

R E N O W N

JOURNEY

A publication of the Renown Institute for Cancer

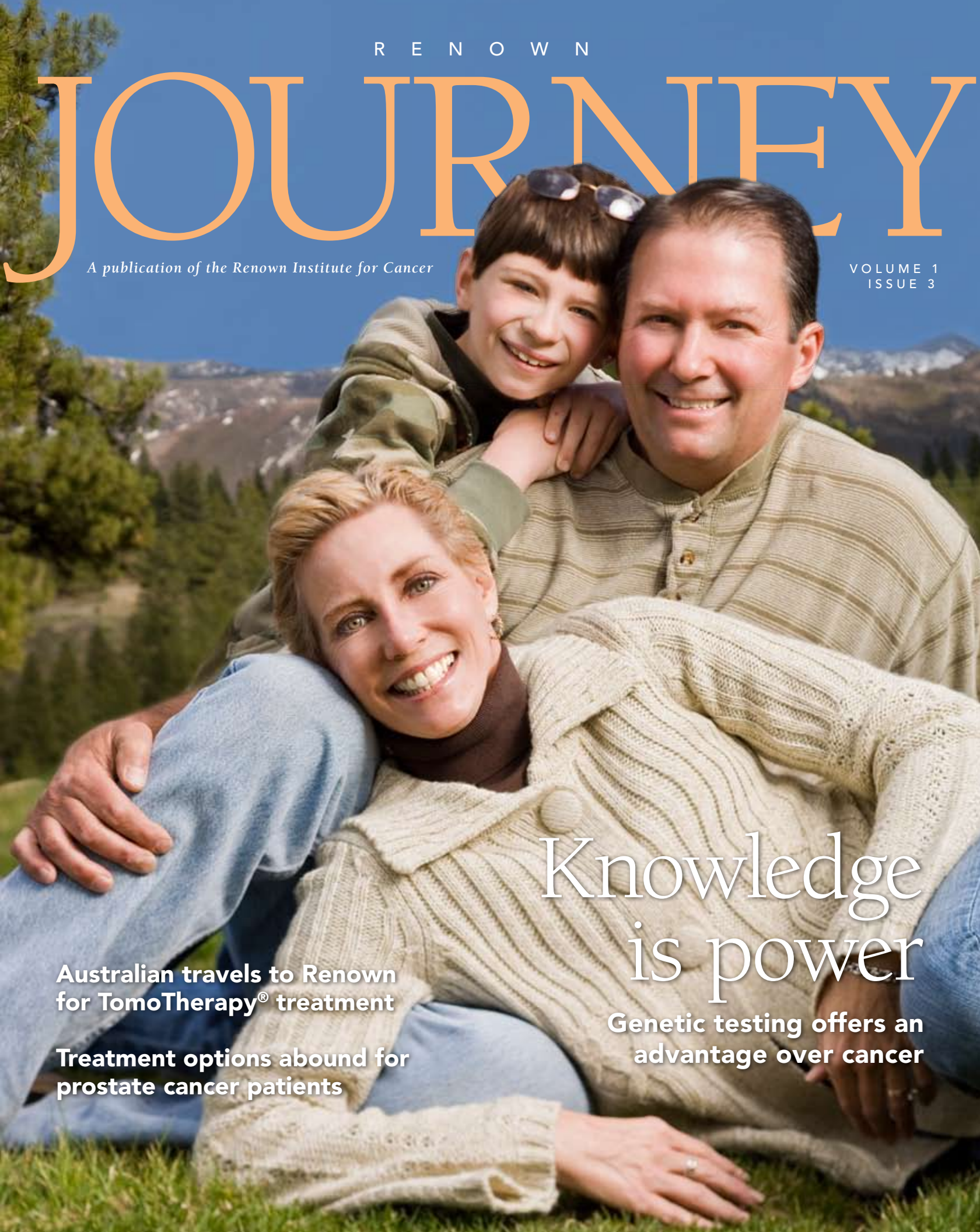
VOLUME 1
ISSUE 3

Knowledge
is power

**Australian travels to Renown
for TomoTherapy® treatment**

**Treatment options abound for
prostate cancer patients**

**Genetic testing offers an
advantage over cancer**





Introducing big-time care for pint-sized patients.

Children's Infusion Center now open

The new Children's Infusion Center at Renown Children's Hospital was created specifically with young patients in mind. Everything from the **kid-sized** infusion chairs and medical equipment to the **games**, **books** and kid-friendly décor allows our littlest patients to focus on what matters most...**getting better**. With state-of-the-art treatment close to home, children and their families will feel better the moment they walk through our doors.

To learn more about Pediatric Specialty Care and other children's services offered at Renown Children's Hospital, call 775-982-5123.



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CHILDREN'S
HOSPITAL

RENOWN INSTITUTE FOR CANCER UNDERSTANDS THAT A CANCER DIAGNOSIS CAN BE FRIGHTENING AND OVERWHELMING. That is why we offer a wide variety of services to cancer patients and their families. From support groups to dietitians, nurse navigators to financial counselors, and a cancer concierge to a dedicated social worker, we are here to help every step of the way. We also understand that recovery takes more than just treatment: it takes a team of highly trained individuals, including doctors, nurses, radiologists, pathologists, therapists and pharmacists. We have assembled the best professionals from all over the world to provide world-class cancer care, right here in northern Nevada.

In May, we unveiled the expanded Children's Infusion Center. With colorful artwork and décor, junior-sized infusion chairs and kid-friendly entertainment, our smallest patients now are able to receive their infusion treatments here at home in a kid-centric environment. We also recently opened the newly renovated cancer patient rooms. Relocated to the Sierra Tower first floor, the 27 private rooms and two semi-private rooms feature two-toned, faux hardwood floors, original artwork and flat panel TVs.

In this issue, you will find a story that highlights the nursing excellence we have here at Renown Institute for Cancer. Whether it is our Oncology Certified Nurses (OCN), one of the state's only Chemotherapy Certified Nurses (CCN) or our dedicated cancer pharmacists, you can rest assured that we have the skill and expertise to provide top-notch healthcare.

At Renown Institute for Cancer, our commitment to cancer patients means we are dedicated to providing the most advanced cancer treatment available. September is Prostate Cancer Awareness month, and with the latest technology and brilliant physicians, Renown Institute for Cancer is making great strides in the treatment of prostate cancer. In this issue, you can read about the amazing new technologies at Renown, all with fewer side effects and faster recovery.

October is Breast Cancer Awareness Month. Inside you can read the inspiring



story of a family with genetic breast cancer, their journey and reasons they decided to undergo genetic testing. Also, because we believe in the importance of early detection, look inside for a list of low-cost screenings.

As always, this issue of *Renown Journey* provides valuable information about proactive cancer care, including screenings for men and women by age group, physician profiles, notes from your nurse navigator and information on clinical trials.

Whether you are a newly diagnosed cancer patient, a survivor, a family member or a friend, *Renown Journey* provides

important information for the mind, body and soul. I hope you continue to find *Renown Journey* valuable and meaningful. Enjoy!

Linda W. Ferris, PhD
Vice President, Renown Institute for Cancer



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Support Services
Concierge, resource center redefine compassionate care

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RENOWN
JOURNEY
VOLUME 1, ISSUE 3

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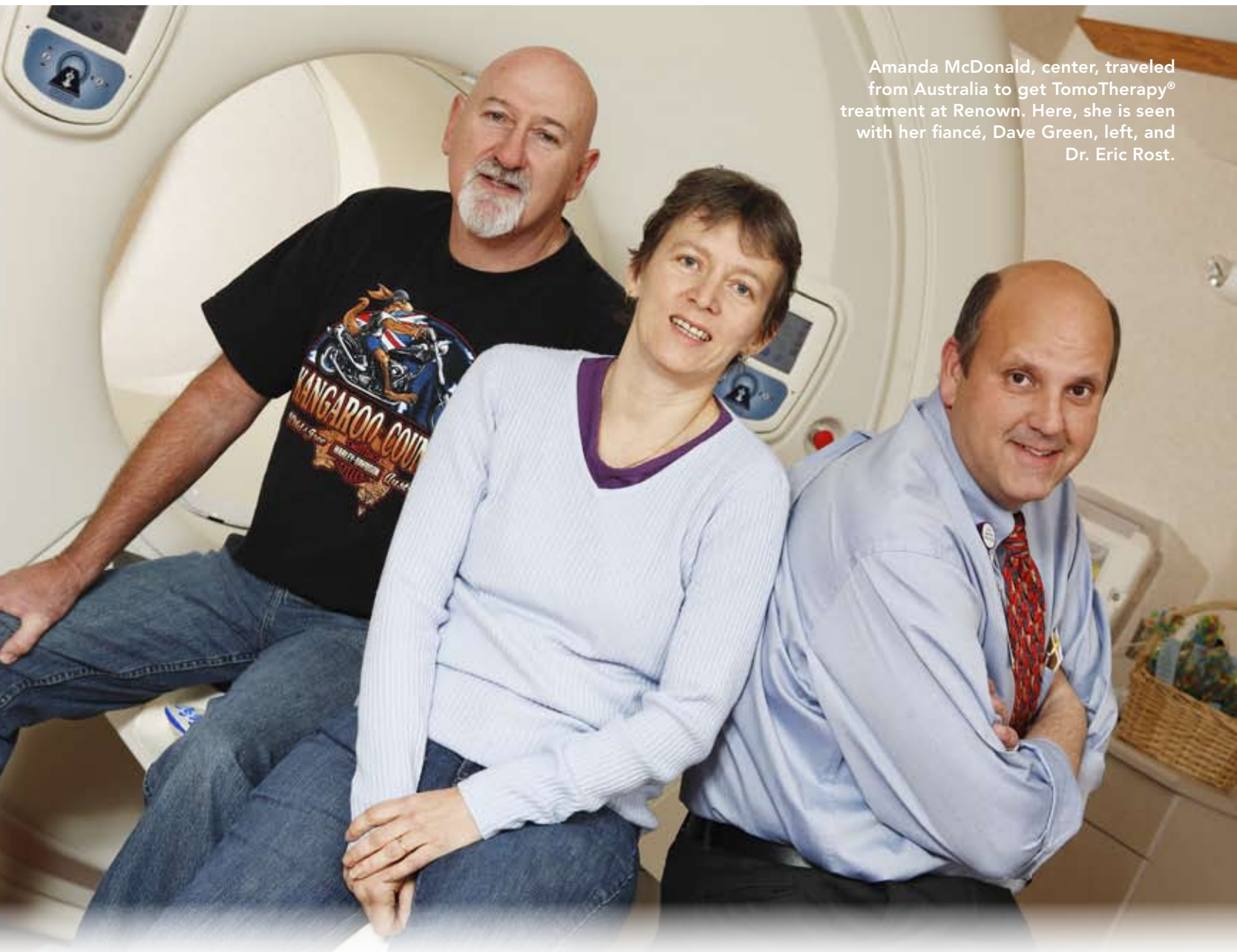
Leah Nelson
MARKETING COORDINATOR

CONTRIBUTING PHOTOGRAPHERS:
Jeff Dow, April Stokes, Richard Stokes, Paul G. White

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Knowledge is power

Three generations find strength and answers through genetic testing



Amanda McDonald, center, traveled from Australia to get TomoTherapy® treatment at Renown. Here, she is seen with her fiancé, Dave Green, left, and Dr. Eric Rost.

