


SPECIAL ONCOLOGY EDITION

# LEADINGEDGE

 MOUNTAIN HEALTH NETWORK

SUMMER 2021

*Inside this edition ...*

Using the latest advancements  
to treat prostate cancer

Clinical trials at Edwards  
Comprehensive Cancer Center

Sister Diane Bushee:  
Honoring a lifetime of service



Hoops Family Children's Hospital and WVU Medicine Children's are joining to raise funds for the children and families who seek care at their respective hospitals. Hoops Family Children's Hospital will benefit from Children's Miracle Network Hospitals® fundraising under the umbrella of WVU Medicine Children's, which has been the state's only Children's Miracle Network hospital for more than three decades. Children's Miracle Network is a national organization that raises funds and awareness for its 170 member hospitals that provide 32 million treatments each year to kids across the U.S. and Canada.

Hoops Family Children's Hospital and WVU Medicine Children's Hospital share the goal of providing an enhanced level of high-quality, affordable and accessible care for the children and families of West Virginia and the surrounding region. This new collaboration helps grow and maintain nationally recognized pediatric care at Hoops Family

Children's Hospital in Huntington and WVU Medicine Children's in Morgantown.

Because of this partnership, we will be better able to advance education, services, equipment and, ultimately, outcomes for children. We are grateful to join our colleagues at WVU Medicine Children's in this initiative to increase funds and awareness for two West Virginia children's hospitals that enhance the high quality care for children in our region.

Children's hospitals rely on donations and community support, as Medicaid and insurance programs do not fully cover the cost of care. By Hoops Family Children's Hospital and WVU Medicine Children's joining together, each community can support its local children's hospital.

By changing the health of one child and family, we change the future – for all of us.



Message from Paul English Smith  
Mountain Health Network Interim CEO

Unfortunately, cancer touches everyone's lives. If you have not personally been affected by cancer, you likely know someone who has, as it can affect anyone, young and old. While cancer is a serious disease, it can be prevented and cured.

This edition of *Leading Edge* focuses on advances in cancer care such as technology and clinical excellence. It also features the amazing stories of courage by cancer survivors. Finally it highlights our generous donors who make our services possible and who have been with us from the ground up.

Patients across the Tri-State region travel to our cancer centers because they trust our system is where they can receive advanced medicine and compassionate care.

The cancer services at Mountain Health Network are among the best in the nation, offering ways to prevent cancer and some of the highest quality treatments by award-winning clinical experts. We hope you find this edition both informative and inspiring.

Paul English Smith  
Interim Chief Executive Officer  
Mountain Health Network

**President & Chief Executive Officer**  
**Mountain Health Network**  
Paul English Smith

**Executive Editor, Chief Strategy Officer**  
**Mountain Health Network**  
Lisa Chamberlin Stump

**Managing Editor**  
Shawn Jordan

**Layout & Design**  
Phil Stanley

**Photography**  
Angela Henderson-Bentley  
Mike Brady  
Rick Lee  
Phil Stanley

**Writers**  
Shawn Jordan  
Angela Henderson-Bentley  
Lisa Chamberlin Stump



For a free subscription to **Leading Edge Magazine**, contact the Strategic Marketing, Planning & Business Development Department at 304.526.2260.

View online at  
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1340 Hal Greer Blvd.  
Huntington, WV 25701



**For more information about the Children's Miracle Network, please visit [www.childrensmiracletnetwork.org](http://www.childrensmiracletnetwork.org).**

# MAZOR X STEALTH EDITION

## Robotic Guidance Spinal Surgery Platform

**M**azor X Stealth™ Edition Robotic Guidance Platform is the latest extension of the Cabell Huntington Hospital (CHH) Back and Spine Center. CHH is the first in the Tri-State to offer this state-of-the-art technology for spine surgery.

Acquiring the platform is part of a continuous commitment to deliver the highest quality care and best treatment possible for patients.

The platform integrates and streamlines three complex processes:

- Image-based 3D planning of surgery
- Intra-operative precision of robotic guidance
- Quality visualization with Stealth Navigation

Before entering the operating room, surgeons use the 3D function to plan an optimal surgery in a CT-based 3D simulation of the patient's spine. In addition, computer analytics provide the surgeon with pre-operative data for procedure planning and intra-operative guidance during the procedure. Using these technologies, the surgeon can operate with precision, efficiency and confidence.



“This ground breaking technology allows us to see exactly where the patient requires surgery before making the first incision,” said Nicolas Phan, MD, neurosurgeon at CHH and associate professor in the Department of Neurosurgery at the Marshall University Joan C. Edwards School of Medicine. “This platform enables us with both accurate and minimally invasive approaches for spine procedures.”

*For more information, call the CHH Back and Spine Center at 304.526.2613 or 866.982.3131.*





# BEATING BONE CANCER

The Edwards Comprehensive Cancer Center's (ECCC) department of Orthopedic Oncology treats patients diagnosed with bone cancer or soft tissue sarcoma, as well as patients who have other cancers that have spread to or affect their bones. While this type of cancer is less common, patients at ECCC have access to state-of-the-art treatment. Patients can enroll in cancer research protocols, ensuring they have access to the most promising medical advances available. "Studies show that patients prefer not to travel more than 45

minutes for care," said Felix Cheung, MD, associate professor and chief of orthopaedic oncology at the Marshall University Joan C. Edwards School of Medicine. "We are able to provide nationally-recognized care so patients do not need to travel long distances."

