

M.D. NEWS

A BUSINESS AND LIFESTYLE MAGAZINE FOR PHYSICIANS

Duke Health Raleigh Cancer Center

Compassionate and Personalized Care



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That the Research Triangle—Raleigh, Durham and Chapel Hill—offers access to arguably the nation’s best health care, boasting two academic medical centers and their world-renowned physicians, is well-known. However, for patients living in this area, realizing that access can be daunting. As citizens of the Triangle know, traveling to these points of care, especially during periods of illness, can be difficult. Sometimes, for patients living miles away from these great centers, it seems that access to this care is a distant dream, both in terms of geography as well as understanding how to navigate what may seem a tangled web of treatment.

Duke University Health System has made great inroads to solve these two problems, to make the distant dream an immediate reality. No greater example can be offered than that of the Duke Health Raleigh Cancer Center (DHRCC). A dream in 2002, the DHRCC is now a reality that has changed the face of diagnosis, the course of treatment and the experience for cancer patients. Raleigh residents have embraced the center, which is fully accredited by the American College of Surgeons’ Commission on Cancer and provides the top-notch care of one of the world’s best academic medical centers in an immediate, local environment.

The DHRCC is located on Wake Forest Road on the campus of Duke Health Raleigh Hospital. The new facility was created not only by architects, but also by a team of

individuals including physicians, professionals and patients. Yes, DHRCC offers state-of-the-art care and access to advanced clinical trials, many of which are offered exclusively through Duke Oncology programs, but it strives to go far beyond the technical aspects of treatment. The DHRCC offers cancer patients a new kind of assistance: it helps patients navigate the course of treatment with its innovative Patient Navigator Program. Further, patient education and community awareness activities are provided in a sophisticated yet accessible way.

The center is multidisciplinary, with physicians and other professionals providing expertise at a myriad points along the disease continuum. These clinicians work together as a team to ensure that the patient and his or her treatment is the primary focus of every function. The result is an almost seamless delivery of cancer care that is provided more efficiently and more effectively than ever before in Raleigh.

Physicians, nurses and other health providers gather at a recent tumor conference meeting. This group meets each Friday morning and is designed to improve patient care through a multidisciplinary discussion regarding treatment options, available clinical trials and research pertinent to patient cases presented each week.



THE MEDICAL COMMUNITY IDENTIFIES A NEED: THE DHRCC IS BORN

Five years ago, Duke Health Raleigh Hospital administrators and community physicians began discussions on building a cancer center in North Raleigh. Since private practitioners provided the vast majority of oncology services in this area, the center’s success would depend on their involvement. “The physicians recognized a community need for comprehensive cancer services,” explains Center Director Todd Sigmon. “Outstanding surgical and diagnostic resources were already available in the local community;





Top: Dr. Gina Vaccaro, Duke Hematology/ Oncology of Raleigh, discusses treatment options with a patient. Right: Duke Health Raleigh Cancer Center is a brand-new 23,000-square-foot facility with state-of-the-art equipment and a highly trained, caring staff. The center includes radiation oncology, hematology/oncology and gynecologic oncology services.



what was needed was the medical and radiation oncology expertise to provide the cornerstones of cancer treatment.”

Partnering with Duke Medicine, whose Comprehensive Cancer Center is one of the top 10 cancer hospitals in the United States according to *U.S. News & World Report's* “America’s Best Hospitals” survey, provided an opportunity for the medical community in Raleigh to meet the needs of its neighbors in a way that would ensure exceptional care.

A surgeon at Wake Surgical Center, Dr. Kirk Faust is the center’s medical director and chairman of the cancer committee and was a primary voice behind the center’s inception. “We wanted to build a new kind of center for Raleigh and Greater Wake County, a place that would be innovative and vibrant,” he recounts. “We wanted a fresh start. So, we started from the ground up.”

With many resources to draw upon, a core group of physicians, both community and Duke doctors, set out to realize their vision. “We wanted to bring Duke to Raleigh,” Dr. Faust continues. “We wanted to replicate the multidisciplinary approach that had made the Duke Comprehensive Cancer Center one of the best centers in the nation, and we wanted to bring those resources together in Raleigh.”

Dr. Catherine Lee had been practicing radiation oncology at Duke University since 1992. When Duke purchased Raleigh Community Hospital, Dr. Lee grew increasingly interested in developing the cancer services in North Raleigh because, as a resident of Garner, she could serve patients closer to her home and family. “We wanted to provide Duke’s high standard of care locally in a private hospital setting.”

In the following years, as physicians were recruited and services expanded, hospital leadership realized that in order to create a comprehensive center, support services needed to be brought in and coordinated. Mr. Sigmon was hired in August 2002 and began to put the pieces together. To be accredited, the center needed to build a tumor registry, hire social workers, ensure that pastoral care was provided in the hospital, and coordinate rehabilitation and lymphedema services.