Beacon of hope

Australian travels to Reno to receive TomoTherapy® treatment

FIVE YEARS AFTER A LUMPECTOMY, CHEMOTHERAPY AND RADIATION, AMANDA MCDONALD GOT THE ALL-CLEAR: HER BREAST CANCER WAS IN REMISSION. Then 32 years old, the Australian and her fiancé, Dave Green, started a meat packing business in Perth, Western Australia, travelled the world and found time now and then to slip a shrimp on the barbie. Seven years later, her cancer returned — this time on her sternum. Initially the size of her fingertip, within 12 months, the cancer had grown to the size of a golf ball. Despite an initial round of chemotherapy followed by radiation, it metastasized to her shoulder, lower back and left leg. “I was told I had three to nine months to live,” she said.

“Radiation can now be done in conjunction with other treatment options, like complementary treatments, surgery and chemotherapy.”

Eric Rost, MD, Medical Director of Radiation Oncology at Renown Institute for Cancer

That was more than two years ago. Today, McDonald travels to Renown Institute for Cancer from Down Under to be treated with the TomoTherapy Highly Integrated Adaptive Radiotherapy (Hi-Art) system.

“TomoTherapy gave me hope again,” McDonald said.

Since January 2009, TomoTherapy has been offered at Renown Institute for Cancer. Renown is the only hospital in northern Nevada to provide this therapy, and is one of a small percentage of facilities worldwide to have it. On the first day Renown offered TomoTherapy, it broke a world record for the complexity of cases it treated with the therapy. And with 40-45 patients a day, Renown Institute for Cancer is now the busiest of about 260 TomoTherapy centers in the world. Although there are many TomoTherapy facilities in the world, there are few that have the experience and expertise as the program at Renown Institute for Cancer.

CANCER QUICK FACT:

About 77% of all cancers are diagnosed in persons 55 and older.

New technology

TomoTherapy differs from traditional radiation therapy in that it provides true 3-dimensional images of a patient’s anatomy with each treatment, and can deliver precise doses of radiation from all directions. This real-time imaging is important because it allows doctors to track the progress of the treatment and readjust the treatment area, even as the tumor shrinks.

Dr. Eric Rost, Medical Director of Radiation Oncology at Renown Institute for Cancer, describes it as “surgery without a knife.”

TomoTherapy combines an advanced form of Intensity Modulated Radiation Therapy (IMRT), CT scanning technology and advanced tools for planning and delivering radiation therapy in one integrated machine.

“With TomoTherapy, we can sculpt small, powerful and exact radiation beams to hit numerous hard-to-reach tumors without damaging surrounding healthy tissue,” Dr. Rost said. “Now we have the ability to see the tumor in relation to other nearby structures and organs. That raises the standard for treatment.”

And while traditional therapies project radiation onto a tumor from only a few directions, the TomoTherapy Hi-Art treatment system delivers precise and powerful doses of radiation therapy from 360 degrees in a helical manner and can treat multiple cancers simultaneously.

Preferred treatment

Lecturing worldwide about various advanced radiation therapy technologies, Dr. Rost, who was involved in the original research and development of TomoTherapy, said it is still his favorite tool.

“Radiation can now be done in conjunction with other treatment options, like complementary treatments, surgery and chemo,” Dr. Rost said. That’s because side effects are minimal and therefore other therapies can be tolerated much better.

After only 10 treatments, McDonald is amazed at the benefits. One treatment is only 10 to 15 minutes long and, conveniently, she doesn’t even have to slip out of her own clothes to receive it.

“Comparing TomoTherapy to my earlier treatments is like comparing chalk and cheese,” McDonald said, remembering other treatments in which her whole leg was treated with radiation, and the time her shoulder was burned as a side effect of therapy. The TomoTherapy radiation beams target only the cancerous cells and keep surrounding tissue healthy.

“I have no side effects, my pain is less, I’m already walking better,” she said and expects to experience more pain reduction within two or three weeks and wants to walk without a cane in the next three to six months.

When McDonald returns to Australia, she will say, “G’day” to friends and family at the airport and find out what new words her three parrots have learned during her five-week absence. The words she repeats daily with a big smile are written on her bedroom door: “Every day, in every way, I get better and better.” ■

Visit www.renown.org/tomotherapy for more information about TomoTherapy. You also can have your questions about TomoTherapy answered by the experts at Renown Institute for Cancer or request a consult online.

Eric C. Rost, MD

Eric C. Rost, MD, is the Medical Director of Radiation Oncology at Renown Institute for Cancer. He earned his medical degree from Northeastern Ohio University’s College of Medicine. He trained in internal medicine at George Washington University/Providence Hospital and in nuclear medicine and radiology at Johns Hopkins University in Baltimore. His training in radiation sciences continued with radiation oncology at Columbia-Presbyterian Medical Center in New York and the University of Miami.

{ BETH-case scenario

Clinical trial provides hope to breast cancer patients

IT IS A TYPICAL SCENE PLAYED OUT IN HOUSEHOLDS THROUGHOUT TOWN: MOM AND DAUGHTERS BOWLING IN THEIR LIVING ROOM — with the help of a Wii video game station.

But this activity is one-part play, one-part therapy for mom, Reno resident Tracy Douglass, who uses the Wii as another tool in her recovery from breast cancer.

“After the surgery, and after the chemotherapy, the Wii actually helps with arm stretches and building strength,” she said. “The girls usually kick my butt, but I’m OK with that.”

Her treatment is further characterized by participation in a clinical trial, called the BETH study, which is investigating the addition of a drug to standard chemotherapy in treating breast cancer.

“When I first heard about the trial, I thought to myself, ‘Hey, anything to keep this from coming back,’” she said. “I’m only 35, I have two children — I want to be around for as long as possible.”

John Shields, MD, who is enrolling patients in the study, says the same drug under investigation in the trial has shown positive results in other types of cancer. That leads to the question at hand: whether it

also can help with certain breast cancers.

“Even when the disease has been removed through surgery, there’s still a risk for relapse since cancer cells can remain,” he said. “With the addition of this drug, we’re studying whether we reduce the risk of relapse.”

Dr. Shields underscores the importance of clinical trials for current and future patients.

“Through clinical trials, we learn how to better treat and care for our patients,” he said.

That reasoning resonates for patients such as Douglass.

“I’m really doing this for my kids,” she said.

“This is a fast-growing disease, and it just keeps coming back. So the way I see it is this trial gives me extra hope. If it works for me — or for

someone else — then it’s worth it.”

And when she’s not playing the Wii, or watching “Beverly Hills Chihuahua” with her 8- and 11-year-old daughters, she’s focused on her recovery.

“I spend a lot of time telling myself this won’t come back,” she said. “I’m optimistic and so thankful for my family and the support groups at Renown.” ■

Other physicians enrolling patients in the BETH study include Steven Schiff, MD; Gary Abrass, MD; F. Craig Conrath, MD; Suresh Reddy, MD; and Tejvir Singh, MD. For a list of open clinical trials at Renown Institute for Cancer, please visit www.renown.org/cancer.

John A. Shields, MD

John Shields, MD, is a principle investigator team member at Renown Institute for Cancer. He also practices at Alpine Hematology-Oncology in Reno. Dr. Shields earned his medical degree from the University of Colorado School of Medicine in Denver, Colorado.

“Through clinical trials, we learn how to better treat and care for our patients.”

John Shields, MD



TRACY DOUGLASS

Clinical trial: NSABP B-44-1: The BETH study
Duration: 1 year

Study investigates whether the addition of the drug bevacizumab to standard chemotherapy protocol in treating patients with HER2-positive breast cancer will prevent cancer relapse.

{ Trials without tribulation

Clinical trials offer hope to local patients

RENO RESIDENT KINDRA MITCHELL, 46, SHOULD HAVE HAD HER CHOICE OF NEW YEAR’S RESOLUTIONS TO RING IN 2008. But instead of focusing on daily gym visits or improved time management, her resolution was considerably more critical: to live.

Mitchell had been diagnosed with ovarian cancer only weeks before. After successful surgery, she upheld her resolution. Now her focus is on continued health for herself and other cancer patients.

She is taking part in a clinical trial evaluating the addition of a promising drug to standard chemotherapy in order to prevent recurrence of tumor growth.

“There have been so many brave men and women before me who underwent clinical trials to improve cancer treatment,” she said. “So I’m doing my part. Plus I have a compelling reason: three daughters, four nieces and countless others who could benefit.”

Mitchell lost her mother to breast cancer when she was a child; her sister was diagnosed with cancer only 18 months before Mitchell’s diagnosis. So she points to an expansive family history of the disease as part of the motivation to participate in the trial.

“I can’t tell you how fortunate I feel to be part of this trial,” she said. “You can’t choose cancer, but you can choose how you deal with it. If I’m doing something that will benefit people and potentially my own family in the future, then I feel good.”

Local principal investigator for the GOG 0218 trial, Peter Lim, MD, says preliminary trial results will be revealed next year, but that the data are promising.

“This is a potentially huge breakthrough in the treatment of ovarian cancer,” Dr. Lim said of the trial drug, which already has shown positive results in treating other forms of cancer. “It’s a tremendous thing for our community to gain access to clinical trials like these that are typically only offered in universities.”



KINDRA MITCHELL

Clinical trial: GOG 0218
Duration: 18 months

Study investigates the addition of bevacizumab to standard chemotherapy protocol in treating patients with stage III or stage IV ovarian epithelial, primary peritoneal cancer or fallopian tube cancer.

“There have been so many brave men and women before me who underwent clinical trials to improve cancer treatment. So I’m doing my part.”

Kindra Mitchell, clinical trial participant

Mitchell says she has a renewed sense of optimism gained from family encouragement, Dr. Lim and his staff and their “amazing spirit” and the hope she has for herself and future patients thanks to the clinical trial.