Bone cancer is a rare disease, with about 2,500 new cases diagnosed each year, typically in children and people over age 60. Soft tissue sarcoma, more prevalent but still relatively rare,

is diagnosed in about 15,000 patients each year. There are fewer than 150 orthopedic oncologists in the United States, making the ECCC one of the few facilities to offer this specialized care.

Orthopedic oncology patients at the ECCC benefit from a novel tumor board, comprised of medical, orthopedic and pediatric oncologists, who meet online to discuss the best treatment for patients. With optimal treatment, many orthopedic cancer patients not only survive, but also return



to their normal activities. Dr. Cheung relates the story of a teenager who had primary bone cancer affecting the knee. Part of the shinbone had to be removed and reconstructed, along with chemotherapy and physical therapy. After completing treatment, the teen was able to return to participating in his high school's marching band.



The orthopedic oncology team at ECCC trains residents and oncology fellows who conduct research and participate in studies, such as how CT scans can be used to predict whether a metastatic lesion can cause a fracture. They are currently conducting one of the largest studies in the United States on the use of artificial bone filler to replace bone that had to be removed as part of cancer treatment. These teaching and research missions allow physicians at the ECCC to use their expertise to help people far beyond the Tri-State region.

"We participate in a substantial number of research projects in the hope that we can further science and help people beyond our community by sharing information and our experience with other doctors, which will help them choose superior options for their patients as well," said Dr. Cheung.

*For more information, please visit [www.edwardsccc.org](http://www.edwardsccc.org).*



## Edwards Comprehensive Cancer Center Offers Lung Cancer Screening

According to the American Cancer Association, lung cancer is the leading cause of cancer deaths in the U.S. If lung cancer is found early, when small and before it has spread, it is more likely to be successfully treated. The Edwards Comprehensive Cancer Center (ECCC) is now offering a Lung Cancer Screening Clinic the third Monday of each month from 8 a.m. to noon. Eligible patients can schedule an appointment without a physician referral.



“Screening for lung cancer with low-dose CT scans can identify cancerous cells earlier and reduce lung cancer deaths by up to 20 percent or more,” said Molly Brumfield, RN, BSN, MBA, OCN, manager of medical and surgical programs at the ECCC. “We developed this clinic to encourage smokers and former smokers to get screened to detect cancer while it’s most treatable.”

To qualify, patients must be 55 to 72 years old and be either an active smoker or a former smoker who has quit smoking within the past 15 years.

“It starts with a phone call to our nurse navigator,” Brumfield explained. “The navigator pre-screens for eligibility and schedules an appointment.”

According to Brumfield, the provider conducts a patient exam and provides smoking counseling, if applicable. The patient is then scheduled for a low-dose lung screening CT. Once complete, the provider follows up with the patient to go over the results and develop a plan of care.

“The most important step is to get screened early,” she said. “The symptoms of lung cancer often don’t appear until the disease is already at an advanced stage.”

Lung cancer screening is covered by Medicare and by many private health insurance plans. Your health care team can help you find out if your insurance will provide coverage.

*To find out if you are eligible for a lung cancer screening CT, please call 304.399.6770.*

# REDUCING THE RISK

*Using bariatric surgery to decrease the risk of cancer*



There are several risk factors that can be avoided that are associated with cancer. Some of these risk factors can include exposure to chemicals, cigarettes or other substances, but can also include certain behaviors such as overeating, leading to severe obesity.

Being overweight and obese are associated with an increased risk of 13 types of cancer. These cancers account for about 40 percent of all cancers diagnosed in the United States in 2014, according to the Centers for Disease Control and Prevention (CDC).

In a recent study by the American Society for Metabolic and Bariatric Surgery (ASMBS), “Patients with severe obesity who had bariatric or weight loss surgery and lost more than 20% of their total weight were 50% less likely to develop cancer.”



“We know that with increased weight, there is increased risk for many health conditions,” said Semeret Munie, MD, fellowship-trained bariatric surgeon at the Cabell Huntington Hospital Center for Surgical Weight Control and assistant professor in the Department of Surgery at Marshall University’s Joan C. Edwards School of Medicine. “Adults who have a body mass index (BMI) of 30 or more are at a higher risk for a number of cancers, so weight loss is important and we can assist.”

The first step in becoming a patient at the Center for Surgical Weight Control is to attend an in-depth educational seminar.

Most seminars are presented at the Center for Surgical Weight Control by board-certified surgeon and center director Blaine Nease, MD, FACS, or Munie. However, they are also offered in other communities as well as virtually for those unable to attend in-person. The surgeons give a detailed description, as well as the associated risks and benefits of each procedure performed, including sleeve gastrectomy, gastric bypass, adjustable gastric band, duodenal switch, and the Orbera intragastric balloon. The presentation is followed by a general question-and-answer session and individual questions as time allows.

