THE University of Vermont MEDICAL CENTER

Cancer Committee Annual Report 2016

From the Cancer Committee Chair

The University of Vermont Medical Center Cancer Committee oversaw several initiatives this year aimed at improving the patient experience, connecting more patients to needed services and enhancing our quality of care. Goals achieved this year include:

- The development of a collective ideal patient encounter in our Cancer Center. A key success factor in this work was the involvement of two highly engaged patient and family advisors. This work led to the development of three work groups addressing priority areas for process improvements and will continue into 2017.
- Increasing referrals to oncology rehabilitation. We were able to increase our numbers by more than 40%, connecting more patients than ever to these important services including our Steps to Wellness program which celebrated its fifth year of service this summer.
- To support the delivery of evidence-based care we engaged a multidisciplinary group of physicians in the selection of an oncology clinical pathways program. Planning for the implementation of this program is now underway and will involve our partners in the pharmacy as well as our clinical trials office.

As a continuing testament to our dedication to providing the highest quality care, our Radiation Oncology department achieved accreditation from the American College of Radiology, our Stem Cell Transplant program achieved reaccreditation through the Foundation for the Accreditation of Cellular Therapy and our cancer program was reaccredited through the American College of Surgeons, Commission on Cancer.

As an institution, we made great progress this year in developing disease-specific transdisciplinary teams (TDTs). TDTs provide a forum for treatment teams to partner with researchers and academic scholars, nurses and others to formalize a clinical research strategy, including clinical trial activity, based on local expertise and unmet needs for patients in our region. Our Cancer Committee and TDT structure began to integrate around key areas such as quality improvement this year and we are planning more ways to integrate in 2017.

As you review our 2016 annual report, please join me in celebrating our successes and in looking forward to the new year ahead. It will be a year in which we continue to focus on providing outstanding interdisciplinary care to our patients while supporting our education and research missions.

Michelle Sowden, DO, FACOS

Surgical Oncologist & Chair
UVM Medical Center Cancer Committee

Transdisciplinary Teams and Leaders

Breast Oncology:
Seth Harlow, MD

Cutaneous Oncology/Melanoma:
Chris Anker, MD

Ear, Nose and Throat (ENT):
Bill Brundage, MD

Gastrointestinal Oncology:
Steven Ades, MD, MSc, FRCPC

Genitourinary Oncology:
Scott Perrapato, DO

Gynecologic Oncology:
Cheung Wong, MD

Hematologic Oncology:
Chris Holmes, MD, PhD

Lung Oncology:
Garth Garrison, MD

Pediatrics: Alan Homans, MD

Sarcoma: Alexandra Kalof, MD

Pathology Liaison:
Mark Fung, MD, PhD

Radiology Liaison:
George Gentchos, MD

Transdisciplinary Team Highlights

The **Hematologic Malignancy TDT** is working to develop a translational research program for patients with leukemia. We have been fortunate to have **Dr. Elvira Umyarova** join our group to champion the care of these patients and our translational research efforts. We have updated Standard Operating Procedures (SOPs) this year that allow the seamless collection of inpatient bone marrow samples for translational studies. These SOPs involve colleagues in the pathology laboratory as well as basic research laboratories.
- Chris Holmes, MD, PhD