“It is so much easier to go through this process with

hope and a positive outlook,” she said. ■

For a list of open clinical trials at Renown Institute for Cancer, please visit www.renown.org/cancer.

Peter Lim, MD, FACOG

Peter Lim, MD, is Medical Director of Gynecologic Oncology at Renown Institute for Cancer and practices at the Center of Hope at Renown Regional Medical Center. He is one of fewer than 1,000 board-certified gynecological oncologists in the nation. After completing his obstetrics and gynecology residency at University of Southern California Women’s Hospital, he secured a highly competitive fellowship at the Mayo Clinic in Minnesota. He has been in private practice since 1997.

{ Know thyself

Doctor, patient raise awareness of rare breast cancer

WELL INTO POLICE ACADEMY TRAINING, RENO RESIDENT KATIA SEEKINS KNEW SHE WAS FACING THE CHALLENGE OF HER LIFE. What she didn't know was that the police academy was the least of it.

"I had passed all the tests to get into the academy, I was in my 10th week of training — and then I was diagnosed with cancer," she said.

But this wasn't a typical cancer. The diagnosis was inflammatory breast cancer, commonly called IBC, which according to Radiation Oncologist Daphne Palmer, MD, only accounts for three percent of all breast cancer diagnoses.

"People should know this is rare," Dr. Palmer said. "When it occurs, it's usually in younger women at a median age of about 45 to 50. But it's very aggressive, and by the time we're able to diagnose, it's usually in an advanced stage."

At the time of her diagnosis, Seekins was just 40. And she never suspected the disease.

"I'm from a healthy family," she said. "I've always been healthy too — never sick, exercise a lot. It just didn't make sense."

According to Dr. Palmer, IBC can be difficult to diagnose.

"It often won't show up on a mammogram," Dr. Palmer said. "It's not a mass, but rather sheets of tumor in the lymphatics of the skin. With most cancers of the breast, you feel a lump and it shows up on a mammogram, but the breast looks normal. IBC is just the opposite."

She notes that with IBC, the breast will appear abnormal — red, swollen and may even look like it is infected. It can be tender and warm. The skin of the breast may also appear pink, reddish purple, or bruised. The skin may also have ridges or appear pitted, like the skin of an orange.

"What women need to know is that you don't have to have a lump to have breast cancer," Dr. Palmer said. "Anything you feel or see that is abnormal should be checked out. And if you think you might have an infection of the breast, see a doctor."

Three years after diagnosis, a double mastectomy, chemotherapy and radiation, Seekins is beginning to feel like herself again.

"I never panicked and always believed I could beat this," she said. "And so far, I have."

Seekins echoes Dr. Palmer's advice for women to be self aware.

"What women need to know is that you don't have a lump to have breast cancer."

Daphne Palmer, MD



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"The most important thing is if anything feels or looks different or if you have any pain, just see your doctor," she said.

With her renewed sense of self-awareness and health, Seekins is ready to tackle the next challenge.

"I still want to go back and finish the police academy," she said. ■

Daphne Palmer, MD

Daphne Palmer, MD, is a radiation oncologist at Renown Institute for Cancer. She received her medical degree from the University of California, Los Angeles School of Medicine, where she also completed her residency and served as chief resident of the Department of Radiation Oncology. She is a fellow with the American College of Radiation Oncology.

{ For your health

Because early detection saves lives

Because Renown understands the importance of early detection, Renown offers several convenient and low-cost health screenings.

Monthly Health Screenings

A variety of lab screenings are held every 2nd Wednesday from 8-10 a.m. at 850 Mill Street in Reno. For more information, call 775-982-5081.

- Comprehensive Metabolic Panel + Lipid Profile \$25
- PSA (Prostate Specific Antigen) \$35
- Rheumatoid Arthritis Factor \$25
- C-Reactive Protein \$25
- Thyroid Profile \$65
- Blood Typing \$25
- Complete Blood Count \$15
- Glycohemoglobin \$25
- TSH (thyroid function) \$35
- Vitamin D 25 Hydroxy \$40

\$25 Screening to Detect Heart Attack and Stroke

PADnet screenings assess risk for heart attack and stroke. PADnet is a noninvasive test that detects peripheral artery disease (PAD) by measuring the blood pressure in the arms and legs. For more information or to schedule a screening, call 775-982-2270.

\$35 Colorectal Cancer Home Screening Kit

This is an easy and reliable screening you can complete in the privacy of your own home. Everything you need, including step-by-step instructions and a pre-paid return envelope is included. For more information or to request your home screening kit, call 775-982-6830.

\$95 Lung Cancer Screening Study

This clinical trial uses the latest technology to detect lung cancer at its earliest and most treatable stage. Participants must be a current or former smoker, age 40 or older and have a 10-pack per year history (one pack of cigarettes per day for 10 years or two packs per day for five years). For more information, call 775-982-5847.

Monthly Self-Exams

Monthly breast self-exams are an important part of breast health screenings. Women should become familiar with how their breasts look and feel. Screening guidelines recommend that women should perform monthly breast self-exams starting at age 20. Any changes or abnormalities should be reported to a doctor.

Monthly testicular self-exams are an effective way to detect testicular cancer at an early and very curable stage. Men are encouraged to begin monthly testicular self-exams starting at age 20. Any changes or abnormalities should be checked by a doctor.

Visit www.renown.org/cancer to download a free self-exam card.

Debora Amaral holds up a family photo. She and her relatives were tested for the BRCA2 mutation.

Knowledge is power

Three generations find strength and answers through genetic testing

THIS STORY HAS ALL THE COMPONENTS OF AN EDGE-OF-YOUR-SEAT MYSTERY NOVEL, the kind you read while wrapped in a blanket on a bone-chilling night: genetic mutations; sealed envelopes containing family secrets; an elaborate web connecting people across the country.

But for Truckee resident Debora Amaral, the story is reality. And as the mystery unfolded, her life came into clear perspective.

"I was first diagnosed with breast cancer in 2002," she said. "I went in for a routine mammogram with a girlfriend and my two-year-old baby in the waiting room. I came out thinking, 'Oh my God. I have cancer.'"

Continued on page 12



Debora Amaral said genetic testing answered many of her questions, and impacted her healthcare decisions.

CANCER QUICK FACT:

Environmental (as opposed to hereditary) factors account for an estimated 75-80 percent of cancer cases and deaths in the U.S.

Continued from page 11

The radiologist had almost instantaneously diagnosed a suspicious finding on Amaral's mammogram as cancer. But while the timing was unfortunate—her dad recently passed away, and she and her husband were building a home in Truckee—it wasn't entirely shocking.

"Cancer was well known in my family," she said, referring to her father's recent death from pancreatic cancer, her mother's bout with breast cancer almost two decades earlier and her sister's own breast cancer, diagnosed at the age of 35.

But Amaral considered herself lucky. Given her family history, doctors had recommended mammograms starting at an early age, thus precipitating her diagnosis of noninvasive cancer at the age of 42. A lumpectomy and six weeks of radiation later, she said she thought she was "good to go."

But just after celebrating her five-year-clear mammogram, she discovered a suspicious lump. This cancer was more invasive. And this cancer was the wake-up call her family had hoped would never come.

Amaral's oncologist noted that such a high incidence of cancer in the family was not normal, and was potentially the warning sign of an unusual form of cancer called genetic breast and ovarian cancer syndrome. These signs were noticed years ago, and Amaral's mother, Patricia Weeks, and sister, Suzanne, had considered genetic testing after seeing similarities in their medical histories—most notably Suzanne's cancer diagnosis at such a young age.

"Only 10 percent of breast cancers are hereditary," said Brandy Smolnik, MS, a genetic counselor who practices in Reno and counsels patients from the Institute for Cancer. "But Debora was younger than a typical age of onset. And coupled with her sister's breast cancer at 35, it was strongly recommended she see a genetic counselor."

Smolnik first sat down with Amaral and discussed her family history of cancer, ages of diagnoses and types of disease. Based on this information, a comprehensive diagram evolved, and Smolnik counseled her about how her family structure correlated to established risk models.

"We saw some evidence that this (genetic breast cancer) was a possibility in Debora's case," Smolnik said.

So the family—all three women, all breast cancer survivors—moved forward with the blood test.

"I only wish we had done this 17 years ago when we first started talking about this," Weeks said. "It might have saved Debora from some pain."

Such guilt, Smolnik notes, is common but unnecessary. "The reality is that so much is out of our control when it comes to genetics. We don't control what's passed on, and there are some wonderful genetic traits that we pass along as well."

Weeks did not test positive for the BRCA2 mutation, which is a genetic marker that indicates a predisposition for genetic breast and ovarian cancer. But both Amaral and her sister did.

"After all of that, the interesting thing was that I tested negative," Weeks said. "Their dad was the carrier."

With her newfound genetic knowledge, Amaral now knew how to proceed with her cancer treatment. Doctors were at minimum recommending a unilateral mastectomy (removal of one breast), but the outcome of the testing convinced

her to choose the more radical but potentially life-saving double mastectomy. She also elected months later to have a complete hysterectomy (removal of the uterus) and an oophorectomy (removal of the ovaries) as a precaution to protect her from uterine and ovarian cancer.

"The testing answered so many questions, and I really looked at it as reassuring," she said. "I knew I had the gene. I knew the likelihood the cancer would return. And I knew I didn't want to go through this again. So I chose to clean myself out of everywhere this nasty cancer could hide."

And while Amaral recovered from her surgeries, another chapter of the story began to unfold: She now was concerned about her brother and his children, her sister's children and her father's sister, who has three children of her own.

"I turned it over to my mom," she said. "My choices were personal and based on my family's input, but we felt compelled to share the knowledge. It was empowering for us, but we also recognized its weight."

Smolnik says the choice to share genetic testing results can be a difficult one but ultimately gives the recipients of such news tremendous power.

"The benefits of learning about it (a potential genetic mutation) outweigh the negatives," she said. "If you have it, you have it—learning one way or the other doesn't make it suddenly appear. It just allows us to make better choices to deal with reality."

So for the daughters of Amaral's sister and brother, it will mean breast cancer screenings twice yearly. For the boys in the family, who are potentially at greater risk for melanoma and pancreatic cancer, it means greater vigilance in proactive screenings.

"I have a form letter that some patients send out to extended family," Smolnik said. She noted that the letter hints at some heavy news about the family's genetics, and it contains a sealed second envelope containing the details. "That way, it's their choice if they want to learn."

