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## Our Mission Stands the Test of Time

It began more than a century ago as a commitment to the community, a place of education and healthcare that would become an invaluable resource to a region in need.

And today, as always, in its 103-year history, we remain steadfastly committed to that mission.

We at Saint Mary's Regional Medical Center and Saint Mary's Center for Cancer are proud of our legacy and our reputation as a critical component of the community we serve. We are proud of the quality of our programs the level of experience, education, commitment and compassion represented by our physicians, nurses and staff, the comprehensive choices we have to offer a diverse population. And we're proud of our outcomes, which consistently demonstrate our position among the leading cancer centers in the community, in the region and in the nation.

And perhaps more than anything else, we are proud to offer our patients and their families an incredible place to receive the highest level of care — a place that is right here, at home.

Our Center for Cancer is the sum total of all of these individual components. It brings together the most educated and accomplished physicians, the most compassionate nurses and the most technologically advanced treatment options, all of which combine to create a community-minded destination for care, treatment and healing.

And others are taking notice: Just last year, Saint Mary's was named the first accredited breast center in Nevada, acknowledgment that we have set the bar for cancer care at a new standard that is unsurpassed in the region. We are proud to offer nationally recognized, quality care for breast cancer in screening, diagnosis, treatment and education, in addition to clinical trials and support groups. We have met the same rigorous standards that only the top cancer centers in the U.S. have achieved.

Yes, we're proud of this accomplishment — but it's only the beginning. Our breast cancer patients can rest assured that they are receiving the highest level of care, but we are committed to continuing the strategic, systematic development of our other specialties, creating comprehensive programs that deliver the ultimate patient experience.

We have the team; we have the vision; we have the technology; we have the passion. And our sights are set on a bright future delivering unparalleled, personalized care to the incredible community we serve.

While cancer is an individual journey, it never has to be undertaken alone. At Saint Mary's Center for Cancer, our goal is to help you along that difficult pathway, providing unmatched resources, the best choices available and expert guides who will accompany you, every step of the way.

# The Gift of Trust

When you have been touched with cancer — either personally or through a friend or family member — you need one critical gift to overcome your often overwhelming fears.

The gift of trust.

You need an unwavering trust in the treatments. You need trust in the knowledge that the highest quality of care will be delivered by skillful experts in their fields. You need trust in the idea that you or your loved one has the choices necessary for the best possible options and outcomes.

**Have faith in Saint Mary’s Center for Cancer, and trust that you are safe and secure — right here at home.**

At Saint Mary’s Center for Cancer, we work every day to earn your trust. We are a valued member of the community — not just a building with walls, but a living, breathing collection of physicians, nurses and support staff here to help patients and their families, delivering an unmatched level of care.

As a reflection of our heritage, we offer a uniquely holistic approach to care that comforts your mind, body and spirit. Our spiritual care department has grown from the Dominican Sisters of San Rafael’s ministry that established this hospital over a century ago. And we augment spiritual care with technologies and specialists that equal those found in major cancer centers throughout the nation.

All local. All accessible. All deserving of your trust.

The team at Saint Mary’s Center for Cancer is here to accomplish one singular goal: to lead members of our community down a pathway to the best possible outcomes. A spirit of collaboration permeates patient

experiences, as top-notch nurses and dedicated physicians work inextricably together toward that common goal.

And we’ve proven that when we identify and work toward a common goal, amazing things can happen.

Two years after our Center for Cancer opened in 2006, we received our first national accreditation, and a mere two years later received our first specialty accreditation in breast care. The considerable achievements accomplished by our up-and-coming cancer center illustrate the fortitude of our commitment — and the fundamental reasons we are deserving of your trust.

Read on to learn more about our team, our values, our outcomes, our technologies and our commitment to you. And learn about how we undertook critical initiatives to become the first cancer center in the state with breast accreditation — a reflection of our dedication to providing you, the members of our extraordinary community, with the highest quality care when you need it most.

Have faith in Saint Mary’s Center for Cancer, and trust that you are safe and secure — right here at home.



Patty Sredy, RN, BSN  
Administrative Director of  
Oncology Services



Sharon Knudson, breast-cancer survivor, speaks to the crowd at the Dec. 16 accreditation event.

# A Major Event

It was Thursday, December 16, 2010, when we got the official word. Saint Mary’s was named the first accredited breast center in Nevada by the National Accreditation Program for Breast Centers. This wasn’t just major news for us. It was important news throughout the region.

Breast cancer is the most commonly diagnosed form of cancer at Saint Mary’s. Just a year ago, we would have proudly told our patients that we offered them the highest quality cancer care in the region. Now, we can say that our care is at the highest national level.

This accreditation is proof.

At Saint Mary’s, we offer the latest resources in the fight against cancer, in all its forms. From drug therapies and testing, to new scanning and healing treatments and advanced surgical techniques and technology, Saint Mary’s cancer care is some of the best in the country.

But the compassion and commitment of our people will always be our greatest asset. Every day, their compassion and inventiveness makes a difference in the lives of those with cancer.

And with this accreditation, even more top-notch, quality physicians will be coming to seek a place at Saint Mary’s.

Throughout this report, you’ll find proof that it’s the people here who deserve to be recognized.

Their hearts are what make the difference.

**“The Breast Program Leadership should be congratulated ... by their surgical colleagues in terms of image-guided core biopsy, breast conservation and sentinel lymph node rate.”**

**– Scott H Kirtzman, MD FACS  
Chair NAPBC Standards and  
Accreditation Committee**





Nurse Navigator Peg Dann Farrar, MS, RN and Theresa Cox, Breast Cancer Survivor

## Navigating the Unknown

*Local survivor charts a new course after life-changing diagnosis*

For Theresa Cox, life literally began at Saint Mary's Hospital. And 42 years later, in a testament to the symmetry of life, it would begin yet again for the Sparks resident in those same halls — this time, after life-saving breast cancer surgery.

At the vibrant yet tender age of 42, young by all accounts, Cox had a double mastectomy to treat her stage I disease, followed by extensive and complex reconstructive procedures.

"I should have taken a hint from my mom, who also is a survivor," she said of the path to discovering her cancer. "But you never think it's going to happen to you. You never think you'll be the one who discovers a lump."

But that's exactly what she did one fateful day in the shower. She felt the lump, then summoned her husband, dropped her towel and said, "Feel this," pointing to her breast.

"The look on his face was priceless," she recalled, laughing at the memory. "But feel it he did, then he gave me 'the face.'"

It was a face with which the now 44-year-old mother of four, ranging in ages from 9 to 16, would quickly become accustomed.

Every medical practitioner along the way would give her "the face," she recalls: a grimace revealing concern, displeasure and ultimately a diagnosis that would change her life.

"There were very few symptoms, except a raging case of depression that wouldn't go away," she said. "I think the depression is a symptom that few talk about, but that many experience."

In large part due to the depression, the disease took its toll emotionally. Isolated and feeling sad and scared, she found herself grateful for the help afforded by a

dedicated breast cancer nurse navigator offered through the nationally accredited Saint Mary's Breast Center.

Breast Cancer Nurse Navigator Peg Farrar, RN, is that very kind of resource: a dedicated nurse whose sole purpose is to offer breast cancer patients guidance, education, support and assistance. She is available to help patients schedule appointments, research medical information and find other resources.

**"I was glad she was there if I needed anything. It's a comfort to women to know someone is there to talk to, to explain the disease and to answer questions."**

"Education is key when you've been diagnosed with breast cancer," Farrar said. "You really have a new reality to get used to and tons of information blazing at you from all directions in a very short period of time. It can be overwhelming and scary."

With a complex treatment protocol and multiple physicians in their futures, breast cancer patients have a difficult road in front of them. But Farrar first assures patients that the road is, indeed, navigable, especially considering treatments will take place in a comfortable, convenient facility right here in Reno.

"Breast cancer is so treatable, and it's often curable," she said, adding that Saint Mary's Breast Center is ranked No. 1 in the state for key breast treatment areas by the National Cancer Database. "One of the first conversations I have is when I tell these women, 'In all likelihood, this will not kill you. You and I will both become old ladies despite this disease.'"

But it's not only the patients who have concerns and need assistance, she noted; it's often their families.

"With Theresa's case specifically, I think I spent more time talking to her husband," she said. "They have four kids, and he was swimming as fast as he could in many difficult waters. He had a young wife and didn't like seeing her in pain."

So Farrar spent time on the phone helping Theresa's husband through their family struggle.

"I'd call him at work and check on him," she said. "He seemed very grateful for the compassion and concern."