“We are not a quick fix solution for obesity,” Munie said. “We provide information and resources prior to surgery to offer patients education about what is expected before and after surgery. And we remain a resource for our patients through ongoing follow-up care, as well as monthly support group meetings to help them stay on track.”

All of the procedures at the Center for Surgical Weight Control are available through a robotic-assisted laparoscopic technique, which means that the surgery is completed using four to five small incisions with less bleeding and faster recovery.

The doctors, nurses, nutritionists and counselors at the Center for Surgical Weight Control are all specially trained and focused on helping their patients.

*For more information, please call the patient intake coordinator at 304.399.4118.*

# Using the latest advancements to treat prostate cancer

Prostate cancer is the most common cancer in American men with one in eight men being diagnosed during his lifetime. It is the second leading cause of cancer death in American men, behind only lung cancer.

St. Mary's Regional Cancer Center (SMMC) is the area's exclusive home of the *CyberKnife*® robotic radiosurgery system, a non-invasive alternative to surgery for the treatment of both cancerous and non-cancerous tumors anywhere in the body, including the prostate.

"Instead of a scalpel, *CyberKnife* uses a focused beam of radiation to destroy the tumor," said Sanjeev Sharma, MD, board-certified radiation oncologist at SMMC. "The advantage is in the precision of the delivery of radiation. It's a large dose to a strictly defined area."

During a *CyberKnife* treatment, the patient lies on a table while the controlling computer maneuvers a robotic arm into the best position for administering the radiation. While many cancer treatments require patients to lie still or hold their breath, *CyberKnife's* Synchrony Respiratory Tracking System automatically adjusts to breathing movements, which allows the patient to breathe normally during treatment. *CyberKnife* offers patients one to five treatments total as opposed to 30-40 treatments with conventional radiation.

Dr. Sharma explains that *CyberKnife* is not for everyone; where other treatments are preferred include cases to treat both the primary tumor and the surrounding tissue or lymph nodes. There are also some cancers that are treated better on a slower schedule with conventional radiation.

While radiation is a common and highly effective treatment for prostate cancer, it also has side effects with the most common being damage to the rectum, which is located just below the prostate. A spacing device called *SpaceOAR*® hydrogel can protect the rectum in men undergoing radiation therapy for prostate cancer.

The *SpaceOAR* System is a temporary injectable gel that protects the rectum in men undergoing radiation therapy for prostate cancer. It is the first and only prostate cancer spacing device to receive approval by the Food and Drug Administration.

The System is placed in a patient prior to radiation therapy through a minimally invasive, outpatient procedure. The *SpaceOAR* hydrogel is injected into the space between the prostate and the rectum while the patient is under local or general anesthesia. Ultrasound imaging allows the physician to see and place the hydrogel in the proper location. The hydrogel is administered as a liquid, but quickly solidifies into a soft gel that expands the space between the prostate and rectum. After radiation treatment is complete, the hydrogel turns into a liquid, is absorbed and naturally cleared from the body.

By creating a half inch of space between the prostate and rectum, *SpaceOAR* hydrogel pushes the rectum away from the radiation.



"Creating space between the prostate and rectum is an important advance that significantly protects the rectum during radiation treatments and reduces the likelihood of side effects," Dr. Sharma said.

Patients who receive *SpaceOAR* are significantly less likely to experience long-term bowel issues, allowing these men to maintain their normal activities and quality of life.

"Providing the best possible treatment to patients while minimizing side effects are our top priorities," Dr. Sharma said.

For more information about *CyberKnife*, *SpaceOAR*, or other prostate cancer treatment options, call St. Mary's Radiation Oncology at 304.526.1143.

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“Providing the best possible treatment to patients is our top priority.”

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– Sanjeev Sharma, MD





“I had only been in school one semester, but I felt that I was called to religious life. I felt this is what God wanted me to do. It’s been a good life for me and I haven’t regretted it.”

– Sister Diane Bushee, SAC

# SISTER DIANE BUSHEE

## *Honoring a Lifetime of Service*

Through her work at St. Mary’s Medical Center (SMMC), Sister Diane Bushee, SAC, has inspired and mentored thousands of SMMC employees, students, and community members. In March, after more than six decades of service, Sister Diane officially retired from her work at SMMC.

Sister Diane had originally planned to be a nurse, but in 1952, when she came to St. Mary’s School of Nursing and met the Pallottine Missionary Sisters, her plans changed.

“I was really impressed by the Sisters,” she said. “I had only been in school one semester, but I felt that I was called to religious life. I felt this is what God wanted me to do. It’s been a good life for me and I haven’t regretted it.”

After three years training in the convent, Sister Diane returned to St. Mary’s School of Nursing to finish her education, graduating in December 1958. She started her nursing career on night duty in urology, but her Pallottine superiors felt she had leadership potential and sent her to The Catholic University of America in

Washington, D.C., where she received her bachelor’s degree and master’s degree in nursing service administration. Sister Diane returned to SMMC as the Associate Director of Nursing, a position she held for 10 years. One of the highlights of Sister Diane’s time in nursing was working with members of the medical staff to prepare the nurses for expanded responsibilities when SMMC opened its first Intensive Care Unit in the mid-1960s.