“Ultimately, the center has provided more opportunities for the citizens of Raleigh to access top-quality care,” confirms Dr. Fidel Valea, associate professor in obstetrics and gynecology at Duke. Having become part of the center in 2004, Dr. Valea and

his partners provide gynecologic oncology care seven days a week, 24 hours a day, a service that is brand-new to this area. “We want to be here for the community physicians who refer their patients to us, providing consultative services to them when they need them, in a convenient and accessible way.”

PATIENT NAVIGATORS: HELPING PATIENTS STEER THE COURSE OF TREATMENT

Begun in October 2004, the Patient Navigator Program offers one-on-one support in managing each patient’s course of treatment with ease, comfort, and confidence. From diagnosis through treatment and beyond the patient navigator is there to help the patient face the many challenges that come with a cancer diagnosis. Having a patient navigator provides cancer patients with high-quality medical care in a timely and efficient manner while also giving them and their families the support and encouragement they need to cope with a cancer diagnosis.

“For patients who have been recently diagnosed with cancer, treatment generally spans many different parts of medicine represented by anywhere from five to eight physicians,” explains Mr. Sigmon. “Additionally, many tests are required, each necessitating different preparations by the patient, each being analyzed by a different clinician. Understanding what is going on, with so much involved, can be difficult for patients. The patient navigator serves as a coordinator and overarching voice, explaining what is going on at each step of the process.”

The program was developed in answer to requests from cancer physicians and surgeons for assistance in managing increasingly complex treatment plans. “Because the idea came from the medical community,” describes Mr. Sigmon, “we were able to obtain instant buy-in from physicians. They have trust in the program, which allows them to participate with confidence.”

Dr. Lee recognizes the assistance the program offers to referring physicians. “The amount of time that physicians and their staff must give to scheduling and coordinating care has increased tremendously. Arranging appointments and handling the associated logistics is very time-consuming. By coordinating all of a patient’s care, the patient navigator reduces the time referring physicians must spend doing this task.”

Pulmonologist Dr. Ted Kunstling of Raleigh Pulmonary & Allergy Consultants also appreciates the service as a referring physician. “When I first began practicing, if a patient received a cancer diagnosis, he or she was usually hospitalized. Therefore, all ensuing tests and examinations leading up to surgery or other treatment were conducted from the hospital bed. Records were kept in a central location,” he says.

Dr. Kunstling says that today the majority of a patient’s treatment is delivered in an outpatient setting. The patient and his or

sional experience and have received certification as breast health specialists. They provide patients with the tools they need to cope with a diagnosis of cancer with confidence, building upon the strengths of each individual patient.

Despite their professional credentials, which are important, these two patient navigators offer something that is not captured by diplomas and formal education: a natural charisma. All who work with these two individuals provide remarkable descriptions of not only the services they provide, but also what unique and dynamic women they are. “You simply want to be around them. For a patient struggling with a cancer diagnosis, having one of these individuals on his or her side is an enormous comfort,” says Mr. Sigmon.

“As a two-time breast cancer survivor, I always felt that I wasn’t ready to go, that there was something else I needed to do,” shares Ms. McQueen. “Having gone through cancer myself, when so many people helped me, I wanted to give back. I wanted to help others like I had been helped. I wanted to work with cancer patients.”

The hardest part of having cancer, she explains, is the waiting. “First, your physician tells you that you might have cancer and a test is ordered. Then, you wait for the results. Then, you will probably need another test to determine the extent of the disease. That means more waiting. Then, more doctors, more tests and, yes, more waiting. All of this waiting really takes it out of you; it is incredibly frightening.”

One of the primary goals of the Patient Navigator Program is to reduce these wait times. The patient naviga-