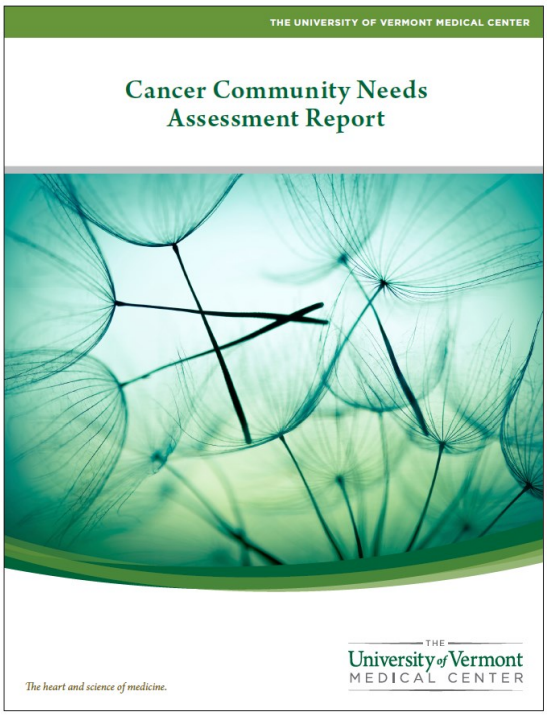
The **Gastrointestinal Oncology TDT** moved to weekly tumor boards this year, focusing on lower GI on the first and third weeks, and upper GI in the second and fourth weeks. In addition to weekly tumor boards, we now have weekly multidisciplinary clinics to improve our capacity and ability to see patients on short notice. The liver group has also coalesced under **Dr. Carlsos Marroquin's** leadership. Liver rounds are truly becoming multidisciplinary with regular involvement by hepatology, interventional radiology, surgery, medical oncology, radiation oncology, and now pathology. A happy consequence of our collaboration was the recent awarding of pilot intramural funding to **Dr. Steven Lidofsky** for his proposal "Magnetic Resonance-Based Determination of Hepatic Steatosis for Optimization of Outcomes Following Surgical Resection of Liver Metastases."
- Steven Ades, MD, MSc, FRCPC

The Melanoma TDT agreed to officially change the group's name to "Cutaneous Oncology/Melanoma TDT" to reflect the increasingly large number of cases this team discusses with histologies other than melanoma. A change in the TDT meeting time has allowed an increase in the number of dermatology faculty available to attend, and we thank them for the significant value they bring to the conferences.
- Chris Anker, MD

Current information about TDT's including meeting schedules can be found here.

GENOMIC TUMOR BOARD LAUNCHED

Under the leadership of **Nikoletta Sidiropoulos, MD,** Medical Director of Genomic Medicine and Clinical Informaticist, Department of Pathology and Laboratory Medicine, a Genomic Oncology Tumor Board was launched this year . Attendance is encouraged for those interested in cancer and molecular biology and the aim is to foster a forum for bringing the clinical and research experts together to organically facilitate clinically relevant research on campus.



Cancer Community Needs Assessment

The Cancer Committee conducted a 3-year needs assessment working with the Center for Rural Studies (CRS) at the University of Vermont to better understand the community and its related needs.

Priority areas identified include:

- Reducing disparities in cancer care, quality and access
- Increasing rates of preventive screening and early detection
- Continuing to improve cancer directed therapy and supportive care after treatment

This assessment will be used to help establish areas of focus for program development. The full report can be found here.

Community Outreach, Prevention and Screening

This year a number of community outreach, prevention, screening and educational activities were held with an aim toward decreasing the cases of cancer in our region. Tobacco cessation was a focus of Cancer Committee with 11 workshops with more than 60 participants held by the UVM Medical Center Community Health Team Tobacco Treatment Specialists. Workshops follow the American Cancer Society “Fresh Start” curriculum and are held as part of the Vermont Quit Network.

The Community Health Team also worked to address obesity/BMI and the risk for diseases associated with obesity in Vermont by offering support and guidance for clients motivated to improve their health. A team of CHT health coaches and registered dieticians work with clients on diet and behavior modifications. Through a partnership with local health clubs, enables clients to begin a personal exercise regimen supported by a trainer. In the first half of the year alone, over 1,000 people were referred for health coaching.

The Lung Cancer Screening program, accredited through the American College of Radiology, continued to offer a key screening service this year. More than 800 patients were screened during our fiscal year 2016, with 14 patients who were found to be positive for cancer with a goal to catch cancer earlier.

Two of the University of Vermont Cancer Center’s signature community events, the Women’s Health and Men’s Health Cancer events were successfully held again in 2016. The Women’s Health event drew near record attendance with close to 800 professional and general public participants.