“We’ve really been blessed with wonderful doctors and nurses,” Sister Diane said. “Those I’ve worked with have been an inspiration to me and I’m very fortunate to have worked together with them all these years.”

Sister Diane served in a number of other administrative positions at SMMC, always playing a key role in the expansion projects and other changes that grew St. Mary’s Hospital into the medical center it is today. She also helped foster the growth of the St. Mary’s Department of Spiritual Care and Mission, allowing patients of all faiths and denominations to have their spiritual needs attended to in addition to their physical ones.



Awareness of the dwindling number of Sisters led her to initiate the office of Mission Integration to provide information for all levels of staff to be able to carry on the healthcare ministry of the Pallottine Sisters. The first steps when she began the office in 1990, were to create a mission statement and to identify a set of values which would provide guidelines for how staff members are expected to relate to patients, visitors and all of their colleagues.

“St. Mary’s has changed completely since I came,” she said. “I think we’ve seen what the needs of the community are and then tried to meet those needs as we added services.”

In addition to her work at SMMC, Sister Diane has also been of great service to the community, providing emotional and spiritual support in times of tragedy. In 1967, after the collapse of the Silver Bridge in Point Pleasant, West Virginia, she was on the scene helping families to identify bodies. She was also present in Buffalo Creek, West Virginia, after the flood disaster in 1972, administering shots and consoling survivors at the rescue center. And she also provided comfort during some of the darkest days of the Huntington community after the Marshall University Football plane crash in 1970.

“Those were really hard times,” Sister Diane said. “We lost some really good people. But I needed to be there.”

Sister Diane retired as the Vice President for Mission Integration, the voice of the Ethical and Religious Directives for Catholic Health Care Services, making sure that all administrators, clinical staff and non-clinical staff understood the importance of the directives. Sister Mary Grace Barile, SAC, has assumed that role and she, along with Rev. Greg Creasy, director, Department of Spiritual Care and Mission, will now lead the efforts to continue the Mission of SMMC. Sister Diane continues to reside in Huntington and offer her support.

Until her retirement, Sister Diane was working tirelessly at the age of 86, an age when most people would have long retired.

“I felt like I still had a contribution to make,” she said. “I loved what I did and we needed someone to carry on.”

Sister Diane is quick to credit the many people she has worked with over the years for their part in the growth of the medical center over the past six decades. “I have worked with so many good people all these years,” she said. “It’s been a real blessing for me to be able to work with them. I can’t be grateful enough.”



# Working together to alleviate the fear of the unknown

One of the scariest things about a cancer diagnosis is fear of the unknown. The team at St. Mary's Regional Cancer Center Infusion Center (SMMC) does its best to allay those fears during treatment in its newly remodeled facility.



"Patients come to us under a great deal of stress and not knowing what to expect," said Stacy Ross, RN, BSN, OCN, nurse coordinator for the Infusion Center. "Our goal is to provide comforting, personalized care, along with all the information they'll need to fully understand their treatment regimen. When they come the next time, there's a world of difference."

The Infusion Center is where patients receive chemotherapy, immunotherapy, injections, or monitoring blood work as part of their treatment for cancer. Last fall, SMMC opened its newly remodeled Infusion Center increasing the number of chairs from nine to 28. SMMC averages 40-45 patients a day, which now includes HIMG Oncology patients, so the new treatment space has made a huge difference.

"It's beautiful and much more spacious," said Aynessa Mondlak, RN, MSN, FNP-BC, OCN, director of oncology services at SMMC. "But it's ultimately about the care of the patient. Our experienced staff provides the latest treatment for a broad



range of cancers, while making it a priority to give patients and their families the comfort and reassurance they need. It's true teamwork."

As it's important to treat the whole person — mind, body and spirit — staff members from the SMMC Mental Health Counseling department and the Department of Spiritual Care and Mission round daily. "They talk to each patient and offer counseling, or sometimes they just listen," Ross said. "Spiritual Care will often say a prayer with them. It does make a difference."

The Infusion Center team also includes nurses, pharmacists and the oncology nurse practitioner. "We all work together," Ross said. "Everyone sees it as a calling."

Ross has been working in oncology at SMMC for 30 years. She finds her specialty incredibly gratifying.

"It's one of the hardest specialties, but it's also one of the most rewarding," Ross said. "Our patients are going through a very challenging time. If there's something we can do to make their experience a little easier and alleviate fear, it's worth it. Our patients are so rewarding. We are blessed for sure."

*For more information about the SMMC Infusion Center, call 304.526.1349.*



# CHOOSE NOT TO CHEW

*The experience that led to educating others*

When Jonathon Salyers woke one morning with a toothache, he thought he would only need the assistance of a dentist to remedy his pain. His years of chewing tobacco use had caused issues with his teeth, but he had no idea the extent of the damage it had actually caused.

