic condition that must be treated throughout life.

All of the analytic statistics are based on cases that are either diagnosed at Adena Health System or receive their first treatment at Adena. These are called analytic cases.

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### All Analytic Cases for 2017

Cancer cases seen by Adena Health System in 2017 break down like this:

- **59%**: Lung
- **13%**: Breast
- **9%**: Melanoma
- **9%**: Colorectal
- **9%**: Prostate
- **6%**: Bladder
- **4%**: Leukemia
- **3%**: Kidney
- **3%**: Head/Neck
- **2%**: Pancreas
- **3%**: Lymphoma
- **2%**: GYN
- Other: 13%

---

### Male Top 5 Sites

1. Lung
2. Prostate
3. Melanoma
4. Colorectal
5. Bladder

### Female Top 5 Sites

1. Breast
2. Lung
3. Colorectal
4. Melanoma
5. GYN

---

### Occurrence of Cancer by Site and Sex 2017*

<table>
<thead>
<tr>
<th>Site</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNG</td>
<td>97 (21.09%)</td>
<td>63 (15.56%)</td>
</tr>
<tr>
<td>BREAST</td>
<td>1 (0.22%)</td>
<td>114 (28.15%)</td>
</tr>
<tr>
<td>MELANOMA</td>
<td>52 (11.30%)</td>
<td>30 (7.41%)</td>
</tr>
<tr>
<td>COLORECTAL</td>
<td>32 (6.96%)</td>
<td>50 (12.34%)</td>
</tr>
<tr>
<td>PROSTATE</td>
<td>79 (17.17%)</td>
<td>N/A</td>
</tr>
<tr>
<td>BLADDER</td>
<td>41 (8.91%)</td>
<td>9 (2.22%)</td>
</tr>
<tr>
<td>LEUKEMIA</td>
<td>19 (4.13%)</td>
<td>14 (3.45%)</td>
</tr>
<tr>
<td>KIDNEY</td>
<td>18 (3.91%)</td>
<td>12 (2.96%)</td>
</tr>
<tr>
<td>HEAD/NECK</td>
<td>23 (5.00%)</td>
<td>6 (1.48%)</td>
</tr>
<tr>
<td>PANCREAS</td>
<td>18 (3.91%)</td>
<td>11 (2.72%)</td>
</tr>
<tr>
<td>NON-HODGKIN’S LYMHOAMA</td>
<td>14 (3.04%)</td>
<td>11 (2.72%)</td>
</tr>
<tr>
<td>GYNECOLOGIC</td>
<td>N/A</td>
<td>22 (5.43%)</td>
</tr>
<tr>
<td>ESOPHAGUS</td>
<td>8 (1.74%)</td>
<td>5 (1.23%)</td>
</tr>
<tr>
<td>ALL OTHER SITES</td>
<td>58 (12.61%)</td>
<td>58 (14.32%)</td>
</tr>
</tbody>
</table>

*Percentages are based on the total number of patients of that gender.

---

All results based on 2017 data taken from the Adena Cancer Registry and reported by Jaime Wisecup, RN, CTR.

*Percentages based on all male and female patients combined. Does not add up to 100% due to rounding.
The diagnosis was not what worried Karen Grow, 67. It was the treatment that was the cause of concern. Karen, who lived in Chillicothe for 40 years before moving to Waverly, had been diagnosed at Adena with thymoma, a type of cancer that grows in the chest. Her tumor was small but located under the chest bone. To remove it would require a sternotomy and three months of recovery, her physician told her.

Thankfully, there was an option. Kevin Radecki, MD, a thoracic surgeon who specializes in cancers of the lung and chest, had just joined the Adena medical staff. Using Adena’s da Vinci Xi robot, Radecki could perform the surgery through three small incisions next to Karen’s pectoral muscle. The procedure could be performed in less than an hour and would require only 10 days of recovery.

“The very next morning after coming home, I swept, did laundry, and made my bed,” says Karen, who just a week after surgery was busy crocheting scarves for local cancer patients and nursing home residents.