Studies of Quality —Spotlight on VTE Prophylaxis

The Jeffords Institute for Quality supported the Cancer Committee in conducting three studies in 2016. Studies included improving processes for distress screening, developing a system for measuring acuity in patient navigation and a study aimed at reducing thrombosis risk for cancer patients initiating chemotherapy at the UVM Cancer Center.

VTEPACC (Venous Thromboembolism Prevention in the Ambulatory Cancer Clinic) is a program initiated to address the 4-6 fold increase risk of venous thromboembolism (VTE) in patients with cancer. Cancer patients receiving chemotherapy have a 12% risk of developing a VTE within the first 3 months of treatment. The program consists of a retrospective review of UVM Medical Center bleeding and thrombosis rates in cancer outpatients initiating chemotherapy as well as a prospective intervention study. A unique aspect of the program is the coordinated patient care offered by combining the strengths of the thrombosis and cancer programs to benefit the patient

Initial data from the retrospective study—Clinical data was assessed from the UVM Medical Center's electronic medical record and hospital data warehouse covering the time period of 2012-2014. The purpose of this retrospective study is to analyze this 2012-2014 data to calculate incidence of VTE and hemorrhage in patients with cancer diagnosis beginning chemotherapy treatment.

VTE and Hemorrhage

Year	Total # of patients who started chemo	# (%) of patients who developed VTE	# (%) of patients who developed a hemorrhage	Possible death within 28 days
2012	592	68 (11.5%)	32 (5.4%)	17
2013	651	81 (12.4%)	42 (6.6%)	20
2014	650	63 (9.7%)	41 (6.3%)	16
Three Year Total	1893	212 (11.2%	116 (6.1%)	53

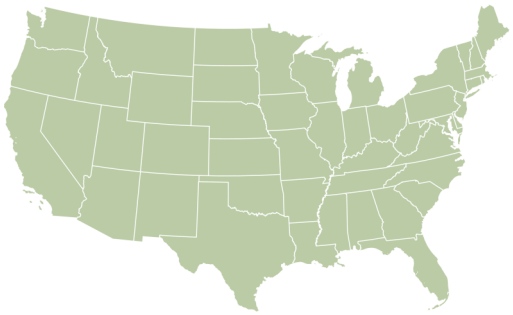
TEAM MEMBERS

- **Medicine, Hematology/Oncology**
  Steve Ades MD, Gretchen Bates RN, Brandi Betcher, Mary Cushman MD, Kate Devine RN, Chris Holmes MD, PhD, Nicholas Jaidar, Yongli Ji MD, Susan Lakoski MD, Karen Libby RN
- **Jeffords Institute for Quality**
  Joan Blondin QC, Mike Gianni, Allison Kaigle Holm PhD, Beth Paquin RN, QC
- **Prism**
  Emily Ferris

- **Prospective Results** The purpose of this research is to determine if the VTEPACC intervention program is successful in decreasing the number of VTE occurring among cancer patients starting chemotherapy without significantly increasing bleeding risk or worsening quality of life. An initial planned implementation phase occurred from October 1, 2015 to March 31, 2016. Data related to referrals, VTE education, anticoagulation use as well as the planned outcomes of thrombosis as well as bleeding is extracted twice weekly and available for review by the study team. Preliminary results from the study reveal that the percent of cancer outpatients starting chemotherapy receiving education about VTE risk is markedly higher than the nation.

93%

13%



And the percent of cancer outpatients developing a VTE have decreased.

12%
before VTEPACC

3.8%
after VTEPACC

ASSURING ADHERANCE TO EVIDENCE BASED GUIDELINES

Dr. Alissa Thomas conducted a detailed review of our compliance with evidence based guidelines for the care of patients with newly diagnosed glioblastoma undergoing surgery at UVM Medical Center between 2013-2015. NCCN guidelines for diagnosis and management of patients were applied.

Number of patients identified: 80 (78 included in analysis). Post-operative data was available for 66 (85%) patients.