For more than 30 years, Salyers worked in the Emergency Room at Cabell Huntington Hospital. Even after seeing firsthand the effects of tobacco products on many of his patients, he continued to use it.

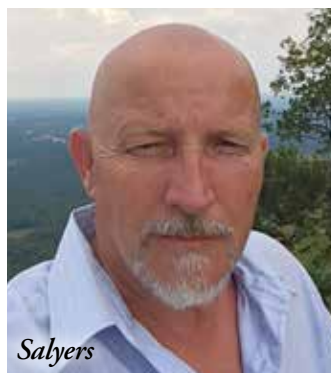
“I started using chew when I was young because it was the cool thing to do,” said Salyers. “It wasn’t until it affected me personally that I paid attention.”

After visiting the dentist, he was sent for a CAT scan of his jaw. What it revealed changed his life.

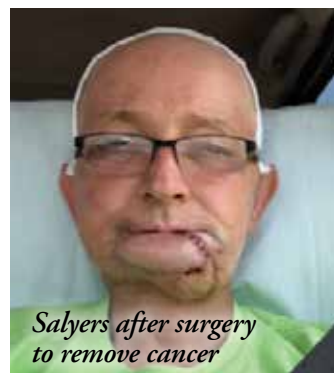
“I figured they were going to tell me that I had a small spot of cancer and they would go in and cut it out,” said Salyers. “But when the doctor looked at the scan, he saw that it was in my bone and major surgery would be needed.”

Salyers underwent several surgeries to remove the cancer and reconstruct his face. Now, 59 and cancer-free, he uses his experience to educate students across the Tri-State about the dangers of tobacco use.

“For some reason, people think that chewing tobacco is not as risky as smoking, but in a lot of ways it’s actually even more risky because there is a heavy concentration of tobacco, nicotine and other additives that are highly carcinogenic, in one area of the mouth,” said Melissa Sheppard, RN, patient navigator at the Edwards Comprehensive Cancer Center at Cabell Huntington Hospital.



Salyers



Salyers after surgery to remove cancer

Sheppard, who was part of Salyers’ care and recovery, often travels with him to schools to share the medical side of his experience. The program, called Choose Not to Chew, was developed by the pair to target children at the middle school age.

“It is encouraging to see so many young people engage with him and really take in what he is saying,” said Sheppard. “He has taken something that changed his life and vowed to use it to deter others from falling to the same fate.”

Salyers said the message at each school is clear and he repeats it many times throughout his speech to make a solid point.

“Tobacco is not cool. Smoking is not cool,” he said. “You have the ability to make choices in your life that will allow you to live a long healthy life. Using those products will not leave you with a good result.”

“I am very proud of John turning a devastating event in his life to something that can help others,” Sheppard said. “People have called him personally and he goes to their homes and speaks to their loved ones who are using tobacco. I am so honored to work with him on this.”

*For more information or to request a presentation, contact Sheppard at 304.399.6568 or [Melissa.sheppard@cbhi.org](mailto:Melissa.sheppard@cbhi.org).*



## St. Mary's Neurophysiology moves to new location

St. Mary's Neurophysiology, which includes St. Mary's Regional Sleep Center, has relocated to 2801 South Staunton Road in Huntington, formerly the location of St. Mary's Hospitality House.

All sleep and neurophysiology services are performed at the newly renovated location. This includes sleep testing, sleep clinic visits, outpatient electroencephalography (EEG) and electromyography (EMG), nerve conduction testing (NCV) and other related services.

“We are pleased to be able to provide these services in a new environment that will feel a little more like home for our patients,” said Tammy Walls, RN, BSN, clinical manager, St. Mary's Regional Sleep Center and Neurophysiology. “The new location also provides our patients with improved access, including reserved parking.”

The facility increases the number of sleep clinic beds from six to 12 and adds several hotel-like patient amenities.

St. Mary's Regional Sleep Center is accredited by the American Academy of Sleep Medicine (AASM) for sleep testing, both in



the lab and at home. The medical director for the Sleep Clinic is William Beam, MD, pulmonologist, HIMG. Also on staff are Imran Khawaja, MD, pulmonologist, Marshall Health, and professor and section chief of pulmonary, critical care and sleep medicine at Marshall University Joan C. Edwards School of Medicine; and Lisa Collins, APRN.

*For more information, please call 304.526.1880.*



# Joan Edwards

*left a legacy that continues to touch lives*

The late Joan C. Edwards (1918-2006) had a long and influential history as a powerful philanthropic force in Huntington, where she lived a great portion of her life with her husband, James F. Edwards, known to his family and many friends as “Jimmy.”

Jimmy Edwards died in 1991 at age 81. Shortly after his death, his wife of 54 years called a press conference and announced that, as part of his will, she was presenting millions of dollars to Marshall University and a long list of community organizations.

And that was just the start. Joan Edwards established the Edwards Foundation and not only carried out the generous bequests spelled out in her late husband’s will, but also donated millions more of her own money to Marshall and other recipients.

“Jimmy wanted to leave something behind,” she explained. “I want to continue what he started.”