Weeks didn't have to go the route of the sealed envelope for her granddaughter, Suzanne's only daughter, Joy Lambert.

A 26-year-old news reporter and anchor in Alabama, Lambert said that watching her mother almost die when she was only 8 years old was "devastating."

"My brothers and I didn't understand," she said. "We watched her lie in bed, lose her hair—I'll never forget it. So obviously this is something I never want to go through myself."

She recalls learning that her mother had a tumor the size of a grapefruit in her breast before the cancer was even caught.

"The doctors discounted the tumor because she was too young," she said. "But the public needs to realize, no matter how young you are, it can happen."

Late last year, Lambert decided to be tested for the BRCA2 mutation—for which she tested positive. But like most of her family, she feels empowered by the knowledge, and it already has shown benefits.

"A month after my genetic testing, I had an MRI," she said. "They found a spot on my right breast. But it was biopsied and turned out to be a benign tumor. This shows that the doctors are taking this seriously, and I'm being proactive in my healthcare."

And she's also proactively telling the story, taking part in the countless forums available on bebrightpink.org, a Web site devoted to education and support for young women who are at high risk for breast and ovarian cancer. Additionally, she recently turned the cameras on herself, airing a news special called "Hope for Joy" that tracked her own story.

"Genetic testing is an incredible thing and saves lives," Lambert said. "It's scary to know, but it's scarier not to know. I'm positive I'll live a long life armed with this knowledge." ■

For more information about genetic breast cancer, visit www.renown.org. To access a Web-based tool allowing users to organize family health histories to share with their family doctor—or with other family members—visit www.familyhistory.hhs.gov. To follow up on Lambert's story, "Hope for Joy," visit www.renown.org/cancer.

"I knew I had the gene. I knew the likelihood the cancer would return. And I knew I didn't want to go through this again."

Debora Amaral, cancer survivor

Options abound

Prostate cancer patients discover diverse treatment options



Bill Riley, seen here with his wife and Renown employee, Rae, underwent TomoTherapy® treatment for his prostate cancer.

S PARKS RESIDENT BILL RILEY HAS A DATE. DAILY. BUT UNFORTUNATELY, IT'S NOT WITH HIS WIFE.

Every weekday at 11 a.m., Riley shows up — same time, same place. After about 20 minutes taking care of business, he returns to work.

The business at hand: treating his prostate cancer.

At the time of the interview, the 58-year-old was on his 13th consecutive day of treatment (of approximately 40-45) using the TomoTherapy® Hi-Art® Treatment System, a leading-edge radiation delivery method for all types of cancer exclusively offered in northern Nevada at Renown Institute for Cancer.

"It's a daily treatment, but patients get weekends and holidays off for good behavior," said Eric Rost, MD, Medical Director of Radiation Oncology at Renown Institute for Cancer. The weekend also serves as a period of recovery.

"Today is my 13th day, and I feel absolutely no side effects whatsoever," Riley said. "If I didn't know what the machine was really doing, I wouldn't even believe it."

What the machine is doing is delivering tens of thousands of highly targeted "beamlets" of radiation in a 360-degree spiral pattern around him. Simultaneously, his physicians are reviewing a three-dimensional view of surrounding internal structures through the use of a computed tomography (CT) scan.

Riley says he is living proof that the treatment allows him to maintain his active personal and professional life. He is married with five children and recently began a second career after working with UPS for 28 years. Now, his reinvention has taken him into the financial industry, where he works for the local branch of Waddell and Reed.

"I have always been an investment junkie, and I've always loved helping people," he said. "So this is my opportunity to put my passion to work and shift gears."

As such, he has chosen a treatment for prostate cancer that allows him to be fully functional and fully engaged in his life. TomoTherapy offers no pain, no extra recovery time from invasive procedures like surgery, no listlessness, no significant side effects.

"I'm blown away by the fact that you can successfully treat a disease like prostate cancer and not suffer the consequences like you would with chemotherapy or open surgery," he said. "And personally, I like the routine that comes from knowing I'm going to the same place, the same time every day. I've come to count on it, and it was easy to make the adjustment."

Of course, the ease is facilitated by a process that is, in Riley's words, "so simple."

"I go in, they treat me, and I leave," he said. "It takes about 15 to 20 minutes. There's no daily paperwork, and I go right back to work after. It's amazing."

Such consistency has allowed Riley to bond with other patients who have appointment times before and after his.

"I've watched two people graduate, so to speak," he said, referring to patients who successfully finished their treatments. "I'm so looking forward to the day when I'm done as well. I'll really feel like I've beat this, like I've won."

The science behind the treatment

"The key to treatment of prostate cancer is to destroy the tumor with as little harm to the surrounding tissues and structures as possible," Dr. Rost said, noting that even the volume of a patient's bladder on the day of treatment can minutely alter the location and positioning of the prostate — but potentially significantly alter where radiation should be targeted.

"The TomoTherapy system allows us to look at the entire structure in three dimensions and confirm the location every day, see all structures surrounding it and make sure we're targeting the exact area."

The radiation is delivered in such precise layers that the name for the device comes from the Greek prefix "tomos,"

which means "slice." But this form of external radiation is only one prostate cancer treatment option at Renown. Others include using radioactive "seeds" and surgery.

"There are so many treatment options right now, and we're just so darn good at them all," Dr. Rost said. "The patient and the doctor have to determine the course of treatment based on the least amount of compromises and the best chance of preserving the patient's quality of life."

But Dr. Rost says that the benefits of TomoTherapy — including little to no side effects, and the ability to treat cancer at all stages — typically make it a preferred method.

"In my opinion, TomoTherapy is vastly superior in its ability to both visualize the cancer and to deliver a high dose of radiation to the right spot over and over again," he said. "It also significantly reduces side effects like incontinence or impotence. In fact, most patients using this treatment option don't experience either to any great degree."

"I go in, they treat me, and I leave. It takes about 15 to 20 minutes. There's no daily paperwork, and I go right back to work after. It's amazing."

Bill Riley, patient

Continued on page 16



Riley says the support of his wife and his treatment team at Renown has helped him through his journey.

Continued from page 14

Raising awareness

According to the Centers for Disease Control, prostate cancer is the second leading cause of cancer death in men in the United States. And healthcare providers are proactively spreading the word about the disease, naming September National Prostate Cancer Awareness Month.

“It’s highly treatable,” Dr. Rost said, estimating the “cure rate” at about 98 percent when diagnosed at an early stage. “And treatment options are evolving.

“TomoTherapy is painless and certainly isn’t some onerous chore,” he continued. “It won’t change patient quality of life — except extending it.”

For prostate cancer patients who choose the surgical treatment option, Renown was the first provider in the region to offer the da Vinci® Robotic Surgical System, boasting faster recovery, smaller incisions and reduced side effects.

“This is truly state-of-the-art in terms of today’s surgical treatment options,” said Dr. Matthew McCormack, MD, a urologist and one of only three surgeons in the region performing physician-guided robotic surgery with the da Vinci System. “One of the unique aspects is how it allows for exceptional degrees of motion while performing the surgery.”

The system combines computer-enhanced technology with physician-guided robotics, as the entire surgery takes place through three small incisions using a high-powered camera and small surgical instrumentation.

“This technology, because of the magnified, three-dimensional view, allows us to perform very minimally invasive surgery,” said Dr. Angelo Kanellos, MD, another

CANCER QUICK FACT:

Physician-guided robotic surgery with the da Vinci® Surgical System has decreased the average hospital stay after a radical prostatectomy from 3.5 days to 1.2 days.

— According to a study at Vattikuti Urology Institute

urologist with da Vinci expertise. “It gives us the ability to use microscopic instruments that have greater dexterity for a more precise operation.”

Regardless of the treatment option selected, Bill Riley says the key is to be informed — and to be positive.

“Any time the ‘c’ word comes up — any time someone is diagnosed with cancer — it shocks you,” he said. “But there are so many ways to treat (it) nowadays, it’s important to deal with it, learn a lot and be positive.”

And he often finds himself staying positive while undergoing the very treatment that is allowing him to live a longer, happier life.

“It’s rather quiet in the machine, so I tend to daydream a bit,” he said. “In fact, I sometimes have to stop myself from falling asleep. But this is my 15 minutes to think about what I want to think about. And a lot of what I think about is how great this machine is and how the people working there are giving me a new chance at life.” ■

For more information about prostate cancer treatment options at Renown, visit www.renown.org/cancer or call Renown Institute for Cancer at 775-982-6830. For a list of recommended screenings, see pp. 28-29.

Angelo Kanellos, MD

Angelo Kanellos, MD, attended medical school and completed a six-year residency in urology at the University of Southern California, where he trained with Donald G. Skinner, MD, an expert in urologic cancer. Kanellos has practiced urology in Reno since 1992. He is a physician with Urology Nevada. He currently serves on the da Vinci Physician Steering Committee at Renown Regional Medical Center and assisted with the development of the Robotic Surgery Program at Renown.

Matthew C. McCormack, MD

Matthew C. McCormack, MD, earned his medical degree from Stanford University School of Medicine. He completed a surgical internship and residency in urology at Stanford University Medical Center in Palo Alto, Calif. Dr. McCormack is a board-certified urologist and practices at Urology Nevada.

Eric C. Rost, MD

Eric C. Rost, MD, is the Medical Director of Radiation Oncology at Renown Institute for Cancer. He earned his medical degree from Northeastern Ohio University’s College of Medicine. He trained in internal medicine at George Washington University/Providence Hospital. He also trained in nuclear medicine and radiology at Johns Hopkins University in Baltimore. His training in radiation sciences continued with radiation oncology at Columbia-Presbyterian Medical Center in New York and the University of Miami.



Life support

Nurse navigators give patients a much-needed lifeline in times of crisis

Sharon Knudson, left, shares a moment of levity with nurse Bobbi Gillis

S PARKS RESIDENT AND CANCER SURVIVOR SHARON KNUDSON SUBSCRIBES TO THE CONCEPT OF “PAYING IT FORWARD.”

“I’ve received so much support throughout the process,” she said of her breast cancer diagnosis, treatment and subsequent recovery. “I was so terrified in those early stages. Now if I can help people feeling those same feelings, it will seem like it was all worth something.”

After her cancer diagnosis, Knudson received help from family and friends, but one of the principal advocates in her journey was Bobbi Gillis, RN, who is a nurse navigator for breast health at Renown Institute for Cancer.

“We’ve seen that there is a need for someone to walk a newly diagnosed patient through the process,” Gillis said. “So my job is to be there for them, to answer questions, make sense of everything, facilitate their care, send them reliable information, even to make their appointments.”