Summary of findings:

- Adequate diagnosis was made for 100% of patients. NCCN guidelines for treatment recommendations were met for 64 of patients (97%), with reasons for outliers evaluated as appropriate and patient-specific.
- Areas of accolade: Time from tumor identification to neurological consult, time from surgery to radiation and medical oncology consult and timeliness of post operative MRI.

Palliative Care Needs Identified

Under the leadership of **Dr. Robert Gramling**, Division Chief, Palliative Care, Cancer Committee conducted a survey this year of clinicians involved in the care of cancer patients to gain their views on where improvements could be made specific to our palliative care services. The majority of the 62 respondents indicated that both primary and specialty palliative care needs are not fully met. Specific areas of potential improvement noted involve communication (ACP, goals of care, prognosis); emotional and existential distress needs; access to palliative care (space, personnel, availability) and pain needs. The findings of this survey will be used as the basis for programmatic planning in 2017 and beyond as part of the UVM Medical Center's overall plans for enhancing and growing our palliative care services.

SURVIVORSHIP CARE PLANS AND DISTRESS SCREENING TAKE SHAPE

This year the Radiation Oncology, Otolaryngology, Surgical Oncology and Urology divisions joined the Medical Oncology/Hematology division in providing over 260 survivorship care plans to patients and their PCPs upon completion of cancer treatment. Under the leadership of **Kimberly Dittus, MD, PhD**, survivorship care plans at UVM Medical Center are embedded into the electronic medical record and are built based on a template developed by the American Society of Clinical Oncology.

Screening for psychosocial distress in cancer patients at UVM Medical Center took a major step forward this year under the leadership of **Dr. Michelle Sowden** and **Dr. Marlene Maron**. UVM Medical Center utilizes the NCCN distress screening tool and has embedded this into the electronic medical record. Specific patient reported areas of distress flag referrals to key supportive services such as social work, psychology, financial counseling and rehabilitation. The Divisions of Gynecologic Oncology, Surgical Oncology, Medical Oncology/Hematology and Radiation Oncology now provide screening for all new patients with more than 800 patient screened this year.

Navigation Facts

The University of Vermont Medical Center provides a number of navigation resources for patients and families dealing with a diagnosis of cancer. These include nurse navigators, an American Cancer Society Patent Resource Navigator, four full time oncology social workers and a number of primary nurses and radiation oncology nurses. This team works together with providers, schedulers, new patient intake coordinators, research staff and others to ensure the most seamless initial entry into our cancer center possible as well as a well coordinated treatment experience into survivorship and palliative care.

- **Over 2,300 patients received nurse navigation services in 2016 for cancer diagnosis including breast, melanoma, lung, sarcoma, hematologic, GI, GU, gynecologic and pediatric cancers.**
- **Almost 500 patients received American Cancer Society Resource Navigation Services in 2016 including assistance with transportation, lodging, wig procurement and connections to general ACS resources.**