One vision Jimmy Edwards had was a new cancer center in Huntington. That vision became a reality with the opening in January 2006 of the Edwards Comprehensive Cancer Center, created by three partners — Cabell Huntington Hospital, Marshall University’s Joan C. Edwards School of Medicine (JCESOM) and the Edwards Foundation.

Today, the center is jointly directed by Cabell Huntington Hospital and the JCESOM.

Within the three-story, 70,000-square-foot facility is the James F. Edwards Adult Cancer Clinic, which includes an



adult oncology center with infusion stations, exam rooms, consultation rooms, minor procedure rooms, a diagnostic breast center and physician offices. The cancer center is also home to the Hoops Family Children’s Hospital Pediatric Cancer Center, which includes the children’s oncology/hematology treatment center with infusion stations, pediatric oncology clinics and physician offices. The children’s clinic is designed to create a child-friendly environment combining light, color and children’s motifs. Over the years, the Edwards Foundation has funded six protective environment rooms for pediatric oncology patients.

The center serves cancer patients from throughout the Tri-State region — southwestern West Virginia, southern Ohio and eastern Kentucky.

“Mrs. Edwards would be thrilled to know that her generosity is allowing us to accomplish amazing cancer care for our region – not only for adults but also for children,” said Bradley Burck, vice president of Corporate, Foundation and Donor Philanthropy for Mountain Health Network. “Her legacy of giving lives on through her family, friends, and all of us – together – who give to improve cancer care through Mountain Health Network.”

Joan C. Edwards passed away on May 7, 2006, after a long battle with cancer. She spent the last few days of her life receiving care in the cancer center she helped create.

*For more information on how to donate to the Edwards Foundation, call Burck at 304.526.6314.*



# ‘Little Miss St. Mary’s’

For Margaret Donley, nursing wasn’t just her job, it was her passion.

“She dearly loved being a nurse,” said Donley’s daughter, Amy Adams, BSN, RN-BC, endoscopy coordinator at St. Mary’s Medical Center (SMMC). “It was 100 percent her calling.”

Donley passed away Dec. 8, 2020. She began her career at SMMC in 1971 after graduating from St. Mary’s School of Nursing. During her time at SMMC, she served in a variety of nursing leadership roles, including Director of Patient Care Services, before retiring as the director of Organizational Development and Learning in 2015.

“She was a champion for her nurses. She was their voice,” Adams said. “She had a tremendous impact on so many people. She gave the best of herself to St. Mary’s.”

Donley’s family has established a nursing scholarship through the SMMC Foundation in her honor: The Margaret Donley “Little Miss St. Mary’s Nursing Scholarship Fund.” “Little Miss St. Mary’s” is a nickname given to her by her husband, Tom, when the two were dating while she was in nursing school.

“Mom came from nothing,” Adams said. “The ability to provide financial assistance to someone who needs it and has a true passion for nursing, like she did, is the primary reason for starting the scholarship fund.”

Adams herself has worked at SMMC for more than 29 years, but says her mom didn’t encourage her to be a nurse, allowing her



*Right, Amy Adams, BSN, RN-BC, SMMC endoscopy coordinator, poses with her mother, Margaret Donley left, at Donley’s retirement reception.*

to find her own way. Adams decided to follow in her mother’s footsteps after working as a unit clerk at SMMC.

“I love being a nurse,” Adams said. “It is definitely my calling, just like with mom. We have that bond.”

*Donations to the scholarship can be made by visiting [st-marysfoundation.org/margaret-donley](http://st-marysfoundation.org/margaret-donley). Checks may also be mailed to the St. Mary’s Foundation, 2900 First Ave., Huntington, WV 25702.*





Dermatology  
under the

# MICROSCOPE

**D**ermatopathology focuses on the study and diagnosis of diseases of the skin and associated mucous membranes, cutaneous appendages, hair, nails and subcutaneous tissues.

Jonathan Cuda, MD, a board-certified dermatopathologist at Cabell Huntington Hospital, specializes in diagnosing skin diseases at the microscopic level with special interests in inflammatory dermatoses, cutaneous neoplasia, alopecia and cutaneous lymphoma.



Dermatopathologists work in a lab, but their work requires more than running tests. They collaborate with dermatologists to understand each individual case, taking all information into account to determine a diagnosis and in some cases assist physicians on a treatment plan. Some conditions that dermatopathologists may diagnose include:

- Basal Cell Carcinoma
- Psoriasis
- Melanoma
- Alopecia areata



“We work very closely with dermatologists,” Dr. Cuda said. “The patient may have a rash or a skin lesion and the dermatologist will perform a biopsy and send the tissue to pathology for processing. I then examine the tissue under the microscope and render a diagnosis.”

Dr. Cuda graduated from Marshall University School of Medicine in 2006, earning the Bertha and Lake Polan Award for maintaining a 4.0 GPA throughout medical school. He completed his residency in anatomic pathology and a fellowship in surgical pathology at Johns Hopkins Hospital where he served as chief resident. He also completed a fellowship in dermatopathology at Stanford University.

Dr. Cuda is an associate professor in the Department of Pathology at the Marshall University Joan C. Edwards School of Medicine, where he serves as the Director of the Dermatopathology Division.