Radecki joined Adena’s team in December 2018. The addition has made a huge difference for patients. No longer do they need to travel to Columbus for state-of-the-art cancer surgery. Ironically, Radecki previously treated patients in Columbus. When colleagues recommended that he look south, he was pleasantly surprised.

“I was impressed with the resources Adena provides for the nine counties surrounding it,” Radecki says. “Adena has its own cancer center, and it’s part of a huge network of clinical trials that occur anywhere in the world so patients can stay here for the most advanced treatments. It surprised me and has been very rewarding to be able to help patients stay close to home for treatment.”

1,929 patients received a free low-dose CT lung cancer screen at Adena in 2018. Of those, 17 people were diagnosed with lung cancer.
In 2018, Senator John McCain lost his battle to glioblastoma, the most common and the deadliest form of primary brain cancer. Patients diagnosed with glioblastoma, or GBM, on average live just 17 months.

Adena Cancer Center is trying to improve those statistics. It recently added a new FDA-approved treatment to its arsenal to battle this fast-growing and lethal cancer. The treatment, called Optune, is a portable device that is worn on the head and creates low-intensity electric fields to slow or stop GBM cancer cells from dividing, and also may cause some cancer cells to die. The device is used in combination with chemotherapy.

“Our goal is to treat cancer patients with the latest approved therapies available, so we are pleased to add Optune as part of a combination treatment for those fighting GBM,” says Cancer Center Medical Director Alex Wilson, MD. “We also know how important quality of life is for our patients, and Optune is a therapy that allows patients to go about their daily activities with minimal disruption.”

In clinical trials, adding Optune as a form of treatment has proven to delay GBM tumor growth, and extend survival in newly diagnosed patients compared with chemotherapy alone. Other benefits for patients include lessening the effects of chemotherapy, which can include fewer infections, less nausea, decreased incidences of diarrhea, and lowered blood counts.
**CLOSE CALL**

*Without breast screenings, cancer is found later*

Who would know better than a mammographer about the importance of getting regular checkups for breast cancer? Marsha Baisden worked as a mammographer for eight years and during that time, she encouraged women to get their regular screenings. But Marsha, who is today the regional site director at Adena Health Center in Jackson, Ohio, didn’t heed her own advice until it was almost too late.

In 2016, Marsha felt a lump in her breast. The initially dime-sized cyst grew to the width of a quarter within one month. Her nipple inverted, and she had dimpling on the skin. Without having been to the doctor, Marsha knew exactly what was going on.

“I was scared, really scared,” she says. “But instead of facing it, I waited four more months before seeking medical treatment. I had a family vacation planned and paid for. I put off reality until I got back from our trip.”

After returning from vacation, Marsha went in for a mammogram and was biopsied the next day. She was soon diagnosed with invasive ductal carcinoma. Her treatment plan included surgery, 30 rounds of radiation, four months of chemotherapy, followed by a year on Herceptin chemotherapy medication. Marsha chose to have both breasts removed, a decision that saved her further treatment in the future once precancerous cells of a different type were found in the tissue of her right breast after surgery.

“I really screwed up,” Marsha says. “If I had gone sooner, I could have had a lumpectomy instead of a bilateral mastectomy. No one in the health system would know better to get a mammogram than me. I played with fire and have no excuses. I felt guilty and horrible.”

Marsha is now cancer-free with only a 5 percent chance of recurrence. “I’m OK with how I am now,” she says. But her message to women is even stronger today: “Quit making excuses. Go, take care of yourself. Get your mammogram.”