Cancer Data Registry Report

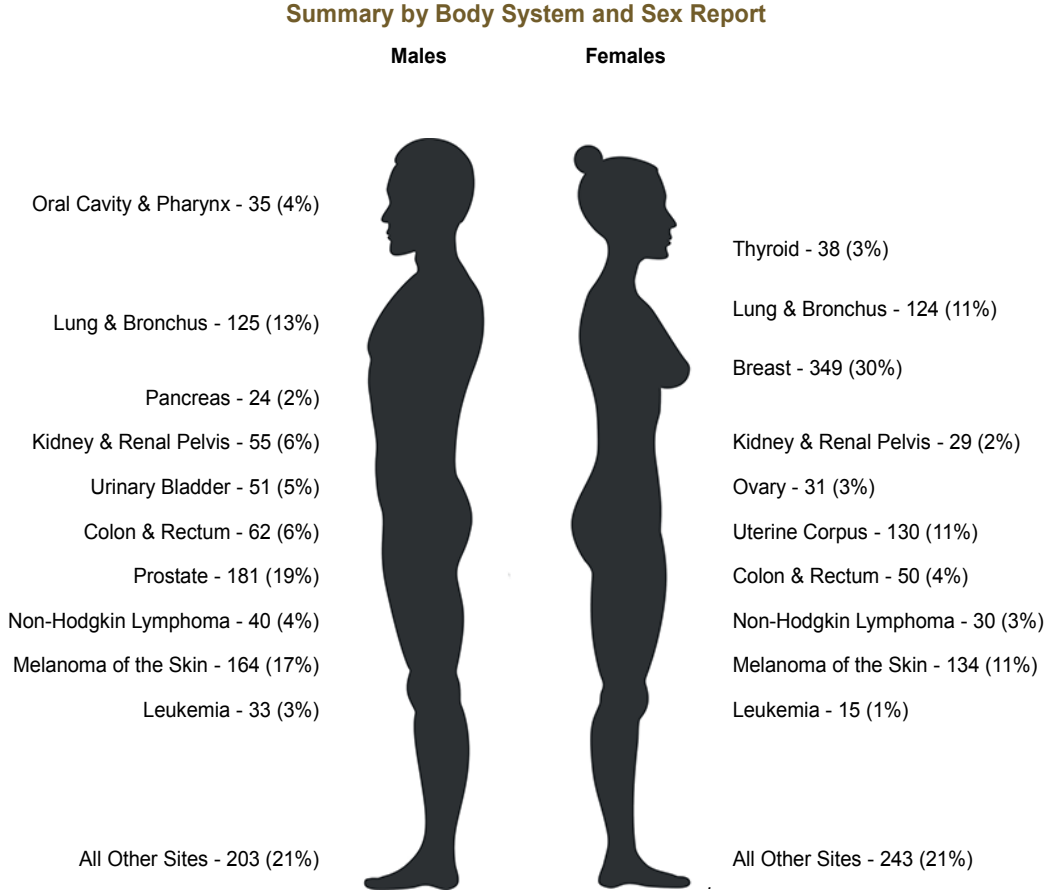
University of Vermont Medical Center Cancer Data Registry collects the data items mandated by the American College of Surgeons, Commission on Cancer, Vermont State Central Cancer Registry and SEER (Surveillance Epidemiology and End Results), while maintaining strict patient confidentiality. The UVM Medical Center Cancer Data Registry reports new cases to the Vermont State Central Cancer Registry weekly and to the National Cancer Database annually. This data is also used internally for assessing community needs, appropriate treatment and services, and maintaining the highest quality of care and support for our cancer patients.

All Abstractors in the UVMMC Cancer Data Registry are certified tumor registrars, the national credential for these medical professionals. The UVMMC Cancer Data Registry is staffed by two full-time and two part-time certified tumor registrars.

The UVMMC Cancer Data Registry abstracted 2,146 analytic cases on patients first seen for their disease at UVMMC in 2015. These cases represent patients who were seen at UVMMC for initial diagnosis and/or initial treatment for cancer or benign brain tumors. The five most prevalent cancers seen in UVMMC female patients were breast, melanoma of skin, uterine/endometrium, lung and colorectal. The five most prevalent cancers seen in UVMMC male patients were prostate, melanoma of skin, lung, colorectal and kidney/renal pelvis.