Knudson relied on Gillis from the very first.

“I fell sobbing into Bobbi’s arms the moment I received the diagnosis,” she said.

But the support didn’t end there.

“From what I understand, she was there with my husband and friends — my entourage, as I call them — while I was in surgery,” Knudson said. “I was out of it, but everyone said having her there was very comforting.”

Gillis, an Oncology Nursing Certified Breast Care Nurse, was able to address questions from Knudson’s “entourage” by drawing on her 30-plus years in the medical field. She also is a breast cancer survivor.

“I hope to be the one who makes it easier on the patient.”

Bobbi Gillis, RN, CBCN, BSN

“It does feel better to know she’s been through this,” Knudson said. “It gives her a more powerful perspective into my fears, my worries.”

With guidance from her trusted navigator, Knudson found a forum for voicing her fears and worries in weekly support group meetings moderated by Gillis, social worker Diana Brown and cancer concierge Cindy Thomas.

“People in these situations need to take full advantage of the support they’re offered. They need to lean on as many people as they can so that they can focus on themselves,” Knudson said.

Gillis agreed, noting patients need to rely on family, friends, doctors and staff, and to accept the help offered by navigators like herself.

“I hope to be the one who makes it easier on the patient,” Gillis said. “My goal is to get them through the process and to get them on with their long lives.” ■

For a listing of Renown cancer support groups, see page 31. For more information about nurse navigator programs, please visit www.renown.org/cancer or call Renown Institute for Cancer at 775-982-6830.



Kelly Worley, RN, OCN, CCN, an oncology-certified nurse, and Bob Fox, Pharm.D., an oncology pharmacist, assist patients through treatment.

{ Specialized care

Oncology nurses and an oncology pharmacist combine expertise with compassion

KELLY WORLEY'S EMPLOYEE BADGE DOESN'T INDICATE THAT SHE IS AN ONCOLOGY CERTIFIED NURSE (OCN), a chemotherapy certified nurse (CCN) and a chemo instructor. But once patients find out, their questions don't stop.

"Being certified opens a bridge of communication," she said.

That rapport with patients is part of her work as a specially trained oncology nurse, one of a few in Nevada. Renown Institute for Cancer has nine OCNs, as well as a pharmacist who specializes in cancer care.

Specialized nursing

Cancer care changes each day, and oncology nurses need to know about everything from new treatments and technologies to changes in managed care and evolving reimbursement policies. To ensure that level of expertise, OCNs such as Worley must pass a comprehensive certification exam, have at least 12 months experience as a registered nurse and a minimum of 1,000 hours of oncology nursing practice.

Worley's career as a nurse dates back 18 years, the last seven of them in cancer. Her specialty training includes a

two-day review course for which Renown flew in a special instructor. Every four years she continues her education with at least 100 continuing education credits.

Besides her medical expertise, Worley brings passion to her profession. The infusion nurses average up to 15 patients a day, and their upbeat smiles, heartfelt compassion and happy confidence underscores their love for their jobs.

"For many patients, the mind is full with new knowledge and some are still processing the news," she said. "It is important that they know they are well-cared for."

One of only 107 OCNs in Nevada, Worley is an expert in infusion treatments. She also talks with patients about side effects such as fatigue and hair loss, gives referrals to dietitians and social workers, draws blood and monitors patients during treatment.

As northern Nevada's only chemo instructor, Worley teaches other nurses about quality patient care protocols, national guidelines and recommendations. Her education is based on standards of the nationally recognized chemotherapy and biotherapy course offered through the Oncology Nursing Society (ONS), a professional organization of more than 35,000 registered nurses and other healthcare providers dedicated to excellence in patient care, education and research.

"To the patient, consistent practices and procedures help define optimal care," Worley said.

Alleviating side effects

The team of highly-specialized experts at Renown Institute for Cancer also includes five pharmacists who specialize in cancer care.

Oncology pharmacist Bob Fox offers patient-specific therapeutic interventions to treat, cure, rehabilitate and alleviate medical conditions and diseases specific to cancer patients. He communicates with physicians and nurses to ensure the safest, most precise therapy for each patient.

Fox participates in a patient's care through therapeutic drug monitoring and nutrition support. He provides drug information and patient education and oversees pharmacy-trained technicians who prepare individual doses of chemotherapy just before patients receive them.

He also serves on the Institutional Review Board (IRB) at Renown Health, which reviews clinical studies and oversees patient safety. As an oncology pharmacist, Fox participates in the approval of all chemo and infusion therapies.

CANCER QUICK FACT:

Research shows that eating whole grains such as kasha, quinoa, millet and spelt may help reduce your risk of cancer of the small intestine.



Oncology pharmacist Bob Fox specializes in cancer care.

After receiving his doctorate degree in pharmacy from the University of the Pacific in Stockton, Calif., Fox completed a residency at the Medical College of Virginia in Richmond. He has been at Renown for more than 22 years and has spent the last five years in cancer.

Fox learned about the treatment of cancer while working as clinical coordinator, the drug information specialist for the hospital. By attending in-house training and national conferences of the Hematology Oncology Pharmacist Association, Fox widened his cancer-based expertise.

For the patient, having a cancer pharmacist on-site means yet another resource. For those enrolled in clinical trials, the oncology pharmacist and research nurses keep track of the investigational medication. And for those with side effects, the oncology pharmacist can suggest preventative treatments or a more optimal timing or dose to the patient's doctor. ■

Visit www.renown.org for more information on nursing excellence.

{ Pediatric cancer

Cancer diagnosis motivates teen to take stock of her life

WHEN 16-YEAR-OLD JESSICA CUMMINGS WAS FIRST DIAGNOSED WITH A BRAIN TUMOR, IT WAS CONSIDERED UNTREATABLE AND FATAL.

Her father, Jim Cummings, sought a second opinion at Renown Institute for Cancer. There, he found hope and high-level care for his daughter.

Caroline Hastings, MD, Medical Director of Pediatric Hematology and Oncology at Renown Children's Hospital, evaluated Jessica's case and determined, along with a team of specialists at Children's Hospital & Research Center Oakland, that the tumor was treatable and operable. The day after the evaluation, Jessica met her neurosurgeon in Oakland, Calif.

After four surgeries and a 21-day stay in intensive care, Jessica is back in northern Nevada. Although she will need chemotherapy, she won't have to travel back to Oakland for the 12-month-long, 5-hours-a-week treatment sessions, because Renown can deliver those services. As the region's only medical center with a Pediatric Specialty Care Program, Renown can treat children with major illnesses, cancer, leukemia, solid tumors, brain tumors, kidney disease, lung disease and blood diseases. Services continue to expand, including the opening of the new Children's Infusion Center, which offers infusion therapies such as chemotherapy and blood transfusions.

For Jessica and her family, that means her cancer can be treated locally.

"Having Jessica here in Reno not only

saves time and money," Jim Cummings said, "being close to home and family is one less stress."

A new outlook

Facing cancer is tough. Jessica recalled the experience — which included relearning to walk and talk after surgery — as traumatic.

"It was the scariest time of my life," she said. "But my dad, my surgeon and all the nurses kept telling me I'd make it when I really doubted it."

She found the inner strength to brave cancer — and to confront other issues in her life. Jessica took a second look at school, an area in which she had struggled. Not knowing that her academic difficulties could have been influenced by her cancer, the sophomore had almost dropped out of North Valleys High School. But

after her cancer diagnosis and initial treatment, she now is determined to finish school and join the United States Air Force.

"After the surgery, I knew that I wanted to go to school and succeed," she said. "It made me look at life differently. I had started going with the wrong crowd and realized that if I wanted to succeed, they weren't going to help me with that."

The road ahead

Along with working toward her career goals, Jessica will continue to deal with cancer. After surgery, she still has a

residual tumor — a situation her surgeons had expected even before the operation.

"But we determined it to be a low-grade astrocytoma (a cancer that originates in star-shaped brain cells called astrocytes)," said Joseph Torkildson, MD, a neuro-oncology expert practicing at Renown Institute for Cancer. "Our goal is to control it with minimal impact on her life."

Chemotherapy is one way doctors hope to control it — and receiving chemotherapy locally at Renown instead of in Oakland will minimize the impact on Jessica's schedule.

"It doesn't seem reasonable to drive 4.5 hours each way for a weekly chemo treatment that can be done at a major medical center like Renown," Dr. Torkildson said.

That was one reason Dr. Torkildson, who also holds an MBA, supports the expansion of the programs and services offered by Pediatric Specialty Care at Renown. Besides the new Children's Infusion Center — which was partially funded by a \$25,000 grant from the Keaton Raphael Memorial — Renown continues to sponsor and participate in the annual Childhood Cancer Awareness Day in September to help increase awareness of childhood cancer and promote clinical research efforts. ■

Whether you are at the beginning of your journey or looking for a second opinion, the experts at Renown Institute for Cancer can help you explore treatment options. To request a consult, call the Institute for Cancer at 775-982-6830.

For more information about Dr. Torkildson, see page 27.

Dr. Joseph Torkildson, seen here with Jessica Cummings in the newly expanded Children's Infusion Center, works with the hospital's youngest patients.





Support services

Concierge, resource center redefine personalized care

Cindy Thomas, right, helps patients in the Cancer Resource Center at Renown Institute for Cancer.

WHEN 85-YEAR-OLD LOREN HART WAS DIAGNOSED WITH PROSTATE CANCER, the first stop on his journey was the office of full-time cancer concierge Cindy Thomas. Thomas, who works in the Sally de Lipkau Cancer Resource Center, interviews new patients to make sure they know everything they need to begin treatment.

Hart, a former Missouri farm boy turned Navy seaman, praised Thomas' compassion and helpfulness.

"Cindy had answers to all the questions I ever had," he said. "I've been around the world twice, and no other hospital has staff that's so committed and treats you like family."

His wife of 30 years, Ruth, commented on how welcoming and calming Thomas has been.

"I was worried about my husband, worried about our future, worried about our finances," she said. "From the beginning, Cindy told me that we would be okay."

In his seventh week of treatment, Hart still looks forward to coming to his radiation sessions and never forgets to stop by Thomas' desk. Her door at the Cancer Resource Center is always open.

Named after five-time cancer survivor Sally de Lipkau, the Cancer Resource Center provides access to resources and

program information, computers and a lending library with inspirational and humorous books and magazines. Thomas can assist with many support services, including financial aid referrals, and recommend support groups.