**Avoiding your regular mammogram can have serious, life-changing consequences**

“When I walk in the doors of the Adena Cancer Center, I feel like I belong here. Even when I come to just get blood work done, I am greeted with hugs. The team is wonderful and made me have a comfortable and wonderful experience. In the 12 weeks I was here, I never felt like a number. The staff truly made me feel brave.”
— Rebecca Crabtree, South Salem

“The whole team at Adena is wonderful. I wouldn’t want to go anywhere else for treatment. My nurse navigator was there every step of the way. The providers are excellent at explaining everything and helping me understand. My friends and family wanted me to choose other hospitals for my care. I chose Adena because it is close to home and more convenient for my family and me. Of course, I want the best treatment possible and I get that at Adena every step of the way.”
— Sherry Howard, Chillicothe
Seeing 3-D spots breast cancer better

Adena Regional Medical Center became the first health care provider in the region in 2018 to begin offering three-dimensional mammography to patients. Also known as tomosynthesis, 3-D mammography is a new screening technology that more accurately detects breast cancer.

Conventional mammograms provide doctors with a two-dimensional image of the three-dimensional breast. Overlapping layers of tissue can sometimes create unclear results, unnecessary callbacks, or worse, cancer can be missed.

“With tomosynthesis, there are several benefits to the patient,” says radiologist Bang Huynh, MD. “Because of its clinically proven increase in accuracy, tomosynthesis can help reduce false positive recalls for additional imaging, decreasing the patient’s stress and worry of the unknown, while increasing cancer detection rates.”

Tomosynthesis is proven to reduce unnecessary callbacks by 20-40 percent and increase the breast cancer detection rate by 30-40 percent, compared to conventional mammography.

“I actually was the one who told my doctor I wanted to go to the Adena Cancer Center for treatment. The care and education I received there put my mind at ease, and they made me feel like I was going to be OK.”

— Charla Mathuews, Chillicothe
PLANTING HOPE

Research at Adena opens new pathways for patients

Emerging treatments such as immunotherapy and targeted therapies may get most of the attention when it comes to cancer care. But often it’s the less glamorous options that make a larger difference in many more lives.

As part of the national Cancer Control Trials, Adena Cancer Center participates in clinical research meant to reduce the risk, incidence, and death rates of cancer, or to improve quality of life for patients.

“The Cancer Control Trials is an initiative that is meant to live outside” of university-based medical centers, says Alex Wilson, MD, medical director of the Adena Cancer Center. “More than 80 percent of cancer care is delivered in community cancer centers. These trials are expanding the scope of research beyond new therapies to making sure the knowledge about how to best care for cancer patients is followed.”

In 2018, Adena had 60 trials open to patients, including Cancer Control Trials that are investigating:

> Whether weight loss after breast cancer reduces the risk of recurrence
> Whether offering smoking cessation along with lung cancer screening will result in more patients quitting smoking
> Whether having metastatic colorectal cancer induces financial hardship as seen in a person’s credit rating
> Whether acupuncture could help relieve dry mouth resulting from chemotherapy

These types of studies aren’t to say Adena doesn’t participate in trials of emerging therapies. Currently, the center is participating in six drug and radiation therapy trials.

“The breadth of clinical trials we participate in is pretty unusual for a community cancer center,” Wilson says.

7.8% of patients at Adena Cancer Center participated in clinical trials, compared with 5% average for community cancer centers across the country.
Early Alert System

More than 100 Adena Cancer Center patients were referred for genetic counseling in 2018, double the number of previous years. Of those, 75 were tested and 13 were identified with hereditary cancer syndrome.

“Contrary to what most people think, there is less than a 2 percent chance someone will have hereditary cancer syndrome,” says Doug Smith, a certified nurse practitioner in Adena’s hematological oncology department who coordinates the genetic counseling program.

“But the whole reason for testing is to find those people and alert them to early screenings.”

Adena’s genetic counseling program was started in 2013 and is operated as a joint program with the genetic counselors at The Ohio State University’s James Cancer Hospital. The program is currently available only to patients at Adena Cancer Center who are referred by their treating physician, and also to immediate family members if the patient tests positive. In addition to finding 13 patients with hereditary cancer syndrome, several families were tested, identifying several people at higher risk of developing particular types of cancer.