2015 University of Vermont Medical Center Analytic Cases

Summary by Body System and Sex Report



Summary of Body System and Sex Report

2015 University of Vermont Medical Center Analytic Cases

Primary Site	Total	%	Male	%	Female	%
ORAL CAVITY & PHARYNX	53	2.5%	35	3.6%	18	1.5%
Tongue	23	1.1%	14	1.4%	9	0.8%
Salivary Glands	5	0.2%	3	0.3%	2	0.2%
Floor of Mouth	2	0.1%	2	0.2%	0	0.0%
Gum & Other Mouth	7	0.3%	3	0.3%	4	0.3%
Nasopharynx	3	0.1%	3	0.3%	0	0.0%
Tonsil	8	0.4%	6	0.6%	2	0.2%
Oropharynx	5	0.2%	4	0.4%	1	0.1%
DIGESTIVE SYSTEM	**239**	**11.1%**	**137**	**14.1%**	**102**	**8.7%**
Esophagus	22	1.0%	15	1.5%	7	0.6%
Stomach	15	0.7%	9	0.9%	6	0.5%
Small Intestine	6	0.3%	4	0.4%	2	0.2%
Colon Excluding Rectum	66	3.1%	33	3.4%	33	2.8%
Cecum	17		8		9	
Appendix	6		2		4	
Ascending Colon	7		3		4	
Hepatic Flexure	2		1		1	
Transverse Colon	10		5		5	
Splenic Flexure	4		2		2	
Sigmoid Colon	18		11		7	
Large Intestine, NOS	2		1		1	
Rectum & Rectosigmoid	46	2.1%	29	3.0%	17	1.4%
Rectosigmoid Junction	9		5		4	
Rectum	37		24		13	
Anus, Anal Canal & Anorectum	6	0.3%	1	0.1%	5	0.4%
Liver & Intrahepatic Bile Duct	19	0.9%	13	1.3%	6	0.5%
Liver	16		11		5	
Intrahepatic Bile Duct	3		2		1	
Gallbladder	3	0.1%	1	0.1%	2	0.2%
Other Biliary	6	0.3%	4	0.4%	2	0.2%
Pancreas	39	1.8%	24	2.5%	15	1.3%
Retroperitoneum	3	0.1%	1	0.1%	2	0.2%
Peritoneum, Omentum & Mesentery	6	0.3%	1	0.1%	5	0.4%
Other Digestive Organs	2	0.1%	2	0.2%	0	0.0%
RESPIRATORY SYSTEM	**269**	**12.5%**	**141**	**14.5%**	**128**	**10.9%**
Nose, Nasal Cavity & Middle Ear	4	0.2%	2	0.2%	2	0.2%
Larynx	15	0.7%	14	1.4%	1	0.1%
Lung & Bronchus	249	11.6%	125	12.8%	124	10.6%
Trachea, Mediastinum & Other Respiratory Organs	1	0.0%	0	0.0%	1	0.1%
BONES & JOINTS	**5**	**0.2%**	**4**	**0.4%**	**1**	**0.1%**
Bones & Joints	5	0.2%	4	0.4%	1	0.1%
SOFT TISSUE	**15**	**0.7%**	**9**	**0.9%**	**6**	**0.5%**
Soft Tissue (including Heart)	15	0.7%	9	0.9%	6	0.5%
SKIN EXCLUDING BASAL & SQUAMOUS	**303**	**14.1%**	**168**	**17.3%**	**135**	**11.5%**
Melanoma -- Skin	298	13.9%	164	16.9%	134	11.4%
Other Non-Epithelial Skin	5	0.2%	4	0.4%	1	0.1%
BREAST	**350**	**16.3%**	**1**	**0.1%**	**349**	**29.8%**
Breast	350	16.3%	1	0.1%	349	29.8%
FEMALE GENITAL SYSTEM	**192**	**8.9%**	**0**	**0.0%**	**192**	**16.4%**
Cervix Uteri	7	0.3%	0	0.0%	7	0.6%
Corpus & Uterus, NOS	130	6.1%	0	0.0%	130	11.1%
Corpus Uteri	128		0		128	
Uterus, NOS	2		0		2	
Ovary	31	1.4%	0	0.0%	31	2.6%