Another part of Farrar's job is connecting patients with support groups. Cox took advantage of "A Time to Heal," a 12-week, research-based rehabilitation program for breast cancer survivors that addresses physical, emotional and spiritual health.

In this class, Cox shared the story of her difficult decision — to voluntarily and proactively remove both breasts, even though only one had a diagnosed tumor — and the fateful aftermath. The post-surgical lab analysis revealed that both breasts were full of fibroid tumors, which were more likely to become malignant.

"One woman in the class told me it was the voice of God that guided me to that decision," Cox said. "It was wonderful hearing that from someone who knew how that felt."

And because of the experience, the help along the way, the support group and the support of her family, Cox is now contemplating a mid-life career change: She is considering work as a patient advocate, someone who will help others navigate the arduous journey just like so many did for Cox.

"This has been life changing," she said. "But I'm going to be just fine. And I'd love to help other women understand that they are going to be just fine, too."

Cox was born at Saint Mary's. Her life-saving surgery happened at Saint Mary's. And in the future, she may be an instrumental person along other patients' paths in the halls at Saint Mary's, someone who helps them embrace life and regain the positive outlook that can be so elusive after a cancer diagnosis.

"The worst part of breast cancer is the scary unknown," Cox said. "I want to help women get answers, feel comfort and know that they are in good hands. I want to help them heal, just like so many helped me."

For more information about the Nurse Navigation program at Saint Mary's Breast Center, call Peg Farrar at 775-770-7420.



# Saint Mary's Breast Center

Breast cancer affects millions. Many in our community have been diagnosed with this disease and Saint Mary's has stepped up to address the growing need for quality breast cancer care with a comprehensive breast cancer center.

- **Saint Mary's Breast Center** is one of the nation's leading programs by virtue of its NAPBC accreditation, and is located in the Center for Cancer at the Center for Health, on the main Saint Mary's campus. The Breast Center offers screening, diagnosis, treatment and education, in addition to clinical trials and support groups.



Suresh Reddy, MD  
Medical Director, Medical Oncology

- Dr. Suresh Reddy oversees Saint Mary's 20-bed **Acute Inpatient Oncology Unit** that specializes in cancer care. Nurses are trained using guidelines from the Oncology Nursing Society (ONS) and several nurses have received nation certification through Oncology Nursing Society (OCN). Patients are treated by a whole care team including physicians, pharmacists, nutritionists, case management, social services, chaplaincy and others on a daily basis. Nurses are devoted to providing compassionate, personal care and continually offering education and information to make the treatment process as comfortable as possible.



Karin Klove, MD  
Physician Advisor, Breast Center

- **Dr. Karin Klove**, Breast Center physician advisor for Saint Mary's, provides leadership in the field of surgical oncology and works with staff to develop policies and procedures as well as streamline processes to better care for patients and assure that national breast standards are met or exceeded.
- Saint Mary's offers a 12-week research-based rehabilitation program, **A Time to Heal**, designed for women who have been diagnosed with breast cancer for the first time and have completed treatment. The program helps breast cancer patients regain their physical, emotional and spiritual health.

**"I was inspired to live life, enjoy, and rejoice. Maybe that is why we experience things like this, is to be able to help others."**

**– Suzann Howard**  
A Time to Heal Participant

- **"On With Life,"** a weekly breast support group, meets at Saint Mary's Center for Cancer and welcomes people with all stages of cancer.



Saint Mary's multidisciplinary Tumor Board meets every Friday to review cases.

- **Saint Mary's Cancer Conference (Tumor Board)** led by James Harris, MD, is composed of physicians from all areas of specialty cancer care including, but not limited to pathology, radiology, radiation oncology, surgery, medical oncology, plastic surgeons and genetics. This group meets weekly to review and discuss every breast cancer case as it is presented in prospective review. The role of the Tumor Board is to ensure treatment plans meet recognized clinical standards and best practices according to National Comprehensive Cancer Network, and to recommend the best course of action to ensure patients are receiving first-rate, quality care.



A variety of subspecialties are represented.

- The nurses in **Saint Mary's Outpatient Infusion Center** provide a comforting environment to patients receiving chemotherapy, blood products, IV antibiotics and injections. These nurses are in constant contact with patients and are pivotal in coordinating care and alerting physicians and the whole healthcare team of the patient's progress. Infusion nurses play a critical role in education, vascular access device management, helping patients cope with illness, maximizing self-care opportunities and reporting response to therapy.

Located on the third floor of Saint Mary's Regional Medical Center, patients can enjoy the panoramic view of the Sierra Mountains during treatment. Each infusion station is equipped with a personal TV and headset for more privacy and personal entertainment.

The nurses working in Infusion Services are chemotherapy certified through the Oncology Nursing Service and some are also oncology certified nurses (OCN). They work closely with our dedicated pharmacist who reviews prescribed medications to ensure accuracy, appropriateness of treatment, improve throughput and provide convenience to staff and patients.



Thousands of local women receive mammograms annually at Saint Mary's.

- Saint Mary's offers the latest state-of-the-art diagnostic and treatment techniques through **Saint Mary's Imaging Services**. All radiological imaging technologists are ARRT-licensed and all radiologists are board-certified. Imaging services range from X-ray and ultrasound to the most up-to-date procedures, including computerized tomography, directed digital radiography, specialty imaging services for women and interventional radiology. For better diagnosis and treatment, Saint Mary's uses a breast MRI, a special breast coil for imaging the breast, and also a special imaging coil for doing breast biopsies along with special software for assisting radiologists to find lesions in the breast.
- **Mammography** imaging services are available in the Center for Cancer. Current guidelines from the U.S. Department of Health and Human Services, the American Cancer Society, the American Medical Association and the American College of Radiology recommend mammography screening every year for women, beginning at age 40.
- **CyberKnife®** offers a revolutionary new way to treat metastatic disease associated with advanced breast cancer. It involves no anesthesia, no hospital stay and only one to five treatments.



Nancy Snellgrove, PT, CLT - LANA  
Physical Therapist, Lymphedema Specialist

- **Lymphedema** can be a serious condition. It is typically life-long and there is no cure available; however, Saint Mary's offers effective management with Complete Decongestive Therapy. This program offers customized combinations of compression, manual lymph drainage (massage) and exercise. Skin care as well as self-management skills are addressed. Treatment is gentle and thorough. Nancy Snellgrove, PT, a Lymphedema Association of North America-certified physical therapist, leads the program.
- **Breast Cancer Navigator**, Peg Farrar, RN, is an experienced Oncology Nurse who has completed over 40 hours of training specific to breast cancer. Her goal is to meet with every newly diagnosed breast cancer patient to offer support,

guidance, education and assistance. Peg provides individualized education to patients and families, explaining procedures and helping them cope with the impact of their diagnosis.



Peg Dann Farrar, MS, RN  
Nurse Navigator, Breast Center

Patients and families are often in shock and have a difficult time making plans, prioritizing appointments and identifying the help that they need – and Peg offers her expertise to assist with all of these issues. She follows the patients as they go through their treatment and beyond, helping them along their journey through breast cancer. With Dr. Klove, our physician liaison, Peg prepares the

newly diagnosed cases for the cancer conference to ensure that every patient's case is discussed by a multidisciplinary team, who will consider the very best treatment options for that individual patient.



Kelley Bottomley, CTR  
Supervisor, Cancer Registry

- **Saint Mary's Cancer Registry**, coordinated by Kelley Bottomley, CTR, identifies, collects, manages, analyzes and disseminates pertinent information for all patients who have been diagnosed or treated for cancer at Saint Mary's since 2005. Patient statistics include demographic and clinical information from diagnosis through treatment, as well as annual lifetime follow-up data.

## Did you know?

- Saint Mary's Imaging Services conducted more than 12,500 mammograms in the past year and has been awarded the Breast Imaging Center of Excellence recognition from the American College of Radiology.
- Approximately 1 in 8 women in the United States (about 12 percent) will develop invasive breast cancer over the course of her lifetime.\*
- Besides skin cancer, breast cancer is the most commonly diagnosed cancer among U.S. women. More than 1 in 4 cancers in women (about 28 percent) are breast cancer.\*
- Breast cancer is the most common cancer diagnosis treated at Saint Mary's.
- As of 2010, there are more than 2.5 million breast cancer survivors in the U.S.\*
- The Commission on Cancer's national database ranks Saint Mary's Center for Cancer No. 1 in the state in several key areas of treating patients with breast cancers including radiation therapy, combination chemotherapy and treatment administration.