“The reason we were able to double our numbers is the addition of two new medical oncologists, and the fact that we’re being more diligent in the Hematology Department about referring patients with blood diseases who also are at high risk of cancer,” Smith says.

In 2019, Adena plans to launch a pilot project to test surgical patients undergoing colonoscopies that reveal numerous polyps, which are precursors to colorectal cancer.

“We’re only looking at patients who are high risk, not someone who is scared but has a very low likelihood of testing positive,” Smith explains.

Genetic counseling can help assess risk so that patients get early screenings

Patients who have one or more of the following criteria may be referred for genetic counseling:

- Diagnosed before age 50 or diagnoses of multiple cancers
- 2 or more members of family diagnosed with same or related cancer, especially if younger than 50
- A known gene mutation exists in the family
- Diagnosed with a rare cancer, such as male breast cancer

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CREATING SPACE
New system helps decrease side effects of prostate cancer treatment

Prostate cancer is the second leading type of cancer in males treated at Adena Cancer Center, just slightly behind lung cancer. Prostate cancer also is the second leading cause of cancer deaths in men in the United States.

In 2018, Adena began offering a new tool to protect prostate cancer patients from some of the negative effects that radiation therapy can have on the rectum. The new technology, called the SpaceOAR System, pushes the rectum away from the prostate and away from radiation. By reducing radiation that hits the rectum, the technology helps decrease the risk of men having side effects such as pain during bowel movements, rectal urgency, bleeding, or loose stools during or after radiation treatment.

“We’ve gotten much better at determining which prostate cancers should be treated,” says Alex Wilson, MD, a radiation oncologist and medical director of the Adena Cancer Center. “But men are often reluctant to be treated due to the side effects. This technology allows us a way to reduce some of the side effects without reducing the effectiveness of the treatment.”

During prostate radiation therapy, the rectum is called the “organ at risk,” or OAR, which gives the technology its name. The SpaceOAR System reduces rectal injury in men receiving prostate cancer radiation therapy by acting as a spacer — pushing the rectum away from the prostate and out of the high-dose radiation region.

The hydrogel spacer is injected during a minimally invasive procedure, and — once in place — patients typically can’t feel it. The hydrogel remains in place for three months during radiation treatment, and is then absorbed and leaves the body in the patient’s urine — leaving nothing behind.

Prostate cancer is the second leading type of cancer in males treated at Adena Cancer Center, accounting for nearly 18 percent of all male patients.
Adena’s newest medical oncologist/hematologist has local roots

There’s something special about south central Ohio that seems to draw people back home. This was the case last fall when Vamsi Koduri, MD, MPH, was finishing his fellowship training in hematology and oncology at the University of Tennessee Health Science Center in Memphis.

Having grown up in Columbus, Koduri desired to move back home to be closer to family and friends. He also wished to be a part of an “up-and-coming” cancer center while he was caring for patients in an underserved area. Adena Cancer Center fit that bill, and he began treating patients here in October.

Koduri is both a hematologist and medical oncologist. He sees and treats solid tumor malignancies such as lung, colon, breast, renal, and esophageal, as well as many types of blood disorders like anemia, hemophilia, clotting issues, and hematologic malignancies, including leukemia, lymphoma, and myeloma.

Coming from a large university-based health system, Koduri relishes the opportunity at Adena to apply his skills to the patients he sees on a daily basis.

“Some of our patients haven’t seen their primary care doctor for a very long time, if ever. So this, coupled with high tobacco and alcohol rates in south central Ohio, often leads to later disease presentations, and more serious comorbidities,” he says. “This makes treatment more challenging, but also very rewarding.”

Koduri strives to give back to the community and make a difference — a desire instilled by his mother, who served as a psychiatrist at the Chillicothe VA for more than 25 years.
HIDDEN DANGER

Lack of symptoms hides cervical cancer

Draw a diagonal line through Jackson, Scioto, and Vinton counties, and you will find some of the highest rates of cervical cancer in the state. Rates in these counties are double to nearly triple the average rate for Ohio and the nation, according to data published by the Ohio Department of Health.