Primary Site	Total	%	Male	%	Female	%
Vagina	1	0.0%	0	0.0%	1	0.1%
Vulva	11	0.5%	0	0.0%	11	0.9%
Other Female Genital Organs	12	0.6%	0	0.0%	12	1.0%
MALE GENITAL SYSTEM	**190**	**8.9%**	**190**	**19.5%**	**0**	**0.0%**
Prostate	181	8.4%	181	18.6%	0	0.0%
Testis	6	0.3%	6	0.6%	0	0.0%
Penis	3	0.1%	3	0.3%	0	0.0%
URINARY SYSTEM	**159**	**7.4%**	**109**	**11.2%**	**50**	**4.3%**
Urinary Bladder	70	3.3%	51	5.2%	19	1.6%
Kidney & Renal Pelvis	84	3.9%	55	5.7%	29	2.5%
Ureter	4	0.2%	3	0.3%	1	0.1%
Other Urinary Organs	1	0.0%	0	0.0%	1	0.1%
EYE & ORBIT	**2**	**0.1%**	**2**	**0.2%**	**0**	**0.0%**
Eye & Orbit	2	0.1%	2	0.2%	0	0.0%
BRAIN & OTHER NERVOUS SYSTEM	**93**	**4.3%**	**37**	**3.8%**	**56**	**4.8%**
Brain	37	1.7%	18	1.8%	19	1.6%
Cranial Nerves Other Nervous System	56	2.6%	19	2.0%	37	3.2%
ENDOCRINE SYSTEM	**85**	**4.0%**	**31**	**3.2%**	**54**	**4.6%**
Thyroid	56	2.6%	18	1.8%	38	3.2%
Other Endocrine including Thymus	29	1.4%	13	1.3%	16	1.4%
LYMPHOMA	**80**	**3.7%**	**44**	**4.5%**	**36**	**3.1%**
Hodgkin Lymphoma	10	0.5%	4	0.4%	6	0.5%
Non-Hodgkin Lymphoma	70	3.3%	40	4.1%	30	2.6%
NHL - Nodal	48		27		21	
NHL - Extranodal	22		13		9	
MYELOMA	**15**	**0.7%**	**8**	**0.8%**	**7**	**0.6%**
Myeloma	15	0.7%	8	0.8%	7	0.6%
LEUKEMIA	**48**	**2.2%**	**33**	**3.4%**	**15**	**1.3%**
Lymphocytic Leukemia	18	0.8%	14	1.4%	4	0.3%
Acute Lymphocytic Leukemia	9		8		1	
Chronic Lymphocytic Leukemia	8		5		3	
Other Lymphocytic Leukemia	1		1		0	
Myeloid & Monocytic Leukemia	26	1.2%	16	1.6%	10	0.9%
Acute Myeloid Leukemia	22		14		8	
Acute Monocytic Leukemia	1		0		1	
Chronic Myeloid Leukemia	3		2		1	
Other Leukemia	4	0.2%	3	0.3%	1	0.1%
Other Acute Leukemia	2		2		0	
Aleukemic, Subleukemic & NOS	2		1		1	
MESOTHELIOMA	**3**	**0.1%**	**3**	**0.3%**	**0**	**0.0%**
Mesothelioma	3	0.1%	3	0.3%	0	0.0%
KAPOSI SARCOMA	**1**	**0.0%**	**1**	**0.1%**	**0**	**0.0%**
Kaposi Sarcoma	1	0.0%	1	0.1%	0	0.0%
MISCELLANEOUS	**44**	**2.1%**	**20**	**2.1%**	**24**	**2.0%**
Miscellaneous	44	2.1%	20	2.1%	24	2.0%
Total	2,146		973		1,173	
Exclusions: Not Male and Not Female					1	

Quality of Cancer Care

As an American College of Surgeon's Commission on Cancer (CoC) accredited program, The University of Vermont Medical Center submits data on compliance with key metrics related to the standard of care therapies for breast, colon, rectum, lung and gastric cancers.

These data are compiled annually into Cancer Program Practice Profile Reports (CP3R) which offer patients and providers meaningful information that helps us improve quality of patient care.

We are pleased to report that based on this data, The UVM Medical Center outperforms other Commission on Cancer approved programs across the country in these metrics.