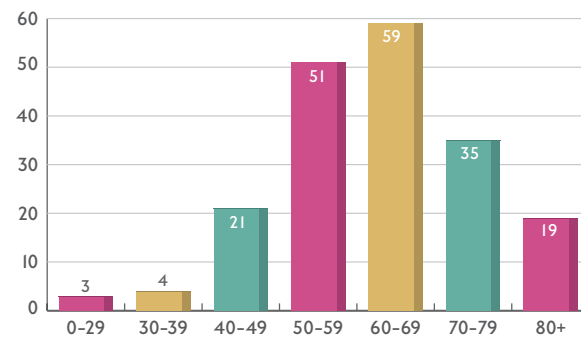
\*Information taken from [breastcancer.org](http://breastcancer.org)



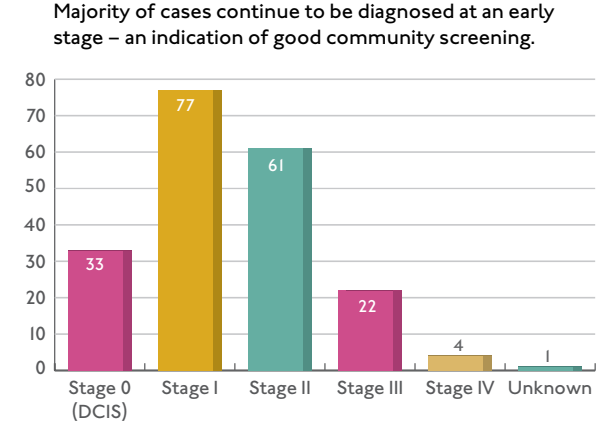
# 2009 Breast Cancer Data

Breast cancer continues to be the most common cancer diagnosis treated at Saint Mary's Regional Medical Center. As an accredited cancer program under the Commission on Cancer, we annually review our cancer data and compare our results to both state and national standards. In 2009, there were 192 patients diagnosed with breast cancer that were entered into the Cancer Registry. The ages ranged from 26 to 90 years with 62 years as the mean. Infiltrating ductal cancer remains the most common cellular type with 53% of cases noted. Ductal Carcinoma In-situ or DCIS was the second most common with 31% of cases documented (see histology distribution table for breakdown).

## Demographics – Age at Diagnosis

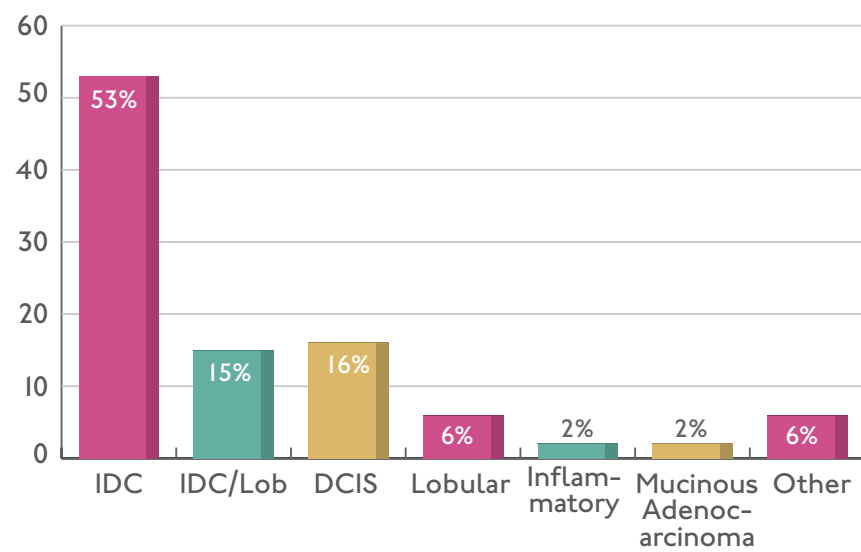


## Collaborative/AJCC Stage at Diagnosis

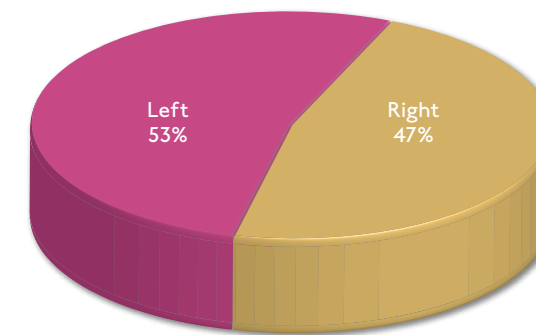


Evaluation of cancer staging gives us a measure of the effectiveness of cancer screening in our area. Stages 0, I, and II are usually considered early stages; these accounted for 87% of the cases. 12% were stage III (locally advanced) and 1% was stage IV (metastatic) at the time of diagnosis.

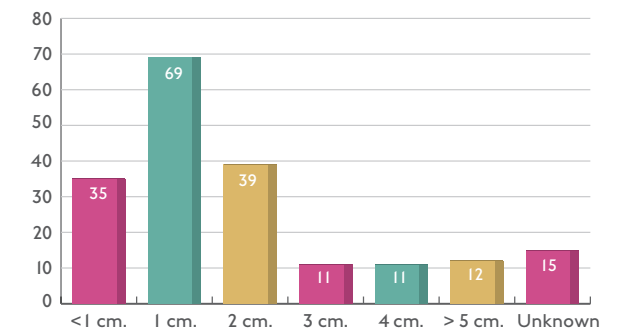
## Histology Distribution



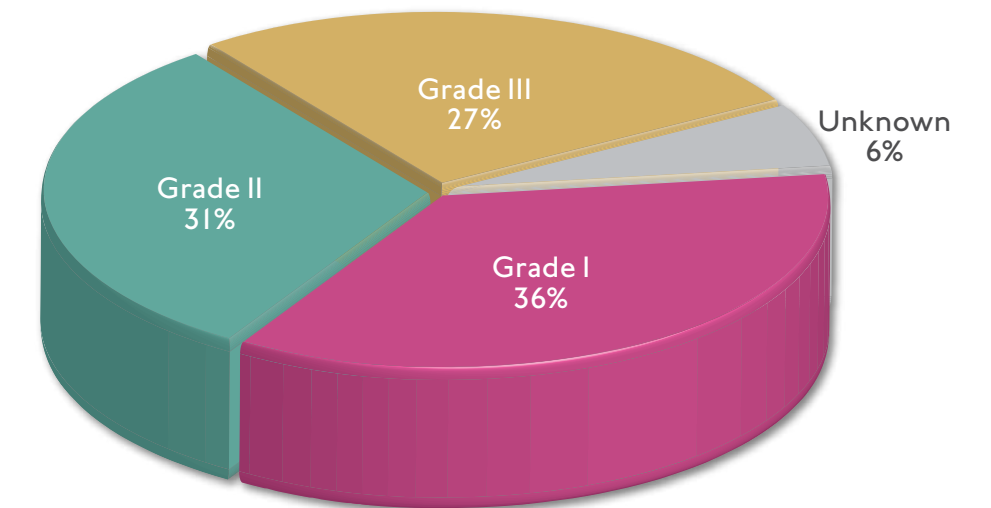
## Laterality



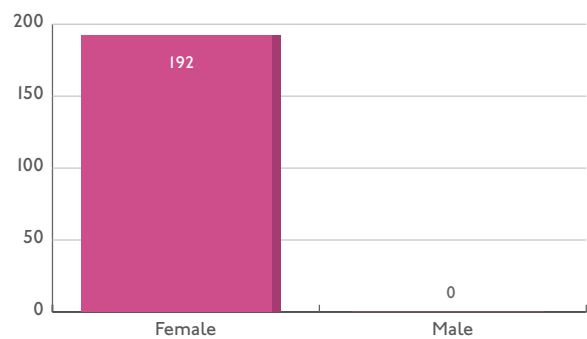
## Tumor Size at Diagnosis



## Tumor Grade Distribution (Invasive Cases Only)

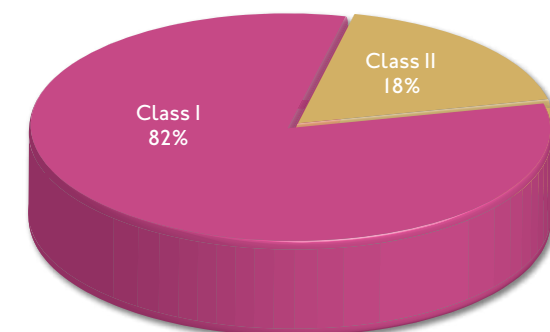


## Demographics – Gender



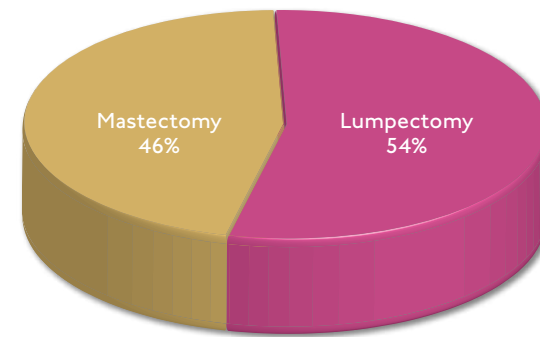
## Class of Case

50% increase in Class 2 patients (9% in 2008)