Cervical cancer once was the leading cause of cancer deaths in women. However, over the past 40 years, the number of cases of cervical cancer have dropped significantly, largely as a result of Pap test screenings, according to the Centers for Disease Control and Prevention. Because cervical cancer is caused by a virus known as human papillomavirus (HPV), screening can be done before it becomes cancerous, says Adena OB/GYN Kristin Colwell, MD.

“Up to 80 percent of abnormal Pap smears that are positive for high-risk HPV may be high-grade precancerous changes,” Colwell explains. “Through proper screenings, it can be detected early and even prevented.”

Without screening, women can develop cervical cancer without knowing it. Angela McKibben of Zaleski — smack-dab in the middle of this high-rate zone — was one of those. Angela was diagnosed with Stage 4 cervical cancer after going to her doctor for what she thought was constipation.

“Cervical cancer is asymptomatic, meaning just like in Angela’s case, there are usually no symptoms,” Colwell says. “Symptoms such as constipation and minor lower pelvic pain can be vague and not too specific. This is why getting your yearly pelvic exam is so important.”

By the time Angela’s cancer was found, it had spread to the bladder and the lymph nodes in the pelvic area. She completed six weeks of treatment at Adena Cancer Center, including chemotherapy and internal and external radiation therapy. Angela is now undergoing a second round of chemotherapy and hopes she can help prevent other women from following the same path by encouraging regular screenings.

“Women are always taking care of others, but sometimes we need to stop and remember to take care of ourselves,” Angela says. “Life happens, and everyone gets busy, but slow down, know, and listen to your body. Seeing your gynecologist before your health gets out of hand could save your life.”

Adena Nurse Navigators

help patients understand their diagnosis, get questions answered, schedule appointments, and connect with support resources.

Molly McLeland, BSN, RN
GI/Head and Neck

Barb Short, RN
GI/Head and Neck

Ashley Gilbert, BSN, RN
Lung/Thoracic

Tammy McManus, BSN, RN, OCNN
Lung/Thoracic

Holly Hooks, BSN, RN, OCNN
Women’s Health/Breast

Cathy Zeller, BSN, RN, OCNN
Women’s Health/Breast

PHOTOS: ©ISTOCKPHOTO.COM/SVETLANA-CHERRUTY; /CHANSOMPANTIP
Serene Care

Palliative care eases worries and pain

If Elise Armelle Ngalle, MD, could get just one message to cancer patients, it would be this: Palliative care is not hospice care; it is not about end-of-life care.

“The biggest misunderstanding about palliative care is that patients think we’re talking about stopping treatment and administering comfort care,” says Ngalle, the new medical director of Adena’s palliative care program. “Palliative care should be offered at all stages so patients can come through treatment with a more serene mind. In fact, we will be cheering for you to get better.”

Ngalle joined Adena in August 2018, immediately after completing her fellowship in palliative care at Jamaica Hospital Medical Center in Queens, N.Y. “When I came to visit, I was really impressed that most of the people I met had been here for a long time and they’re very passionate about what they’re doing. They’re also very involved in the community. I saw this as a system that really cares about the patients, and I wanted to be part of that.”

Adena’s palliative care program began in 2011 as a consultation service and opened a five-bed inpatient unit in 2014. Palliative care currently receives 800-850 consults per year. Adena has formed a steering committee to expand services to outpatients this year. An outpatient program would be particularly beneficial to cancer patients, Ngalle says, because most are not treated in the hospital unless they become very sick. “This would allow us to reach them sooner in the trajectory of their disease and help them longer,” she says.
OUR REACH

The caregivers at Adena Cancer Center cared for patients from 26 different counties in 2017.

Adena is planning to open 2 NEW cancer facilities in Washington Court House (2019) and Waverly (2020).
Adena Cancer Center offers a comprehensive team of specialists to care for cancer patients and provide support for their families. View biographies and videos of our team at adena.org/cancer.