*For more information, please call 304.526.2217.*

# SKIN CANCER TREATMENT *in one office visit*

**I**t’s a diagnosis that no one wants to hear, skin cancer. Skin cancer is the mutation of abnormal cells in the outermost skin layer. These mutations lead the skin cells to multiply rapidly and form malignant tumors. The main types of skin cancer are basal cell carcinoma, squamous cell carcinoma, melanoma and Merkel cell carcinoma. In many cases, if skin cancer is caught early, a dermatologist can treat it with little or no long-term scarring and high odds of eliminating it entirely.

One such method that is now available is the Mohs micrographic surgery procedure. Mohs surgery is most often used for patients who have been diagnosed with basal cell carcinoma or squamous cell carcinoma. This in-office procedure is performed by a specialty-trained Mohs surgeon and a biologist to remove, examine and repair skin tissue.



“This procedure is done in stages during a single patient visit,” said Eduardo Vidal, MD, dermatologist and assistant professor in the Department of Dermatology at the Marshall University Joan C. Edwards School of Medicine. “I work to remove all cancerous cells for the highest cure rate while sparing healthy tissue and leaving the smallest possible scar.”

Using a scalpel, the physician removes a thin layer of visible cancerous tissue, cuts it into sections, color codes them and



draws a map of the surgical site. A technician takes the sample, freezes it then cuts very thin horizontal slices.

The slices are then placed on microscope slides, stained and examined by the physician. The dermatologist examines all the edges and underside of the tissue on the slides and, if any cancer cells remain, marks their location on the map. This process is repeated until all cancer cells are removed.

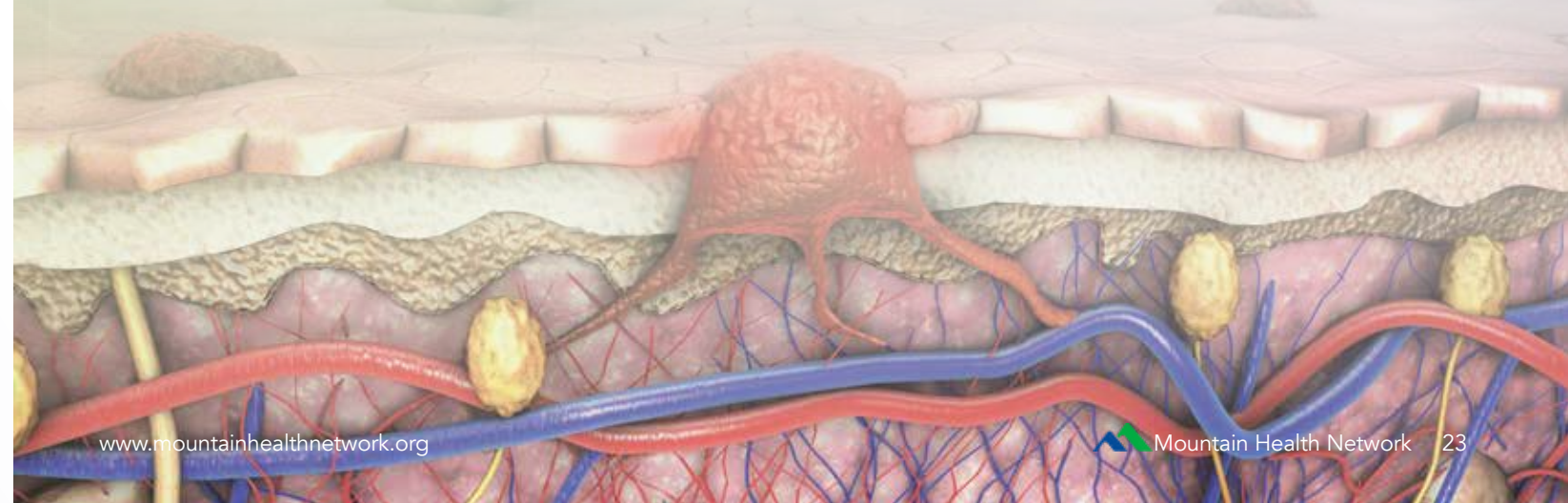
The existing area is then either left to heal on its own or stitched closed. Depending on the size of the area, the entire procedure can be completed in less than three hours.

The cure rate using Moh’s micrographic surgery is 99% for patients whose skin cancer has not been treated before and 94% for patients with reoccurring skin cancer.

“Mohs surgery is the gold standard for treating many basal cell and squamous cell carcinomas,” Vidal said. “This procedure is especially useful in cosmetically and functionally important areas such as the face or hands.”

Mohs surgery has also been used for basal cell and squamous cell carcinomas that are large, aggressive or growing rapidly.

*For more information about Mohs micrographic surgery, please call Marshall Dermatology at 304.691.6718.*



# A legacy of COMPASSIONATE CARE

After more than 37 years of providing cancer care to the Tri-State, Gerrit Kimmey, MD, oncologist with HIMG Oncology, an outpatient department of St. Mary's Medical Center, is retiring at the end of 2021.