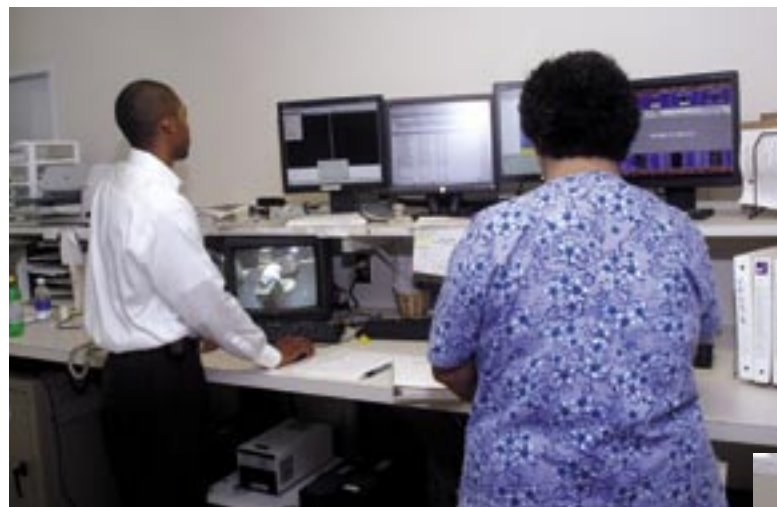


PHOTO BY JOE GIERISCH OF THE CREATIVE IMAGING

Top: Medical Physicist Charles Curle and Radiation Therapist Angie Roque monitor a patient during radiation treatment. Right: Radiation Therapist Angie Roque prepares a patient for radiation treatment on the linear accelerator.

her records may travel to a number of physicians and locations, creating a huge logistical problem. “The Patient Navigator Program has provided a real solution by serving as that central location for information for patients and physicians,” he said.

DHRCC has two patient navigators who care for patients diagnosed with cancer. In addition to navigating appointments and treatment schedules, they provide patients with education and emotional support and are always available to answer questions. As Mr. Sigmon describes, they serve as the primary resource for patients and the people who care for them. “The role is unique: our patient navigators blend the functions of the case manager, registered nurse, social worker, educator, scheduler, financial counselor and guide.”

DHRCC’s patient navigators are Julie McQueen and Brenda Wilcox. Ms. McQueen is a certified health education specialist and two-time breast cancer survivor. Ms. Wilcox is a registered nurse who is OCN-certified. Both have more than 20 years of profes-



tor works with the physicians and labs to coordinate examinations and testing, scheduling them close together, in the same day if possible. After the visits, the patient navigator follows up with the patient within 24 hours. “While it is better to get all of the tests over with, doing them so quickly can be overwhelming. We are here to provide answers, to ensure that the patient understands what each test is for and what the results mean.”

Dr. Kunstling says, “Sometimes patients forget to ask all of their questions when they are with their physician, or they think of new

questions after their visit. The patient navigators are able to answer these questions quickly; patients no longer have to wait for a physician to get back to them.”

Gena Ram, a breast cancer survivor first referred to the center in fall 2004, is a strong proponent of the program. “When I was diagnosed with breast cancer, the timing could not have been more problematic. I had recently returned from China, where I had been fortunate enough to adopt a baby girl. My family structure, with my new little girl, had changed dramatically. Then, to find out I had breast cancer was not only scary for me, but also incredibly intimidating.”

Ms. Ram was assigned to Ms. McQueen for patient navigation services. From the beginning, when Ms. Ram elected to undergo a double mastectomy, through the chemo and radiation treatments that followed, Ms. McQueen was by her side. “Julie was the voice of calm,” describes Ms. Ram. “The fact that she is a breast cancer survivor made me feel that she knew exactly what I was going through. As a mother, she could share with me my concerns for my daughter and family. In addition to helping me understand and navigate my treatment, she told me about support groups, gave me a pat on the shoulder when necessary, provided me with emotional support and was able to give me whatever it was I needed.”

Ms. Ram recently visited the center for her six-month check-up. “I stopped by Julie’s office to say hello. Just hearing her voice again gave me a sense of calm. We talked together while my daughter happily made a wreck of her office. Julie didn’t mind; she was all smiles, as she had been from the beginning. She was my anchor in a very choppy sea.”

Services provided by the patient navigators, offered at no charge to the patient, include:

- Scheduling appointments
- Communicating with physicians
- Helping patients understand their diagnosis and plan of care
- Managing treatment schedules
- Providing educational information on a variety of topics of interest to the patient and family
- Offering advice on common concerns of cancer patients
- Resource identification and referral
- Providing support group information
- Offering information on clinical trials
- Answering questions; listening

“Every patient has different needs. I may help one patient with financing his care and another with having a wig fitted. Some patients have a vast support group of family and friends. But others don’t have anyone. I provide that support to them,” says Ms. McQueen. “Often the patients just want someone to answer the question, ‘Is it normal for me to be feeling this way?’ They don’t necessarily need to talk with their doctor. They simply need the calm reassurance we provide when we say, ‘Yes. That’s normal.’”

STATE-OF-THE-ART EQUIPMENT AND ACCESS TO THE LATEST CLINICAL TRIALS

DHRCC provides three specialty services, hematology oncology, radiation oncology and gynecologic oncology, under one roof.

Dr. Gina Vaccaro of Duke Hematology/Oncology of Raleigh finds this a great convenience. “Having all the specialties together is beneficial for the patient. They can easily access the care they need without burdensome logistics.”