MEDICAL ONCOLOGY

Vamsi Koduri, MD, MPH
Specialty: Hematology/Medical Oncology
Medical School: Wright State University Boonshoft School of Medicine
Residency: The Christ Hospital Internal Medicine Residency Program
Fellowship: University of Tennessee Health Science Center/West Cancer Center

Jeffrey Rose, MD
Specialty: Hematology/Medical Oncology
Medical School: University of Nebraska Medical Center
Residency: Wake Forest University Baptist Medical Center
Fellowship: University of Iowa

Ganapathy Krishnan, MD
Specialty: Hematology/Medical Oncology
Medical School: Thanjavur Medical College
Residency: Michigan State University
Fellowship: Michigan State University, Ingham Regional Medical Center

Jeyanthi Ramanarayanan, MD
Specialty: Hematology/Medical Oncology
Medical School: Sri Ramachandra Medical College and Research Institute
Residency: Mount Sinai School of Medicine
Fellowship: Roswell Park Cancer Institute

Kelly Marsh, CNP
Specialty: Hematology/Medical Oncology

Doug Smith, CNS, CNP
Specialty: Hematology/Medical Oncology

RADIATION ONCOLOGY

William Alex Wilson, MD
Adena Cancer Center Medical Director
Specialty: Radiation Oncology
Medical School: University of Kentucky College of Medicine
Residency: University of Kentucky
Fellowship: UK HealthCare Markey Cancer Center

Greg Thompson, MD
Specialty: Radiation Oncology
Medical School: Wright State University Boonshoft School of Medicine
Internship: Kettering Medical Center
Residency: University of Cincinnati
2018 CANCER COMMITTEE

Richard Ash, PharmD
Pharmacy Manager

Jennifer Bandy
Hospice Manager

Heidi Bell, RN
Psychosocial Services Coordinator; Medical Oncology Manager

Paula Benner, RN
Quality Improvement Coordinator

Diana Bond, RN
Community Outreach Coordinator

Bryan Borland, MD
Diagnostic Radiologist

Brooke Burns, MHA
Cancer Program Administrator

Rhonda Elliott, CNS
Palliative Care Nurse Specialist

Janine Gabis, RN, CTR
Cancer Registry

Holly Hooks, BSN, RN, OCNN
Cancer Conference Coordinator

Lisa Hughes, LSW
Social Worker

Laura Jackson, RD
Nutritionist

Karen Jenkins, MA
Rehabilitation Director

Stephen Johnson, MD
Urologist

John Karlson, Chaplain
Pastoral Care

Brandon Keys, MD
Surgeon

Vamsi Koduri, MD
Medical Oncologist

Ganapathy Krishnan, MD
Medical Oncologist

Seema Lale, MD
Pathologist

Thomas Lewis, MD
Dermatologist

Amy Magorien
American Cancer Society Representative

Julie Moore, RN
CDI Specialist

Elise Ngalle, MD
Palliative Care Medical Director

Tammy Ninnemann, MLT, CTR
Cancer Registry

Jeffrey Rose, MD
Medical Oncologist

Kate Shane, MS, LGC
Genetic Counselor

Michele Sigler, LSW
Social Worker

Doug Smith, CNS, CNP
Genetic Counseling Coordinator

Christin Spahn, MD
Surgeon

Mark Stiteler, RTT
Radiation Oncology Manager

Katie Suchy, RN
Clinical Research Coordinator

Greg Thompson, MD
Cancer Committee Chair; Cancer Liaison Physician; Radiation Oncologist

Richard Villarreal, MD
Obstetrician/Gynecologist

Alex Wilson, MD
Cancer Center Medical Director; Radiation Oncologist

Jaime Wisecup, RN, CTR
Cancer Registry Quality Coordinator

Erin Woltz, BSN, RN
Oncology Nurse; Chemotherapy Infusion Manager