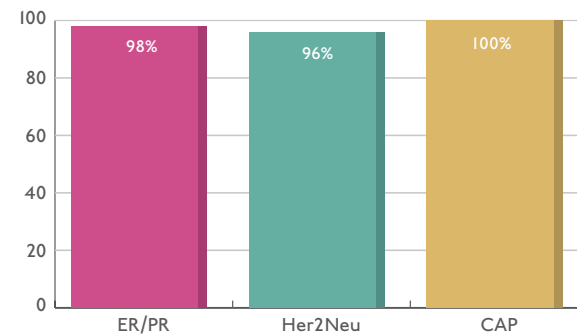
A thorough review of the treatment patterns reflected that they were in accordance with well-accepted standards of care. Breast-conserving surgical therapy (so-called lumpectomy followed by radiation) was the predominant surgical therapy for early stage breast cancer patients. 46% of the patients chose mastectomy. Of those who chose breast-conserving therapy, 98% completed the recommended radiation therapy. Another quality indicator that is evaluated is whether patients who were high-risk stage I (T1c), stage II, or stage III received combination chemotherapy. 98% of the patients were able to complete their chemotherapy, and this is well within accepted treatment guidelines. Finally, Tamoxifen or an aromatase inhibitor was considered or administered to patients who were hormone positive stage I (T1c), stage II or stage III 100% of the time.

### Breast Conservation Rate (Tis, T1 and T2)

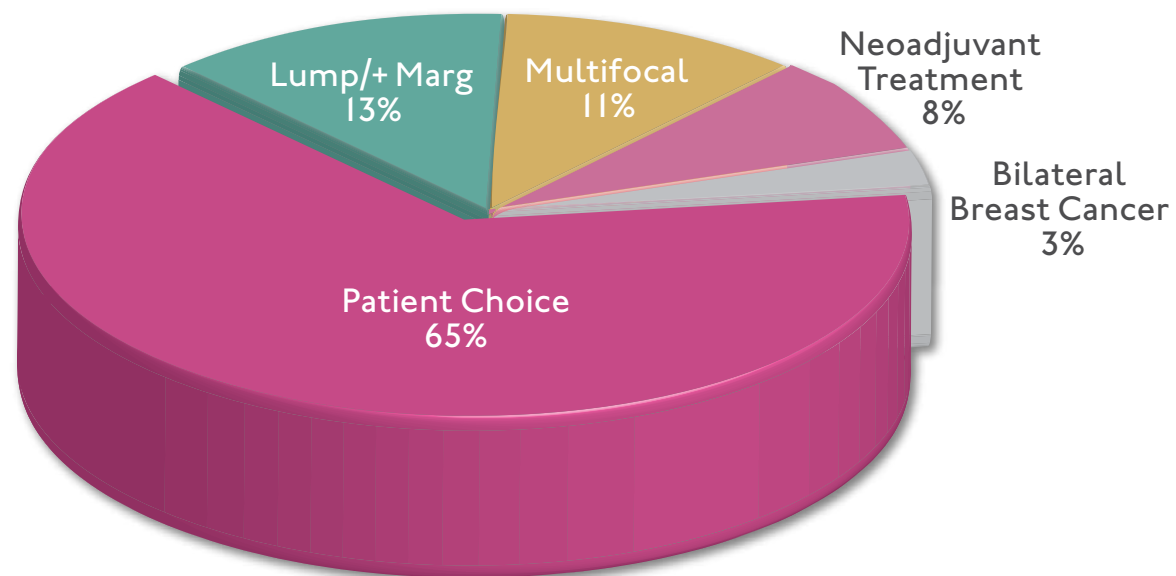


### Pathology – ER/PR, Her2Neu & CAP

- ER/PR performed on all Invasive & DCIS cases.
- Her2Neu performed on all invasive-only cases.
- CAP compliance for synoptic reporting.



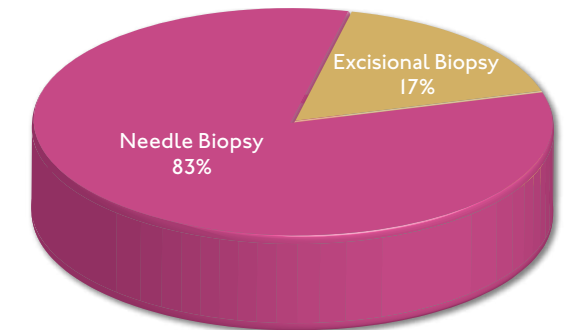
### Reasons for Not Choosing Breast Conservation Therapy



Another important relevant indicator is the time interval from breast biopsy to the definitive surgical procedure. The data indicates that 78% of the patients had their definitive surgery within 4 weeks of diagnosis (an 11% increase since last year). The breast oversight committee had previously determined that this is an area for improvement and along with the breast navigator implemented strategies resulting in improvement.

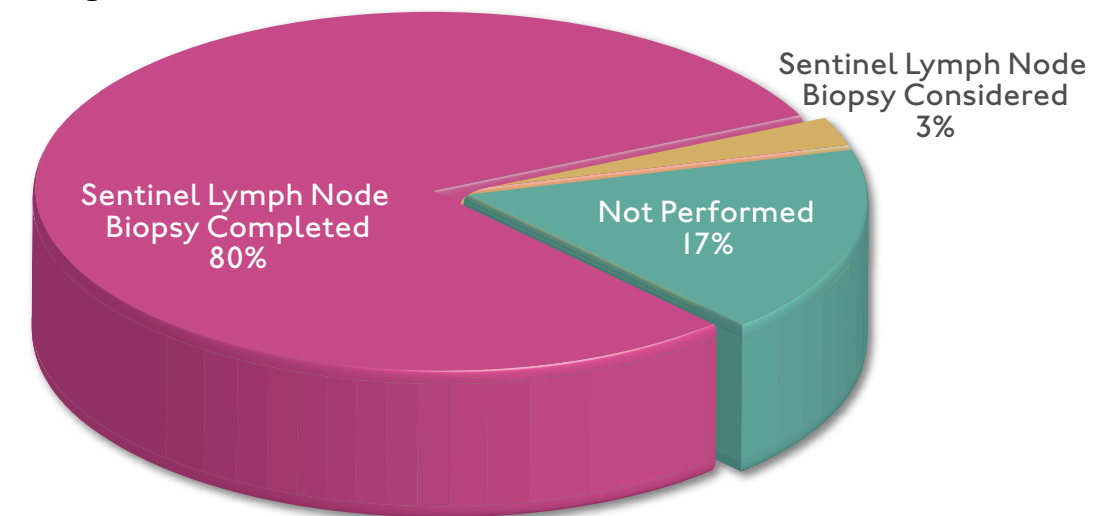
### Needle Biopsy Rate

- 2008 rate was 61%.
- Area of focus in 2009 and 2010. Noted 20% increase in compliance.