Many things have changed in cancer care since Dr. Kimmey began practicing in 1984, mostly for the better. "There are new and exciting treatments that make a huge difference. Technology has also improved," he said. "Patients are living longer lives and more are being cured. It's been a really dramatic progress."

When Dr. Kimmey was an intern, he became interested in oncology even though there weren't many treatments available at the time. "Sometimes you don't always know why you drift toward one specialty over another," Dr. Kimmey said. "But I felt oncology was a field that would make progress. And it turned out to be true."

Something that has always been important to Dr. Kimmey is interacting with cancer patients. "Patients are scared and you try to give them a realistic picture, but you also want to be helpful and upbeat to get them through this journey," he said. "Be positive and be available. Let patients know they can count on you for care and you will be there when things are good and when things aren't."

He admits oncology can be a challenging field, but has never regretted making the choice. "There are times you get discouraged," he said. "But you just have to remember the successes. Even when patients relapse and go to end-of-life care, there is still a lot that can be done. We can't always cure patients, but we can help them live longer with a higher quality of life."

Practicing for nearly four decades, Dr. Kimmey has worked with many nurses, physicians and other healthcare professionals. "I've worked with really good, dedicated people," he said. "It's not just doctors, but a whole group of people involved in cancer care — lab techs, medical assistants, surgeons and other physicians who take care of various problems, like cardiologists, pulmonologists and gastroenterologists."

Dr. Kimmey also has a lot of praise for the places he has practiced — HIMG and St. Mary's Regional Cancer Center (SMMC). "I'm lucky to have a group that's supported me and made things easier to practice medicine," he said. "And working at a hospital of the caliber of St. Mary's makes a huge difference."

"Dr. Kimmey has been a pioneer for many years," said Arvinder Bir, MD, oncologist with HIMG Oncology. "He has led cancer care in our community for a long time."



"Pioneer is the perfect word for him," said Aynessa Mondlak, RN, MSN, FNP-BC, OCN, director of oncology services at SMMC. "When people talk about oncology in our area, they know his name. He's a big part of the community and patients and families love him."

As Dr. Kimmey edges closer to retirement, he is extremely grateful for the opportunity to care for patients in the Tri-State and is looking forward to his next opportunity. He is also happy that his patients will have no gaps in their care, as they will continue to receive excellent treatment from his colleagues at HIMG Oncology.

"I have dedicated a lifetime to taking care of my patients," Dr. Kimmey said. "But now I'm going to spend more time with my family with the reassurance that I know my patients are in good hands."



# Using a TEAM approach for individualized care

Cancer care has many layers — physical, mental, emotional and spiritual. That's why St. Mary's Regional Cancer Center (SMMC), a member of Mountain Health Network, takes a team approach with multidisciplinary inpatient rounding so all providers involved can share information and develop an individualized plan of care with each patient.

"It's a true team approach that not only involves all the healthcare team members, but also centers on the patient and family," said Aynessa Mondlak, RN, MSN, FNP-BC, OCN, director of oncology services at SMMC. "We're truly looking at the whole picture to meet all the needs of the patients."

Seeing each patient with cancer as a group during daily rounding are the oncologist, a nurse practitioner, a nurse, a pharmacist, a resident and a mental health counselor.



"The team concept has worked wonders," said Arvinder Bir, MD, oncologist with HIMG Oncology, an outpatient department of SMMC. "Patients are sometimes overwhelmed and can't comprehend all of the updates and instructions. Or they may be under the influence of medication. This approach helps us better ensure the patient's questions are answered."

Dr. Bir said it's important to have a nurse as part of the rounding team because nurses spend more time with patients. "People sometimes hear just the first part of what we're telling them and then they're lost," he said. "The nurse can listen and then reinforce what was said with the patient. It's great patient care."

Mondlak said that having a mental health counselor as part of the rounding team has been especially important for not only patients, but the patients' families. "It's helpful to have that added support system," she said.

"We look at every aspect of a patient's life," Dr. Bir said. "That's the part I love about it. Medical, spiritual, social, we hear a lot of things while spending time with patients and their loved ones."

*For more information about St. Mary's Regional Cancer Center, call 304.526.1349.*

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"Multidisciplinary inpatient rounding enables us to provide comprehensive care to our patients. Each team member is responsible for a different aspect of the patient's health, so when you have the team all together discussing a patient, it's a much more efficient use of resources and the patient is much more satisfied with his or her care knowing everyone is on the same page."

– Aynessa Mondlak, RN, MSN, FNP-BC, OCN  
director of oncology services at SMMC

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# The world has changed. Cancer has not.

Over the past year we've been forced to do so much on our own. As life and schedules return to normal, we want to remind you that we're here to help you manage your health through scheduling wellness visits and taking time for important health screenings – such as a high-quality 3D mammogram, which detects breast cancer early when it's most treatable.

The world may have changed, but the need to protect your health has not.

**Call and schedule your mammogram today.**



Cabell Huntington Hospital  
Breast Health Center  
**304.526.2270**



St. Mary's Breast Center  
**304.526.8221**



St. Mary's Breast  
Center at HIMG  
**304.528.4690**

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NETWORK