Support groups offer a safe place to share emotions and experiences, seek and give advice, and exchange practical information with others. Some groups, such as the cancer support group for patients and families, are ongoing and

facilitated by the social worker at the Institute for Cancer. Others, such as I Can Cope®, are courses with lectures from various specialists designed to empower and encourage cancer patients and their caregivers.

In addition to various support systems, the center affords a quiet place to consider care decisions

and share the emotional aspects of cancer. ■

"I've been around the world twice, and no other hospital has staff that's so committed and treats you like family."

Loren Hart, prostate cancer patient

If you or a loved one is diagnosed with cancer, call the Cancer Concierge at 775-982-6830. The Cancer Concierge can help with the questions and overwhelming feelings that commonly occur after a cancer diagnosis. Renown Institute for Cancer offers support as well as navigation services designed to help cancer patients every step of the way.

Support services

Registered dietician helps patients avoid side effects of treatment

WHEN THE MERE THOUGHT OF FOOD MAKES YOU FEEL AS IF YOU WERE SITTING ON A BOAT IN ROUGH SEAS, but you need to maintain your weight to sustain cancer treatment, a registered dietician can help.

Side-effects of radiation and chemotherapy may include nausea, vomiting, diarrhea or constipation. Certain foods can help alleviate those symptoms. Others make them worse. Registered dietitians have lots of little tricks to provide adequate nutrition.

"We can increase or decrease fiber," registered dietician Sean Walsh said. "When you're (nauseated,) you should stay away from high-fat foods like greasy burgers."

In other situations, the advice is different. For example, Walsh counseled Robert Steele, who was scheduled for chemotherapy, to request a feeding tube.

In constant contact with the primary cancer doctor, Walsh sees mostly high-risk cancer patients at the beginning of treatment.

"It's important to get ahead of the problems before they happen," he said.

Registered dietitians educate cancer patients before, during and after treatment. And contrary to the myth that dietitians recommend a strict diet, Walsh prescribes eating what you want as long as you satisfy your nutritional requirements.

"Radiation treatment is not the time in anybody's life to be concerned with weight gain," Walsh said.

For Steele, the biggest side effect of chemotherapy is that food tastes bad.

"Whether a steak or an A&W root beer, nothing tasted like it's supposed to and it didn't taste better," Steele

"With (registered dietician) Sean, we have someone to guide us. You feel like you're not alone."

Robert Steele, pancreatic cancer patient

said. "I couldn't get food past my lips."

To help him avoid losing too much weight, Walsh put Steele on a liquid, high-protein, high-calorie athlete's diet, which is fed through the feeding tube.

Steele is grateful for the assistance.

"With Sean, we have someone to guide us. You feel like you're not alone," Steele said.

Being at the hospital every morning at 8 o'clock and carrying around the chemo bag is a rather strange lifestyle,

Steele continued. At home, his bed has replaced the dining room table in the middle of the split-level house. But supported by his wife Barb and his five children, Steele said he feels like everything is manageable. ■

Visit www.renown.org/cancer or call Renown Institute for Cancer 775-982-6830 for more information about our registered dietitians and other support services.



Dietician Sean Walsh, RD, right, shown here with patient Robert Steele and his wife, helps patients get through some of the digestive problems that can occur with chemotherapy and radiation.

Melanoma prevention

Sunny days mean harmful rays

NORTHERN NEVADA'S SUNNY DAYS MAY LIFT EVERYONE'S MOOD, BUT YEAR-ROUND ULTRAVIOLET RAYS CAN CAUSE MELANOMA, a deadly form of skin cancer. While highly curable when detected and treated in its earliest stages, it's best to prevent the disease by protecting the skin. Here's a quick look at the risk factors for melanoma, prevention and warning signs.

1} Risk factors

"In northern Nevada, skin cancer cases are above the national average because at (higher) altitudes, the atmosphere is thinner, filtering out less of the damaging rays," said plastic surgeon Kevin O'Loughlin, MD. "Alpine lakes, beach sand and snow have a reflective nature and can cause exposure even in the shade."

In addition, people are outside year-round in northern Nevada, where a gentle breeze and cooler temperatures eliminate the sensation of heat or burning that normally would cause people to get out of the sun.

Risk factors for melanoma include excessive sun exposure, a fair complexion, a history of blistering sunburn during childhood, multiple moles or freckles, a family history of melanoma and age.

There is a general misconception that skin cancer is not serious. You should always use sunscreen before going out in the sun. A change on the skin is the most common sign of skin cancer. This may be a new growth, a sore that doesn't heal, or a change in an old growth. Not all skin cancers look the same. You should talk to your doctor if you have any concerning lumps or scaly patches of skin that are tender or itchy.



2} Prevention

"Skin cancer has a high cure rate when detected early," said plastic and reconstructive surgeon LaDawn Talbott, MD. "Prevention, awareness, early detection and intervention are the most important keys in lowering risks."

To prevent melanoma, avoid sun exposure during peak UV-radiation hours (between 10 a.m. and 4 p.m.) Use waterproof, UVA- and UVB-filtering sunscreen or sun block with at least SPF 15 daily, and reapply at least every two hours. Wear sunglasses, UV-protective clothing and wide-brimmed hats. Last, sidestep tanning booths; for a bronzed look, choose spray-on tans.

Melanoma survival rates:

Five-year relative survival rate: 88 percent
 Diagnosed at a localized stage: 82 percent
 Lifetime risk: 1 in 60 United States citizens

3} Types of skin cancer

The two most common types of skin cancer are basal cell cancer and squamous cell cancer. These cancers usually form on the head, face, neck, hands, and arms — although skin cancer can occur anywhere.

Basal cell skin cancer grows slowly and usually occurs on areas of the skin that have been in the sun. Basal cell cancer rarely spreads to other parts of the body.

Squamous cell skin cancer also usually occurs on parts of the skin that have been exposed to the sun. Squamous cell cancer can sometimes spread to lymph nodes and organs inside the body.

4} Warning signs

When examining moles, apply the ABCDE test. The letters each stand for a warning sign. They are:

Asymmetry (one half of the mole doesn't match the other half)

Border irregularity (edges aren't clearly defined)

Color variation (pigment shading is not uniform)

Diameter (it's bigger than an eraser head)

Evolving (any lesion that's changing over time)

"Tell your doctor if you notice any odd-looking moles that follow the ABCDE approach," Dr. Talbott said.

Statistical sources: Nevada Vital Statistics Records, Centers for Disease Control and Prevention (CDC), National Center for Health Statistics, Healthy People 2010 database.

Kevin O'Loughlin, MD

Kevin O'Loughlin, MD, is a board-certified plastic and reconstructive surgeon and is part of the Renown Medical Group. After completing his medical doctorate and general surgery residency at St. Louis University, Dr. O'Loughlin continued his training with a plastic surgery residency at Eastern Virginia Graduate School of Medicine and a fellowship in hand and microsurgery at the Microsurgery Research Centre in Melbourne, Australia.

LaDawn Talbott, MD

LaDawn Talbott, MD, is a board-eligible plastic and reconstructive surgeon. She received her medical degree from the University of Texas at Houston. Dr. Talbott followed her residency at the University of Mississippi Medical Center in Jackson with a residency at the Medical University of South Carolina.



PEACE OF MIND

Renown offers new screening for colon cancer

Renown believes early detection is crucial to colon health. That is why we are offering a home screening kit for only \$35.

A FIT Test (Fecal Immunochemical Test) offers patients a more convenient home screening tool for colorectal cancer screening. The FIT test is more effective in detecting cancers and polyps than older and more widely used stool screening tests.

Key patient benefits of the test include:

- Higher sensitivity resulting in fewer false readings
- More convenient for patients because it is easy to prepare and complete in the privacy of your own home
- No dietary restrictions required

With your home screening kit, you will receive everything you need, including full instructions and a pre-paid return envelope. A physician referral is not needed.

To request your home screening kit, visit renown.org/FITtest.



{ Experienced Hands

Dr. Ganser offers a new type of physician-guided robotic surgery

JOHN GANSER, MD, ALWAYS HAD A FASCINATION WITH HOW THINGS WORK. As a fourth-grader, he was captivated by a frog dissection. In high school, he enjoyed rebuilding cars and engines. Now, the board-certified surgeon is the only surgeon in northern Nevada to perform thoracic surgery (surgery of the organs of the chest, particularly the lungs and esophagus) using physician-guided robotic surgery with the da Vinci® Surgical System.

With his hands at the controls of the state-of-the-art robotic platform, Dr. Ganser accomplishes the most complex and delicate procedures with unmatched precision through very small incisions. But never once does he lose focus on what matters most – patient-centered care.

“When pushing the envelope of technology, you always have to keep the patient in mind,” he said.

Fueled by curiosity and compassion, the graduate of the University of Nevada, Reno and Baylor College of Medicine, Houston, continued his education with a residency at Oregon Health Sciences University in Portland, Ore., and a fellowship in general thoracic surgery at the Royal College of Surgeons, Birmingham Heartlands Hospital in England.

Dr. Ganser started performing laparoscopic gall bladder surgery in Portland and was involved in some of the first ever done. He had a chance to work with Dr. Lee Swanstrom, one of the pioneers of minimally invasive surgery. His initial laparoscopic training was at the Medical College of Virginia, followed by a preceptorship



Back row, from left to right: Joey, Alexandria, Dr. Ganser, Kelly and Kalista. Bottom: Wife Hennessey with sons Ethan and Brayden.

(a specialized practical experience and training) in bariatric surgery at the California Institute of Minimally Invasive Surgery.

Dr. Ganser returned to his hometown, Reno, and started doing minimally invasive bariatric surgery in 2000. He has recently completed extensive training on the da Vinci Robotic Surgery System.

“I am very excited about the da Vinci Surgical System,” he said. “It allows me to perform more complex cases with a minimally invasive approach and visualize the surgical site in three dimensions.” What this means for his patients is that they will recover faster with smaller incisions and scars.

Dr. Ganser considers the instruments tiny extensions of his own hands. Whether removing cancerous lung tissue or fixing a problematic

esophagus, the da Vinci Robotic Surgery System is precise and offers many benefits to the patients, including faster recovery and less pain.

“Instead of an 8- to 10-inch incision through the breastbone or between the ribs, I can now access the chest area through several small incisions,” he said.

If not traveling with his wife and family, skiing at Mt. Rose-Ski Tahoe, golfing at Somersett or cycling the Verdi loop, Dr. Ganser continues to improve his manual dexterity and eye-hand coordination by playing on the Wii video game station with the eldest of his six children. ■

To learn more about the skill and expertise behind the world-class care provided at Renown Institute for Cancer, visit www.renown.org/cancer.