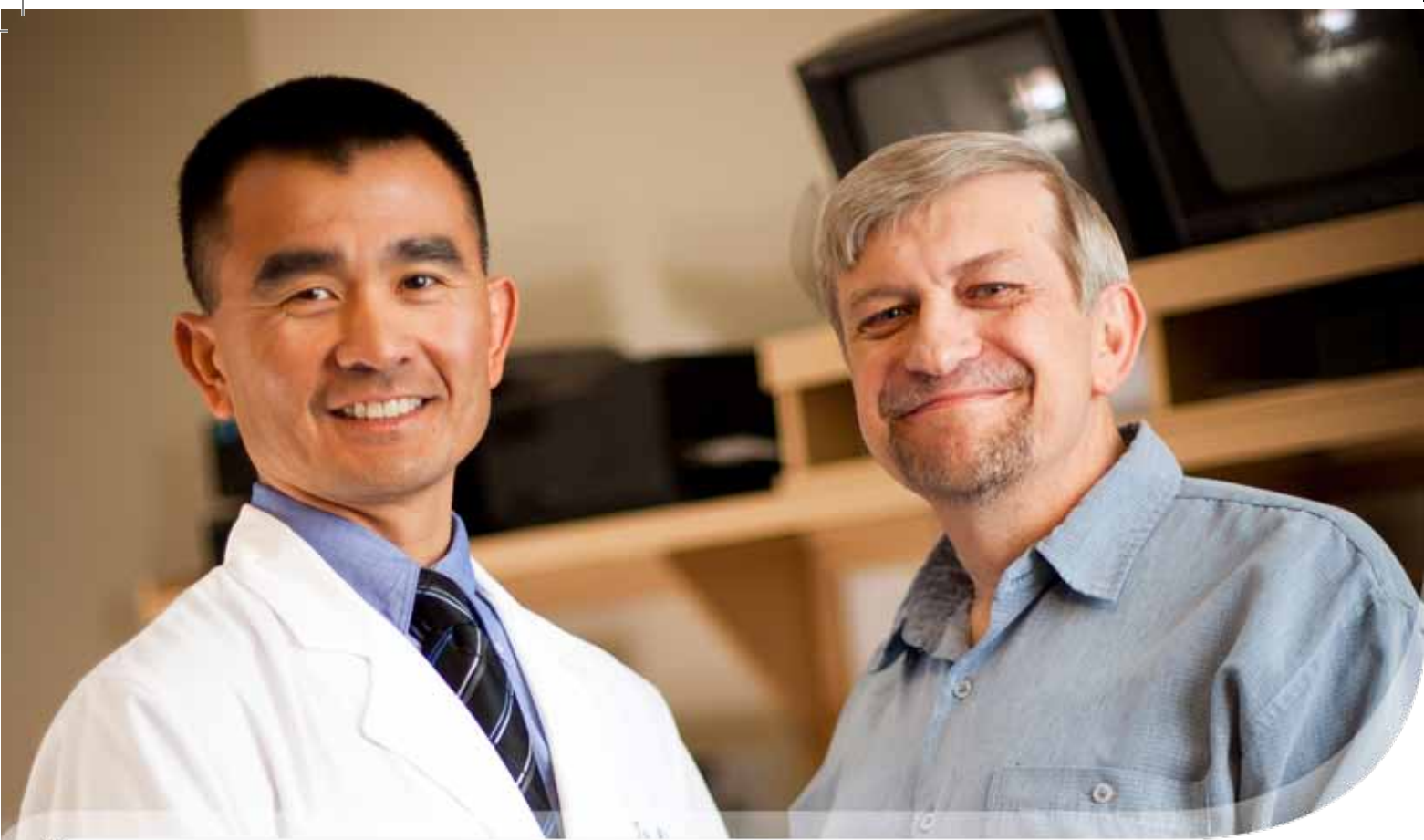
### Sentinel Lymph Node Biopsy

Considered or Performed in Early Stage Breast Cancer (Stages I & II)



In summary, breast cancer patients who are diagnosed and treated at Saint Mary's Regional Medical Center are staged and treated appropriately in accordance with national guidelines. The cancer registry at SMRMC has abstracted 4 years of clinical data. Longer follow-up will be necessary to evaluate and compare the survival statistics with state and national data. The Cancer Committee remains committed to reviewing cancer outcomes on an annual basis.

*Data Source: Cancer Registry. Breast Cancer Treatment Summaries and National Quality Outcomes on page 21.*



Jonathan S. Tay, MD and Rick Seley, Cancer Survivor

## Treatment Options Abound

*Saint Mary's patients find choices in cancer treatment*

Fallon humor columnist and cancer survivor Rick Seley has a theory about life: Ice cream holds the universe together.

"Seriously," he laughed, "without ice cream, everything would just be dark and chaos. There'd be no reason to go on."

So it's no surprise that the 53-year-old, self-proclaimed frozen-treat addict made a daily vanilla shake part of his cancer treatment routine. Faced with a commute for 33 straight business days for radiation therapy to treat his throat cancer — six weeks total — his drive home always included a stop for his favorite Marble Slab Creamery treat, which became an integral part of his treatment routine at Saint Mary's Center for Cancer.

"It was my indulgence," Seley said.

But it was more than that, as the daily treat also added to Seley's ability to heal. Radiation therapy for throat cancer often adversely affects the taste buds and causes difficulty eating; all told, Seley lost 40 pounds throughout his treatment. But to counter the weight loss, he says he gained a tremendous amount of invaluable perspective throughout the process.

"This experience has fundamentally changed me and also how I deal with the day to day," Seley said. "I'm calm now; I'm much more centered; and I appreciate people's ability to give."

Seley points to his wife of 24 years, Sandra, as one of his inspirations throughout the experience. He says that from the moment he heard the "scary C-word" diagnosis until the end, Sandra was right there with him. She drove him daily to his radiation appointment — and also got her own reward for the experience.

"She got a temporary membership to the Saint Mary's Center for Health and Fitness, which is right next door to where I was being treated," Seley said. "We'd walk through the doors, she'd turn right, I'd turn left. Then she'd take advantage of this amazing, state-of-the-art heated indoor pool and swim laps every day. It made it a whole different experience for both of us."

Undergoing life-saving treatment in his "left" side of the building, Seley says he learned to appreciate the staff's ability to give him a safe, comfortable, positive experience that was close to home.

"The staff goes above and beyond," he said. "As hard as it is to believe, they made the experience peaceful — almost comfortable — despite the idea that I'm on the table with my face being held in place with a plastic mask. I was in and out in like 12 minutes. They were incredibly efficient and friendly."

Because of the location and complexity of Seley's cancer, a traditional, 33-day radiation treatment regimen was in order. Another example of one of our state-of-the-art cancer therapy options is the Cyberknife Robotic Radiosurgery System. Cyberknife not only makes treatment more convenient, but it tends to make it downright simple.

"CyberKnife is the world's first and only dedicated radiosurgery system, delivering intense radiation doses within millimeters of precision and sparing the healthy, surrounding tissues and organs because of how accurately it targets the tumor," said Jonathan S. Tay, MD, medical director for Saint Mary's Center for Cancer.

Using continual image-guidance technology and computer-controlled robotic mobility, the CyberKnife system automatically tracks, detects and corrects for tumor and patient movement in real time throughout the treatment.

**"The precision means a significantly reduced number of outpatient treatments — typically from one to five."**

"The benefits to the patient are extensive," Dr. Tay said. "The entire treatment is outpatient, there are no invasive head or body frames, side effects are minimal, there's no restriction of breathing and it's incredibly accurate."

The term "CyberKnife," he admits, is somewhat of a misnomer, as some patients assume invasive surgery is involved.

"It's another kind of radiation therapy," he said, noting Saint Mary's is the first and only local facility to offer CyberKnife technology. "But the interesting thing is how the tumor often responds in a surgery-like way. We even get radiology reports post-treatment that indicate the tumor had been surgically removed. But in reality, it had been so precisely targeted with radiation, that it was ablated."

Dr. Tay suggests CyberKnife is an excellent treatment for many forms of cancer, particularly when they are confined targets and small in size, including lung, prostate, brain, colon cancers and others. He also notes that CyberKnife, being a stereotactic technology, is a completely different platform than other radiation treatment technologies like TomoTherapy or conventional linear accelerators.

"They're totally different machines," he said. "TomoTherapy is not a radiosurgical device."

"CyberKnife is clearly becoming the radiosurgery choice worldwide," he continues, noting that it only comprises 3 percent of radiosurgery machines yet it accounts for 66 percent of all radiosurgery treatments mainly because all other machines modified to do radiosurgery cannot track and treat a tumor that is moving. "CyberKnife allows us to treat moving tumors, like a lung tumor, in real time. We're fulfilling a need in the local community, and we're excited to see where this technology takes us in the future."

For more information about cancer treatment options at the Saint Mary's Center for Cancer, including CyberKnife, call 775-770-7414.



# About Saint Mary's Center for Cancer

## Imaging and Diagnostic Services

Saint Mary's Imaging Services provide state-of-the-art imaging technology for outpatients and inpatients, from X-ray and ultrasound to MRI, digital mammography, PET-CT and a 64-slice CT scanner. But it's the trained staff behind the equipment and their years of experience that makes the difference. Certified in mammography, computerized tomography (CT), magnetic resonance imaging and ultrasound, these are highly trained professionals, board-certified radiologists and technologists registered with the American Registry of Radiologic Technologists.

We are accredited by the American College of Radiology, and for convenience, imaging services are available at our central facility as well as at Saint Mary's Center for Health and Saint Mary's at Galena.



Saint Mary's CyberKnife

## Screening Programs

Saint Mary's is committed to our community. Throughout the year, we offer discount screening programs in an effort to provide every individual the opportunity to be screened and promote health and well-being.