The University of Vermont Medical Center, Burlington, VT (2014 diagnosis year)

Select Measures—Breast	Commission on Cancer Standard	University of Vermont Medical Center 2014	All Commission on Cancer Approved Programs 2014
Image or palpation-guided needle biopsy (core or FNA) of the primary site is performed to establish diagnosis of breast cancer	80%	**100.00%**	89.10%
Tamoxifen or third generation aromotase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone receptor positive breast cancer	90%	**100.00%**	88.70%
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes	90%	**100.00%**	80.40%
Radiation is administered within 1 year (365 days) of diagnosis for women under the age of 70 receiving breast conservation surgery for breast cancer	90%	**96.20%**	90.00%

Select Measures - Colon	Commission on Cancer Standard	University of Vermont Medical Center 2014	All Commission on Cancer Approved Programs 2014
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	85%	**96.00%**	90.90%

Select Measures - Rectum	Commission on Cancer Standard	University of Vermont Medical Center 2014	All Commission on Cancer Approved Programs 2014
Preoperative chemo and radiation administered for clinical AJCC T3N0, T4N0 or Stage III; or postoperative chemo and radiation administered within 180 days of diagnosis for clinical AJCC T1-2N0 with pathologic AJCC T3N0, T4N0 or Stage III; or treatment is recommended; for patients under the age of 80 receiving resection for rectal cancer	85%	93.30%	85.20%

Select Measures - Lung	Commission on Cancer Standard	University of Vermont Medical Center 2014	All Commission on Cancer Approved Programs 2014
Systemic chemotherapy administered within 4 months to day preoperatively or day of surgery to 6 months postoperatively, or it is recommended for surgically resected cases with pathologic lymph node positive (pN1) and (pN2) non-small cell lung cancer	85%	**100.00%**	87.80%
Surgery is not the first course of treatment for cN2 M0 lung cases	85%	**100.00%**	91.50%

Select Measures - Gastric	Commission on Cancer Standard	University of Vermont Medical Center 2014	All Commission on Cancer Approved Programs 2014
At least 15 regional lymph nodes are removed and pathologically examined for resected gastric cancer	80%	**100.00%**	57.00%

2016 Cancer Committee Members

COMMITTEE LEADERSHIP

Michelle Sowden, DO, FACOS, Surgery, Committee Chair

Carl Nelson, MD, Radiation Oncology, Committee Vice Chair

Brian Irwin, MD, Urology, Cancer Liaison Physician

PHYSICIAN MEMBERS

Kim Dittus, MD, PhD, Medical Oncology

Robert Gramling, MD, D.Sc., Palliative Care

Maureen Harmon, MD, Medical Director Surgical Pathology

Ruth Heimann, MD, PhD, Radiation Oncology

Alissa Thomas, MD, Neurology

Erin Tsai, MD, Diagnostic Radiology

Claire Verschraegen, MD, FACP, Division Chief, Hematology/Oncology

H. James Wallace, MD, Chief, Radiation Oncology

NON-PHYSICIAN MEMBERS

Ann Adsem, RN, OCN, Hematology/Oncology Inpatient Nursing Manager

Gretchen Bates, RN, Hematology/Oncology Outpatient Nursing Supervisor

Geera Demers, MPA, CPHQ, Quality Improvement Coordinator

Ann Gray, CTR, Cancer Data Registry

Summer Ladd, CTR, Cancer Data Registry, Cancer Registry Quality Coordinator

Jamie Kelly, PA-C, Physician Assistant, Hematology/Oncology

Marlene Maron, PhD, Chief of Psychology, Psychosocial Services Coordinator

Martha McAuliffe, RN, BSN, Community Outreach Coordinator

Wendy McKinnon, MS, CGC, Genetics Counselor

Wesley D. McMillian, PharmD, BCPS, FCCM, Interim Director, Pharmacy Administration

Katherine Michaud, MPA, FACHE, Director of Oncology, Cancer Program Administrator

Beth Paquin, MSN, RN, Quality Institute

Michelle Pierce, LICSW, Social Work

Gary Stein, PhD, Director University of Vermont Cancer Center

Lisa Thompson, CTR, Cancer Data Registry

Kate Webster, CRA, Research Center Administrator, Clinical Research Coordinator

Joanna Wert, Cancer Conference Coordinator

Tiffany Wilder, CTR, Cancer Data Registry

Kimberly Woods, Manager, Rehabilitation Therapy Services