{ New Faces

Renown Institute for Cancer welcomes new physicians

AFTER EARNING HIS MEDICAL DEGREE FROM THE MEDICAL COLLEGE OF WISCONSIN IN MILWAUKEE, JOSEPH TORKILDSON, MD, MBA, WENT ON TO A 25-YEAR CAREER IN THE UNITED STATES NAVY. He began as a pediatric resident at the Naval Hospital in Oakland, Calif. After completing his residency, he became a general pediatrician.

Torkildson completed his fellowship in pediatric hematology/oncology at Children’s Hospital of Los Angeles. He then spent 10 years in the pediatric department at the Naval Medical Center in Portsmouth, Va., before transferring

to the Department of Defense Pharmacoeconomic Center (PEC) at Fort Sam Houston, Texas, where he assumed the position of Navy medical consultant. He quickly was promoted to director of clinical operations at the PEC, marking the first time the position had been held by a physician. While in Texas, Dr. Torkildson also received his MBA degree from the University of Texas at San Antonio.

After his retirement from the U.S. Navy, Dr. Torkildson joined the Pediatric Hematology/Oncology Medical Group (PHO) as its director of the Neuro-Oncology Program at Children’s Hospital & Research Center Oakland.



JOSEPH TORKILDSON, MD, MBA
Pediatric hematology/ oncology

He also serves as a neuro-oncology expert at Renown Children’s Hospital.

Torkildson lives in San Ramon, Calif., with his wife and his two youngest daughters. His oldest daughter is a medic in the U.S. Army and his second daughter is pursuing a PhD in Forensic Psychology at the John Jay School of Criminal Justice in Manhattan. ■



Remodeled and relocated: New patient rooms offer the comforts of home.

To learn more about the new patient rooms and to view a web gallery of photos, visit www.renown.org/cancer.

SKILL. EXPERTISE. TECHNOLOGY.



Your guide to screenings

General Screenings

During your physical exam, your physician may include examinations for cancers of the thyroid, oral cavity, lymph nodes, and other types of cancer depending on your age, sex, family history and other risk factors.

| General Screenings | Age 18-39 | Age 40-49 | Age 50-64 | Age 65+ | Comments |
|----------------------|------------------|-----------|-----------|----------|--|
| Physical Exam | Annually | Annually | Annually | Annually | Additional exams may be necessary as your health demands. |
| Skin Exam | Every other year | Annually | Annually | Annually | More frequent exams may be necessary depending on family history and risk factors. |

Breast Cancer Screening

Women at increased risk of breast cancer should talk to their doctor about the benefits and limitations of adding MRI screening to their yearly mammogram screening.

| Screening | Age 18-39 | Age 40-49 | Age 50-64 | Age 65+ | Comments |
|---------------------------------|---------------------------|-----------|-----------|----------|--|
| Breast Self-Exam | Learn by age 20. Monthly. | Monthly | Monthly | Monthly | Women should know how their breasts normally feel and report any breast change promptly to their health providers. |
| Breast Exam by Physician | Every 3 years | Annually | Annually | Annually | |
| Mammogram | Usually not needed | Annually | Annually | Annually | |

Cervical Cancer Screening

If you are over age 30 and have had three or more normal pap tests in a row, talk to your doctor about a revised test schedule. Women with certain risk factors may need to be screened more often; please speak with your physician.

| Screening | Age 18-39 | Age 40-49 | Age 50-64 | Age 65+ | Comments |
|------------------------|---|-----------|-----------|----------|---|
| Pap/Pelvic Exam | Annually, beginning 3 years after a woman begins having vaginal intercourse or by age 21. | Annually | Annually | Annually | Women 70 years of age or older who have had 3 or more normal Pap tests in a row and no abnormal Pap tests in the last 10 years may choose to stop having cervical cancer screening. |

* American Cancer Society Guidelines for the Early Detection of Cancer; <http://www.cancer.org>.

Colorectal Cancer Screening**

Beginning at age 50 (age 45 for African-Americans), both men and women at average risk of developing colorectal cancer should receive a colonoscopy every 10 years and complete an annual FIT screening. If a colonoscopy is unavailable, you can receive an alternative screening including sigmoidoscopy or CT colonography every 5 years. If you are at moderate or high risk for colon cancer, talk to your physician about a different screening schedule.

| Screening | Age 18-49 | Age 50-75 | Age 76-85 | Age 86+ |
|--|--------------------|--|--|---------------|
| FIT (Fecal Immunochemical Screening) | Usually not needed | Annually | Routine screenings not needed – consult your physician | Do not screen |
| Sigmoidoscopy | Usually not needed | Every 5 years, if colonoscopy is unavailable | Routine screenings not needed – consult your physician | Do not screen |
| Computed tomography (CT) colonography | Usually not needed | Every 5 years, if colonoscopy is unavailable | Routine screenings not needed – consult your physician | Do not screen |
| Colonoscopy | Usually not needed | Every 10 years | Routine screenings not needed – consult your physician | Do not screen |

Lung Cancer Screening

The American College of Chest Physicians recommends that individuals should only be screened with low-dose CT in the context of well-designed clinical trials. Screening should only be performed when the clinician and patient are committed to pursuing follow-up investigations, including serial imaging and possible surgical lung biopsy.

| Screening | Age 18-39 | Age 40-49 | Age 50-64 | Age 65+ | Comments |
|-------------------------|--------------------|---------------------|---------------------|---------------------|---|
| Low-dose Lung CT | Usually not needed | Consider if at risk | Consider if at risk | Consider if at risk | Lung cancer CT screening may be considered for those with a history of smoking. |

Men's Cancer Screening

Both the prostate-specific antigen (PSA) blood test and digital rectal examination (DRE) should be offered annually, beginning at age 50. Information should be provided to all men about what is known and what is uncertain about the benefits, limitations, and harms of early detection and treatment of prostate cancer so that they can make an informed decision about testing.

| Screening | Age 18-39 | Age 40-49 | Age 50-64 | Age 65+ | Comments |
|-----------------------------|---------------------------|--------------------|-----------|----------|--|
| Digital Rectal Exam | Usually not needed | Usually not needed | Annually | Annually | Digital Rectal Exam should begin at age 45 for African American males and those with a family history. |
| Prostate PSA | Usually not needed | Usually not needed | Annually | Annually | PSA should begin at age 45 for African American males and those with a family history. |
| Testicular Self-Exam | Learn by age 20. Monthly. | Monthly | Monthly | Monthly | Be sure to follow up with your physician if you have any concerns. |

**American College of Gastroenterology Guidelines for Colorectal Cancer Screening 2008

Community Outreach

Renown Institute for Cancer reaches out to northern Nevadans

Children's Infusion Center Opening May 20, 2009

The Children's Infusion Center, with kid-centric art, furniture, games, books and more, now is now open. The Children's Infusion Center is the only dedicated infusion treatment center for children in the area. Pictured from left to right, Melissa Brown; Lisa Medici; Nicole Bishop, RN; Eric Carleson; Joel Muller; and Kiemmy Boc.



Sierra Tower First Floor Ribbon Cutting May 29, 2009



From left to right, Ron Laxton; Sally de Lipkau, cancer survivor; Jim Miller; Jo Anne Gould; and Linda Ferris at the ceremonial ribbon cutting for the newly renovated patient rooms in the Sierra Tower.



Fianna's Healing Garden Opening May 29, 2009

Fianna's Healing Garden, a sanctuary for patients and visitors, now is open. Pictured above, Jim Miller, President and CEO, and Patty Evans, Process Improvement Administrator, enjoy Fianna's Healing Garden during the grand opening events.

Relay for Life

May 30-31, 2009 – Reno
June 27-28, 2009 – Fernley

Renown Institute for Cancer was proud to show its commitment to cancer care and survivors as a major sponsor of Relay for Life in both Reno and Fernley. With over 30 team members, the Renown Racers raised money for local cancer support programs and national cancer research.



Events

Find out about cancer support groups and other events

National Childhood Cancer Awareness Day

Join families, caregivers, medical professionals and community organizations as they share stories of courage, strength and hope in recognition of National Childhood Cancer Awareness Month. The event will include a pancake breakfast, a resource tent, medical reports, a Wall of Courage, crafts, bounce houses and entertainment for the kids. The third annual northern Nevada event is hosted by the Keaton Raphael Memorial and the Angel Kiss Foundation.

Sept. 12 at 9 a.m. • Pickett Park, 1198 Mill St., Reno

Susan G. Komen Race for the Cure

Make a genuine difference in the fight against breast cancer by joining the Renown Racers at the 11th annual Susan G. Komen Race for the Cure. The Komen Foundation is dedicated to helping local patients: 75 percent of all funds raised will be used to help northern Nevada agencies and patients, with the rest going toward national breast cancer research. For more information or to join the Renown Racers, call 775-982-6830.

Oct. 4 at 7:30 a.m. • University of Nevada, Reno

Test-drive the da Vinci®

Renown Health is partnering with Scheels All Sports Superstore to educate the community on the surgery options available with da Vinci® Robotic Surgery System. Hear physicians talk about the patient benefits of physician-guided robotic surgery focusing on general surgery as well as robotic surgery as a treatment option for prostate and gynecologic cancers while learning more about Prostate Cancer Awareness Month and Gynecologic Cancer Awareness Month.

See what it is like to operate the robot — attendees get the chance to have a hands-on experience. For more information on the event, visit www.renown.org/events.

Sept. 19, 10 a.m. – 2 p.m. • Scheels at Legends at Sparks Marina

Piano and art

Soft and soothing piano music can be heard playing in the Tahoe Tower lobby each weekday. Please join us and listen to this live music and view the beautiful, original artwork in the Tahoe Tower lobby during the flowing days and times:

- Monday at 9 a.m. — Don Glogovac
- Tuesday at 11:30 a.m. — Johnny Hamilin
- Wednesday at noon — Camilla Kenyon
- Thursday at noon — Donna Folden
- Friday at noon — Annemarie McTaggart



Cancer Support Groups

at Renown Regional Medical Center

Cancer Support Group

775-982-6831
Every Thursday from 11:30 a.m. to 1 p.m.
Roseview Tower, third-floor conference room

Coping with Caregiving Support Group

775-982-6831
Every first and third Thursday of the month, from 5:30 to 7 p.m.
Sally de Lipkau Resource Center, Renown Institute for Cancer

Leukemia and Lymphoma Support Group

775-982-6831
First Tuesday of the month, from 3 to 4:30 p.m.
Roseview Tower, third-floor conference room

Look Good ... Feel Better

775-329-0609
Third Wednesday of the month, from 6 to 8 p.m.
Room 108-109, first floor, Center for Advanced Medicine C (by Artisans)

Thyroid Cancer Support Group

775-982-6831
Every second Tuesday of the month, from noon to 1:30 p.m.
Cafeteria boardroom, first floor Sierra Tower

Women's Breast and Gynecologic Cancer Support Group

775-982-6831 or 775-982-6830
Second and fourth Wednesday of the month, from 5:30 to 7 p.m.
Roseview Tower, third-floor conference room

What's Happening

A look at new programs and initiatives at the Renown Institute for Cancer

Linda Ferris, PhD, publishes inspirational book to help cancer patients

Renown Institute for Cancer is proud to have the leadership of Linda Ferris, PhD. Among many other accomplishments, Dr. Linda Ferris, Vice President of Renown Institute for Cancer, recently published a new book, was named Woman of Achievement and was appointed chairwoman for an organization steering committee for the Commission on Cancer (CoC).