## Radiation/Oncology

### High-Dose-Rate Brachytherapy

This advanced radioactive seed therapy offers greater convenience and is another treatment option for prostate, breast, head and neck, lung, esophageal and other malignancies. Using higher doses of radiation in a concentrated area, brachytherapy successfully shortens treatment time while sparing normal tissue.

### Prostate Seed Implant Therapy

Saint Mary's has the most experienced seed implant program in the region, with more than 1,000 implants completed by the brachytherapy team. With seed implantation, 80 to 100 radioactive seeds are implanted in the prostate gland in an outpatient procedure. Radiation is delivered over time to eradicate the cancer. Seed implantation had a long track record of proven success and is an excellent option for the management of organ confined prostate cancer.

### CyberKnife

CyberKnife is the most technologically advanced radiation delivery system available in the world. And Saint Mary's is the only care center in the region to offer it. This computer-controlled radiosurgery system delivers radiation to tumors anywhere in the body. Using submillimeter accuracy, it avoids damage to surrounding healthy tissue, and its accuracy allows physicians to reach cancerous and benign tumors that in the past may have been impossible to treat. In addition, patients experience no pain during the noninvasive treatments and are able to immediately return to normal activity.



Lead Radiation Therapist Lynn Moore helps a patient prepare for treatment.

### Linear Accelerator

With linear accelerator treatment, patients receive multiple treatments while intense beams target their malignancies with pinpoint accuracy. In general, each treatment visit lasts approximately 15 minutes; however, some treatments may require more time, such as IMRT, which focuses multiple radiation beams directly on the tumor itself to help reduce potential damage to surrounding tissues.

### Intensity-Modulated Radiation Therapy

Saint Mary's routinely uses intensity-modulated radiation therapy (IMRT) to treat prostate, head and neck cancers; and breast, brain, abdominal and pelvic tumors. IMRT is an advanced mode of radiotherapy that uses high-energy, computer-controlled X-rays to deliver precise doses of radiation to malignant tissue. Because the IMRT focuses these rays at malignant tissues, the radiation exposure to surrounding healthy tissues is minimized and there are fewer side effects.

## Acute Inpatient Unit

Our Center for Cancer's 20-bed Acute Inpatient Oncology Unit takes the delivery of cancer care to the next level by constantly investing in our staff. The unit includes a dedicated manager and each nurse is chemotherapy-competent. Many nurses are also certified in oncology by the Oncology Nursing Society, a prestigious certification that demonstrates commitment and a strong knowledge base of cancer care. The nurses also receive monthly education on site-specific topics to further enhance their abilities, all of which helped the unit score in the top 20 percent of all hospitals in the nation in patient satisfaction. High patient satisfaction can also be attributed to the nurses' dedication to patients. On a daily basis, they provide compassionate care along with skilled nursing. Saint Mary's nurses often become like family to the patients, connecting with them on a personal level.



## Outpatient Infusion

The staff at the Outpatient Infusion Center provides a comforting environment to patients receiving chemotherapy, blood products, antibiotics and injections. Being located on the third floor of Saint Mary's Regional Medical Center allows patients to enjoy a panoramic view of the Sierras during treatment. In addition, each infusion station is equipped with a personal TV and two chemotherapy-certified registered nurses are available on a daily basis. A dedicated pharmacist reviews prescribed medications to ensure accuracy, improve throughput, provide convenience and minimize adverse drug effects.

## Surgical Services

Surgical Services has undergone many changes this past year. For example, the STAR clinic (Surgical Testing and Registration) has made great strides with improving preoperative services for patients undergoing surgical or invasive procedures. Under the leadership of Dr. Chris Eby, medical director for surgical services, the clinic focuses on optimizing the patients' readiness for their procedures to include cardiac clearance, lab and other diagnostic tests, and preoperative patient education. Each patient is carefully assessed by anesthesiologists, a STAR nurse practitioner and nursing staff. The STAR team then works with the surgeon to address any issues that may affect the outcome of the surgery. STAR protocols have significantly reduced case cancellations on day of procedure.



A DaVinci Robot is used for some cancer-related surgical procedures.

Additionally, the STAR clinic has moved to a more convenient location within the hospital where all labs, EKGs and work-ups can be done all in one place, making it an efficient experience for the patient.

With the leadership of medical director Dr. John Hansen, surgery acute service came to realization this past year and in-house general/vascular surgeons are now available at Saint Mary's 24 hours a day, seven days a week. This service provides an efficient process for surgeons and their patients. Surgeons can add their urgent/emergent cases to the operating room schedule quickly and an open room is available every day so they can book their elective cases when convenient. This often allows surgeons to perform surgeries on an immediate basis.



James Harris, MD  
Medical Director, Surgical  
Oncology, Physician Liason to  
Commission on Cancer

Saint Mary's operating room opened a new state-of-the-art hybrid suite built adjacent to the open heart suites. The suite is able to accommodate cases such as minimally invasive endovascular procedures, cardiology, radiology, and open general and cardiac surgical procedures. Same-day Services will opened a new pre-operative area in March 2011. This will expand its bed space from an eight-bed open unit to a 19-bed unit offering our patients more privacy and comfort. Once the new pre-op unit is opened, our post anesthesia care unit's bed capacity will then be able to grow from a 10-bed unit to 18. The operating room has also recently acquired a DaVinci Robot, new C-arm and other related state-of-the-art equipment.

Under the direction of Dr. Sam Nourani, medical director of advanced therapeutic interventional gastroenterology at Saint Mary's, the endoscopy department is now providing advanced GI procedures to include endoscopic ultrasound and double balloon enteroscopy (DBE). These procedures are used to evaluate and diagnose lesions in the GI tract, pancreas and bile ducts.

Dr. James Harris' vision leads the department to excellence, assuring national quality indicators are consistently met or exceeded. He is also a physician liaison between the Commission on Cancer and Saint Mary's Center for Cancer. Comprised of the most qualified and experienced professionals in northern Nevada, the surgical services team provides this region with the most up-to-date treatments and the highest level of quality, compassion and dignity. You and your family's

health, safety and comfort are their highest priority. For more information on these services, please contact Kit Landis, service line administrator for surgical services at 770-3071.

### American Cancer Society Resource

Saint Mary's Center for Cancer is also home to the region's American Cancer Society Resource Center. This partnership gives cancer patients, survivors and caregivers access to valuable up-to-date information and education on specific cancer types, treatment and research resources for their personal cancer journey. They also help with providing wigs, camisoles, transportation assistance and lead the "Look good feel better" program.

## Brain Tumor Center

*The brainpower to beat your brain tumor*

Saint Mary's Brain Tumor Center brings together the region's best resources for treating brain tumors in one location and is the only site-specific, multi-modality center in the region. Combining the facilities and expertise of Saint Mary's, the skill and knowledge of Radiation Oncology Associates and Sierra Neurosurgery Group and the technology of Reno CyberKnife, the Brain Tumor Center offers patients an incredible resource usually associated with larger cities.

While receiving a brain tumor diagnosis can be overwhelming, Saint Mary's Brain Tumor Center is here to provide patients with guidance, information and effective treatment on their journey to health. Our collaborative approach provides patients with quick action. Newly diagnosed brain tumor patients meet simultaneously with two specialists, a neurosurgeon and a radiation oncologist to expedite their treatment planning. The result is a shortened period between diagnosis and treatment, often as short as two weeks.

While Saint Mary's Brain Tumor Center was created in 2010, our physicians and staff have been caring for patients with brain tumors for decades.



From left: Physician leaders of the Brain Tumor Center are Jonathan S. Tay, MD, Katie Legarza, MD and Hilari Fleming, MD, PhD



# Cancer – We’ve Got the Numbers

We are the region’s new standard in cancer care, celebrating our recent recognition by the National Accreditation Program for Breast Centers (NAPBC)—Nevada’s first nationally accredited breast center!

This is a true achievement for our community—something to celebrate. It means that you can receive nationally recognized cancer care without leaving Reno. We stand proudly with the other big national cancer centers, but are small and close to home to meet and care for your needs. The graphs on the next page illustrate how Saint Mary’s ranks with other cancer centers statewide and other Commission on Cancer-accredited programs nationally.

## The National Cancer Data Base’s most recent report ranked Saint Mary’s Center for Cancer No. 1 in the state in several key areas of treating patients with breast and colon cancers.

The NAPBC identifies exemplary breast centers through a rigorous internal and external performance assessment based on nationally recognized quality standards and an overall review of a center’s multidisciplinary, integrated and comprehensive breast care services. All NAPBC-accredited programs are assessed based on 25 standards and 21 key components of care ranging from imaging and initial assessments, to breast conservation techniques, treatment options, and outreach and support services. This achievement recognizes Saint Mary’s continual commitment and focus to being a statewide and regional leader for breast health and cancer care.