DHRCC is housed within a new, patient-friendly 23,000-square-foot center. Conveniently located in North Raleigh, just one block north of the I-440 Beltline on Wake Forest Road, the center offers access to the very latest therapies, including expert surgery, state-of-the-art radiation treatments, and clinical trials of emerging treatment approaches. “The purpose of the facility is to provide a place where physicians and professionals and state-of-the-art equipment can be housed under one roof,” describes Mr. Sigmon. The center provides collaborative care that brings together the expertise and perspectives of physicians from a variety of specialties and disciplines.

Another attribute of the center is that it offers patients the opportunity to be a part

of clinical trials that are not available to patients outside of the Duke system. With access to the most current research, the center’s physicians are able to recommend protocols that may be beneficial to patients who have been screened for eligibility.

“One terrific aspect of the center is that it offers space that facilitates communication and dialogue, something that is critical to achieving superb treatment,” adds Mr. Sigmon. “The physicians have rooms where they can confer on specific cases.” The tumor board, comprised of physicians from many specialties, convenes every Friday, for example, at 7:00 a.m. Individual patient cases are discussed, with each team member providing his or her valuable expertise. In this way, the patient receives a treatment plan that has been developed collaboratively.



A surgeon at Wake Surgical Center, Dr. Kirk Faust is the center’s medical director and chairman of the cancer committee.

Dr. Vaccaro finds the conferences to be extremely valuable. “Taking this multidisciplinary approach ensures that the patient receives the best possible course of treatment. Especially with the more difficult cases, we can confer with our colleagues in surgical, medical and radiation oncology to make sure we are choosing the best path for care.”

The center also has space in which community events can be held. “We’ve several educational programs; for example, we held a colorectal cancer event where we distributed screening kits. We also offered a skin cancer screening event, numerous breast discussions and lectures on lung cancer, and, last year, we had more than 100 participants for our event focused on prostate cancer.” Holding these events within one facility makes it more convenient for patients and allows the center to build its presence in North Raleigh as an information resource.

DHRCC is also actively involved in community events and fundraisers for oncology awareness and research initiatives. In 2005, the center sponsored and participated in the second annual North Raleigh Relay for Life benefiting the American Cancer Society and the ninth annual NC Triangle Race for the Cure, which raises money for breast cancer research through the Susan G. Komen Breast Cancer Foundation. The center also partnered with



the Duke Comprehensive Cancer Center for the third annual Gail Parkins Memorial Ovarian Cancer Awareness Walk in September to benefit the GYN Oncology Program of the Duke Comprehensive Cancer Center and Duke Health Raleigh Cancer Center.

Additionally, the center offers support groups, including a bi-weekly breast cancer support group, as well as programs through the American Cancer Society, including a monthly program, “Look Good, Feel Better,” and a quarterly series, “I Can Cope.”

DUKE-QUALITY CANCER CARE DELIVERED LOCALLY

Blending the best of academic medicine with the local needs of North Raleigh, the DHRCC offers patients quality medicine in

their own community. A large part of cancer therapy is surgical and diagnostic; the community’s physicians provide these services. The center provides a place to coordinate these services with all the other aspects of care that are needed for effective treatment.

The Duke connection is a definite plus for patients. “The association with Duke provided me a feeling of security,” explains Ms. Ram. “I thought, ‘This is Duke, so this is serious medicine. I can’t do any better than this.’ That gave me confidence in my physicians and my course of treatment.”

The center continues to be innovative and vibrant, just as Dr. Faust first envisioned. “We are always on the lookout for new ways to enhance the care we provide our patients. We work with the American College of Surgeons and community health programs to offer new treatments and integrate the state-of-the-art with the tried-and-true. Through our affiliation with Duke, we hope to



PHOTO BY JOE GIERISCH OF THE CREATIVE IMAGING

Left: Patient Navigator Brenda Wilcox (R) talks with a patient about support services at the Cancer Center. The patient navigators help coordinate cancer patient care by making appropriate referrals and appointments, distributing information among a patient’s caregivers, and serving as a resource for patient questions and concerns.

Top: Patient Navigators Brenda Wilcox (L) and Julie McQueen (R) guide patients through their course of therapy and serve as central points of contact for patients and physicians.

recruit more and more patients from Raleigh into clinical trials to help with research efforts.”

And, with the Patient Navigator Program, the center becomes even more than just the place where disease is treated. It becomes the place where a person is healed. “The center exceeded my expectations,” says Ms. Ram. “I am more than just a disease, and the center’s professionals knew it.”

“The center’s staff is phenomenal,” adds Dr. Lee. “Each member of the staff is focused on the patient—they know patients by name. Patients feel that they have a team behind them, and, in fact, they do.”

For more information about the Duke Health Raleigh Cancer Center, please call the patient navigators at (919) 954-3587 or (919) 954-3877 or visit www.dukehealthraleigh.org.