Dr. Ferris' new book, *Coping With Cancer: A Patient Pocket Book of Thoughts, Advice, and Inspiration for the Ill*, focuses on a positive perspective. It empowers patients with the knowledge, wisdom and good judgment they need when facing illness. The pocketbook guide is sure to be a valuable resource to cancer patients and their families as they navigate their journey.

As the new chair for a member organization steering committee for the CoC, she will direct the activities of the national member organization representatives and be responsible for developing, implementing and evaluating strategies to support enhanced collaborations and communications with CoC member organizations throughout the country.



Eric Rost, MD, speaks at recent international conference about TomoTherapy®

Dr. Eric Rost, Medical Director of Radiation Oncology at Renown Institute for Cancer, lectured at the International Technical Exhibition of Medical Imaging 2009 hosted by the Japan Industries Association of Radiological Systems (JIRA) and the Japan Radiology Congress (JRC). Dr. Rost presented Modern Radiation Treatment Planning and Delivery techniques, including breakthrough radiation therapy treatments with TomoTherapy. Dr. Rost presided over one of the very first installations of TomoTherapy in the world and has more than 22 years of experience in radiation oncology.

Renown becomes a model site for TomoTherapy® programs across the nation

Renown Institute for Cancer is quickly becoming a gold standard on how to establish a TomoTherapy® treatment center. The quality of the program at Renown has definitely caught the eye of TomoTherapy Incorporated. Renown Institute for Cancer has hosted several site visits for other facilities considering TomoTherapy.

Fianna's Healing Garden

Thanks to generous and heartfelt donations, Fianna's Healing Garden is now open. The garden is a sanctuary where medical concerns and pain can be replaced by the serenity and beauty of the outdoors.



Garden Overlook provides an amazing view

Across from Roseview Admitting, the Garden Overlook is a new waiting and TV lounge. With an adjacent patio complete with bistro tables and superb view of Fianna's Healing Garden, it is sure to be a popular lounge for patients and visitors alike.

"There really is nobody to compare with...Renown is considered the top of the shelf when it comes to our users," said Mike Bauer from TomoTherapy Incorporated.

This is yet another example of how Renown Institute for Cancer is leading the way to provide world-class care, right here at home. After beginning treatments in January 2009, Renown is now one of the most efficient treatment centers in the nation.

Updated Colorectal Cancer Screening Recommendations

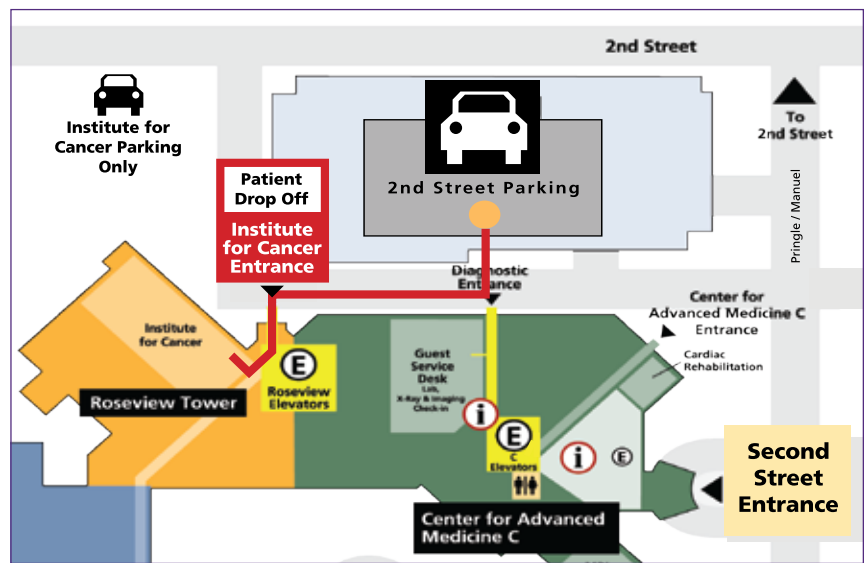
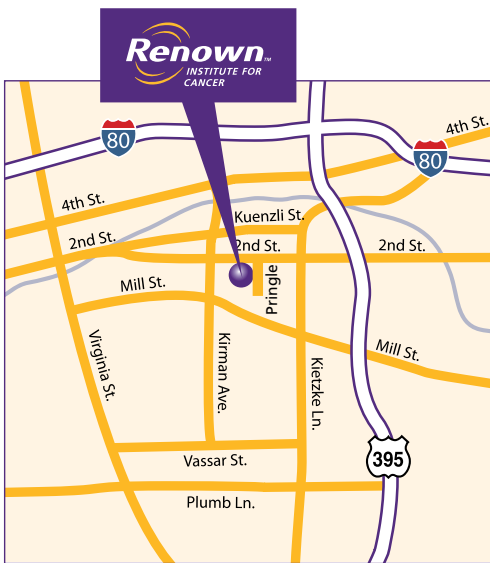
Since the most recent issue of *Renown Journey*, The American College of Gastroenterology (ACG) published updated guidelines for colorectal cancer screening. ACG recommends a colonoscopy every 10 years and an annual FIT screening as the preferred test for colorectal cancer screenings starting at age 50. And because we understand the importance of early detection, Renown is offering a convenient FIT home screening kit for only \$35. To request your home screening kit, call Renown Institute for Cancer at 775-982-6830.

In Vol. 1 Issue 2 of *Renown Journey*, we mentioned that Nevada is one of the worst in the nation for colorectal cancer screening compliance. The story incorrectly indicated that based on the American Cancer Society's Cancer Prevention & Early Detection Facts & Figures 2007 Report, 36.7 percent of Nevada state residents older than 50 underwent a colonoscopy in 2004. In actuality, 36.7 percent of Nevada state residents older than 50 received a sigmoidoscopy or colonoscopy between 1999 and 2004.

Finding Your Way

Directions to the Renown Institute for Cancer

- From U.S. 395, exit at Glendale Avenue/East Second Street (exit 67) and go west.
- Cross Kietzke Lane (Glendale Avenue becomes East Second Street).
- Turn left at Manuel/Pringle Way.
- Follow the signs to park in Second Street parking. Additional self-parking is available outside by the Institute for Cancer Entrance for cancer patients.
- Patient drop-off is available at the Institute for Cancer Entrance.
- Enter the Roseview Tower through the Institute for Cancer Entrance, ground level.



Cancer Resource Directory

Find what you need at the Renown Institute for Cancer

| | |
|--|--------------|
| RENOWN REGIONAL MEDICAL CENTER | 775-982-4100 |
| RENOWN SOUTH MEADOWS MEDICAL CENTER | 775-982-7000 |
| RENOWN HEALTH FOUNDATION | 775-982-5545 |
| RENOWN INSTITUTE FOR CANCER | 775-982-6830 |
| Breast Nurse Navigator | 775-982-4973 |
| Cancer Nursing Unit | 775-982-5626 |
| Cancer Resource Center | 775-982-6830 |
| Clinical Trials | 866-513-8227 |
| Gastrointestinal Nurse Navigator | 775-982-5847 |
| Infusion Services | 775-982-4977 |
| Lung Nurse Navigator | 775-982-5847 |
| Neuro Nurse Navigator | 775-982-5847 |
| Patient Concierge | 775-982-6830 |
| Radiation Therapy | 775-982-5638 |
| Registered Dietician | 775-982-3536 |
| Social Worker | 775-982-6831 |

CANCER PROGRAMS

| | |
|---|--------------|
| Breast Cancer Program | 775-982-4973 |
| Gastrointestinal (GI) Cancer Program | 775-982-5847 |
| Gynecologic Cancer Program | 775-982-6826 |

| | |
|---------------------------------------|--------------|
| Lung Cancer Program | 775-982-5847 |
| Lymphedema Program | 775-982-5003 |
| Neuro Cancer Program | 775-982-5847 |
| Pediatric Specialty Care | 775-982-5123 |

REHABILITATION THERAPY

| | |
|---|--------------|
| Renown Rehabilitation Hospital | 775-982-3500 |
| Renown Skilled Nursing | 775-982-5140 |
| Home Care | 775-982-5860 |
| Wound Care | 775-982-5003 |

OTHER USEFUL NUMBERS

| | |
|--|--|
| Acupuncture (Howard Chen, MD) | 775-982-8255 |
| Breast Health Center | 775-982-8100 |
| Care Coordination (Case Management) | 775-982-4187 |
| Financial Counseling | 775-982-5495 |
| Health Hotline | 775-982-5757 or 888-372-0758 (toll-free) |
| Longs Pharmacy | 775-982-5060 |
| Renown Behavioral Health | 775-982-5756 |
| The Shops at Renown (for breast forms and headwear) | 775-982-5075 |
| X-Ray & Imaging | 775-982-8100 |



To cancer, we say, "Checkmate."

Introducing TomoTherapy Hi-Art®, the latest breakthrough in radiation treatment.

At Renown Institute for Cancer, our commitment to cancer patients means we are dedicated to providing the most advanced cancer treatment available.

And TomoTherapy, which has virtually no limitations on the shape, size, type and location of tumors it can treat, is the most advanced radiation treatment available in the region. Patients benefit from the CT and three-dimensional capabilities, ensuring pinpoint accuracy while sparing healthy tissue – even as the tumor shrinks. Add minimal pain, fewer side effects, plus shorter treatment times, and in no time, you'll be back to enjoying the things you love. Like tutoring the next Chess State Champion.

To find out if TomoTherapy is the right treatment for you, call for a physician consultation at Renown Institute for Cancer at 775-982-6830. You can also compare TomoTherapy to other treatment options by visiting www.renown.org/tomotherapy.

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