The National Cancer Database’s (NCDB) most recent report ranked Saint Mary’s Center for Cancer No. 1 in the state in several key areas of treating patients with breast and colon cancers. Saint Mary’s Center for Cancer exceeds the average rankings in all areas including radiation therapy, combination chemotherapy and treatment administration.

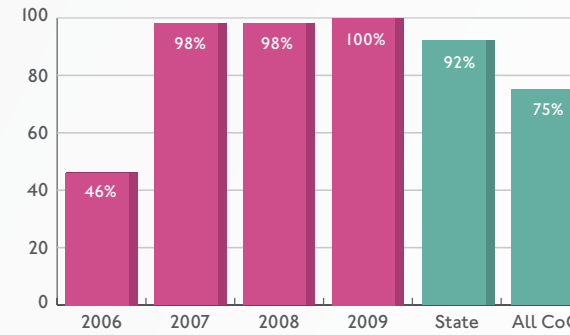
The NCDB, a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database for the more than 1,400 Commission-accredited cancer programs in the United States. Data elements are collected and submitted to the NCDB from CoC-accredited cancer program registries using nationally standardized data item and coding definitions.

The NCDB maintains a number of Web-based data applications that have been developed to promote access to NCDB data. These tools are for use by CoC-accredited cancer programs as a means by which to evaluate and compare the cancer care delivered to patients diagnosed and/or treated at its facility with that provided at state, regional, and national cancer facilities. Included among these reporting applications are the Cancer Program Practice Profile Reports (CP3R). These reports provide CoC-accredited programs with comparative information to assess adherence to standard-of-care therapies for breast and colorectal cancer, including measures endorsed by the National Quality Forum (NQF) and developed in collaboration with the American Society of Clinical Oncology and the National Comprehensive Cancer Network (NCCN).

# 2009 National Quality Measures for Breast and Colon Cancers

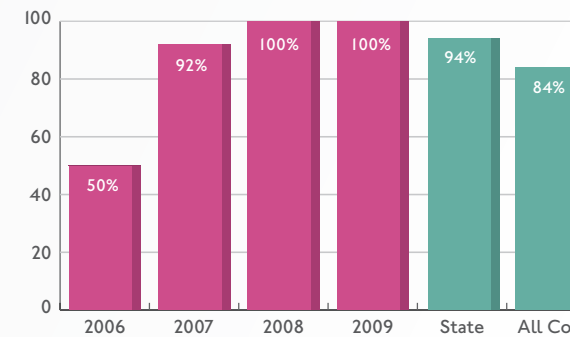
## Breast Cancer – CP3R

Tamoxifen or Aromatase Inhibitor considered within one year for women with AJCC T1cN0M0, or Stage II or III hormone receptor-positive breast cancer.



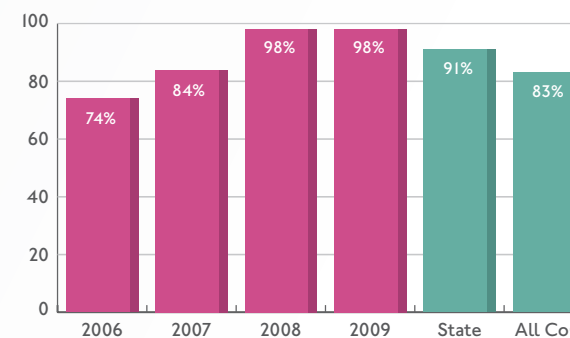
## Breast Cancer – CP3R

Combination chemo is considered or administered within 4 months of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.



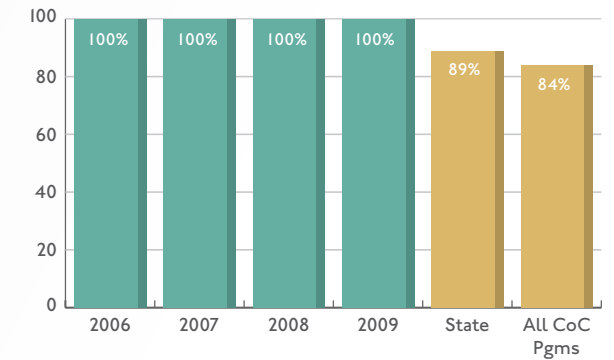
## Breast Cancer – CP3R

Radiation therapy is administered within one year of diagnosis for women under the age of 70 receiving breast conserving surgery for breast cancer.



## Colon Cancer – CP3R

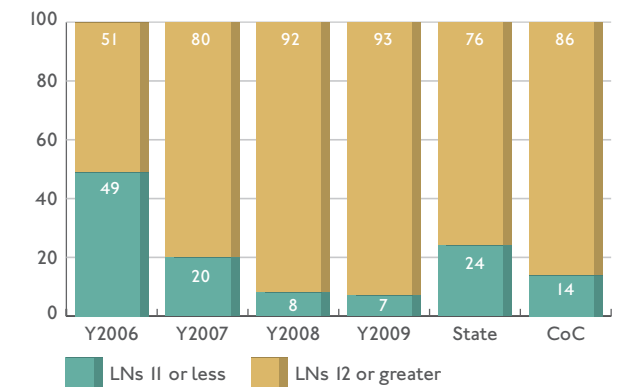
Adjuvant chemo considered or administered within 4 months of dx for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.



• 2006 was the first year of data collection for the program. Increased compliance in 2007 is due to the establishment of data collection methods in the outpatient setting (through the Cancer Registry).

## Colon Cancer – Regional Lymph Nodes

At least 12 regional lymph nodes are removed & pathologically examined for resected colon cancer.



• First measured in 2006. Formal performance improvement process implemented immediately. Presentation of 2007 and 2008 data at Cancer Committee 5/20/09. Increase in compliance resulting in significant improvement to date.

Data Source: Cancer Registry.



## Win the Battle — Before the War

*Innovative partnership emphasizes messages of prevention, detection*

Cancer is an insidious opponent, one that fights dirty and exercises zero compassion.

But what if it didn't have to be an opponent at all? What if you had the power to beat it — before the battle even ensued?

That's the message being spread to local and rural northern Nevada residents alike through a statewide collaboration, the Nevada Colon Cancer Partnership.

"We're working together to make an impact on prevention and treatment," said Mike Johnson, vice president for Saint Mary's Community Health and Mission Integration. "About one-third of all cancers are preventable based on simple things people can do, so our job is to push that message and inspire people to take action."

One of the few truly preventable cancers — yet the second most common cause of cancer death in the country — is colorectal cancer, as Johnson explains that all cases evolve from small polyps in the colon.

"About 90 percent of cases can be avoided, as polyps are detectable and treatable during a colonoscopy," Johnson said, "Yet Nevada ranks near the bottom of all states in terms of number of people screened."

So Saint Mary's and the Nevada Cancer Institute — with the help of the University of Nevada School of Medicine — are undertaking a two-year, grant-funded study to determine if providing patient navigation and outreach will increase the number of people screened.

The partnership is charged with spreading the word that everyone over 50 should have a colonoscopy or a fecal

occult blood test, also known as a FIT test, which tests for blood in stool samples. The program also assists patients with scheduling and providing resources and answers to questions. One year into the grant, the partnership looks well poised to exceed its goal.

"People have a choice," Johnson said. "A colonoscopy is preventive, whereas a FIT test is focused on detection. If the FIT test identifies the need for further testing, the patient will be sent for a colonoscopy."

And a new grant is also ensuring that those who are uninsured or underinsured can receive a colon cancer screening, free of charge.

"There are restrictions, but we encourage people to call," he said. "This is a historic undertaking for Nevada, because we rank so low in screenings, yet so high in number of uninsured or underinsured. It's an exciting program."



Mike Johnson  
Vice President, Community  
Health & Mission Integration

"I'm sure we'd all love to never hear the words 'I have cancer' in our lives, and that's our goal — to emphasize prevention," Johnson said.

For more information about colorectal screenings or cancer prevention tips, call 775-770-7100.

## Colorectal Cancer

Colon cancer has no warning signs. You can feel normal and be diagnosed with colon cancer, but colon cancer is highly treatable and has a 90 percent survival rate if caught early. Because Saint Mary's understands the importance of thorough screenings and early detection, we are proud to introduce our new Interventional GI Endoscopy Center. This new center has the newest, most effective methods of seeing and treating gastrointestinal and lung cancers.

Under the direction of Dr. Sam Nourani, we offer Endoscopic Ultrasound (EUS), a technology that locates previously undetectable tumors in the lungs, gastrointestinal, hepatobiliary, and pancreatic systems. This technology allows for staging as well as the ability for sampling during the same examination. We also utilize Double Balloon Enteroscopy (DBE), a powerful, noninvasive system that allows us to assess the entire gastrointestinal tract in real time. And when appropriate, early staged cancers can be resected endoscopically,



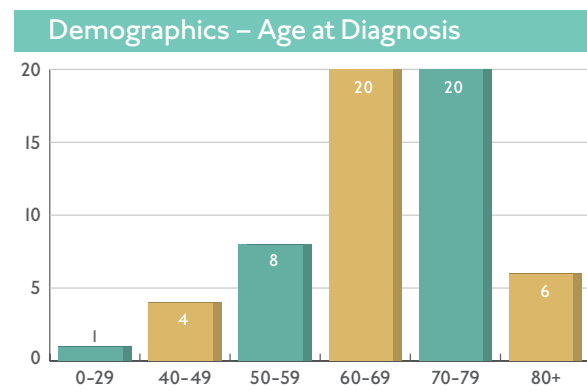
Sam Nourani, MS, MD  
Medical Director, Advanced  
Therapeutic, Interventional  
Gastroenterology

utilizing endoscopic mucosal resection (EMR) techniques that avoid surgery and hospitalization. We're proud to be the only hospital in Nevada to offer this dynamic cancer-fighting combination.

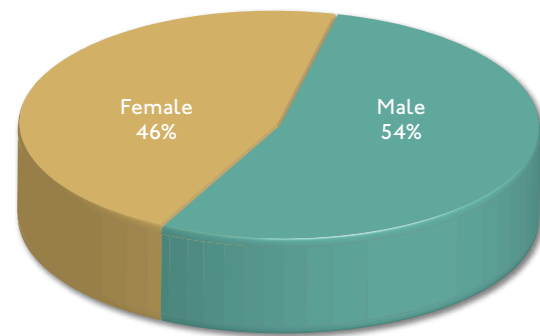


# 2009 Colon Cancer Data

During 2009, 59 analytic colon cancer cases were accessioned through the Cancer Registry at Saint Mary's Regional Medical Center. The median age range at diagnosis was 66 years of age. 46% were female and 54% were male. 76% of cases were adenocarcinoma (see page 27 for histology).



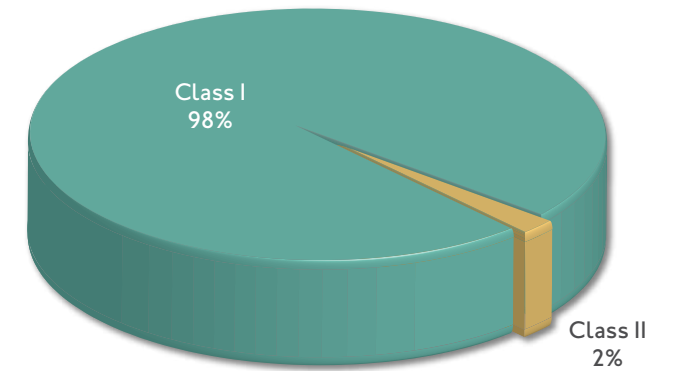
## Demographics - Gender



In the data reviewed, the most common sites of the colon were Sigmoid (32% cases), Cecum (31% cases) and Transverse (14% cases). Among the cases, 53% were early stage (0-II), 32% were locally advanced (stage III) and 15% presented with distant metastases (stage IV) at the time of presentation. 15% of cases were diagnosed through routine screening and 85% of cases presented with symptoms at diagnosis. Saint Mary's is working with the Community Colon Cancer Coalition toward increased screening activities.

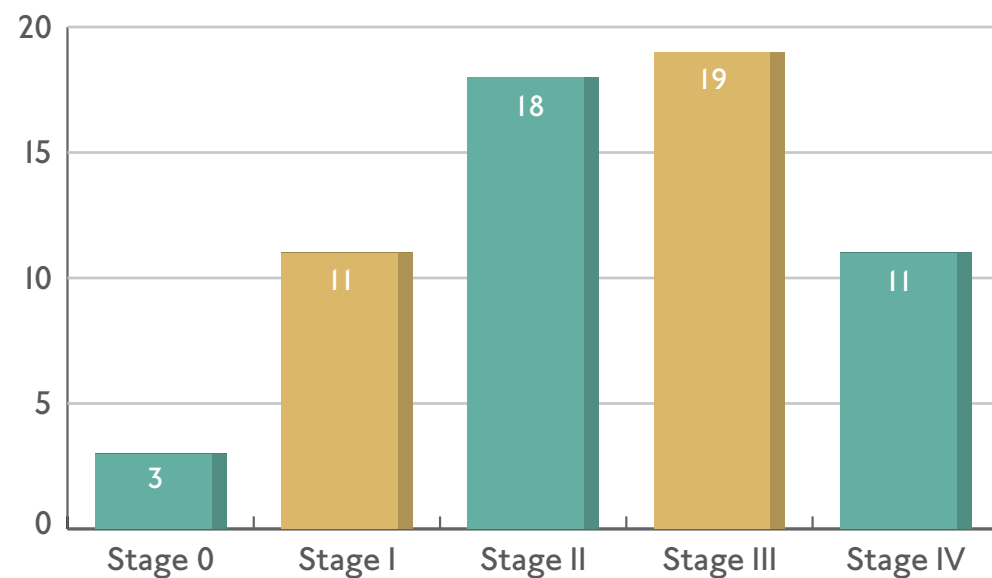
## Class of Case

Majority of cases were diagnosed and/or treated at SMRMC (Class I)

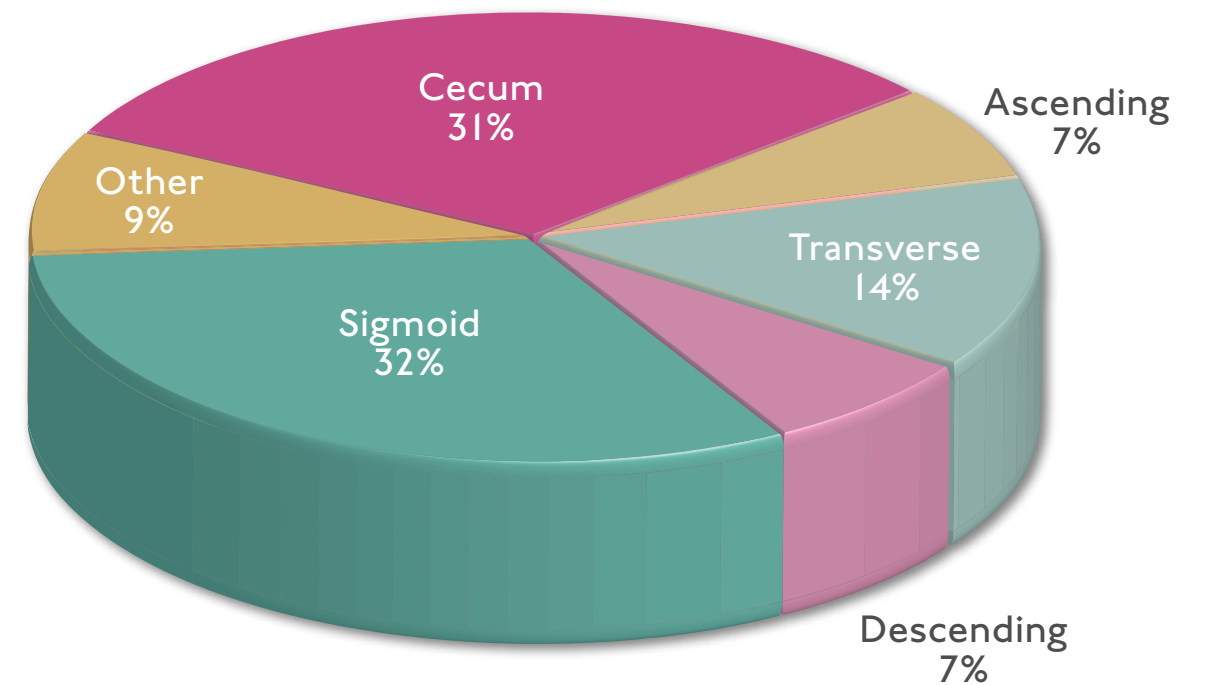


## Collaborative/AJCC Stage at Diagnosis

Diagnoses at late stage – colon cancer diagnosed at stages III and IV indicates community screening programs are not being adequately utilized.



## Colon Site Group

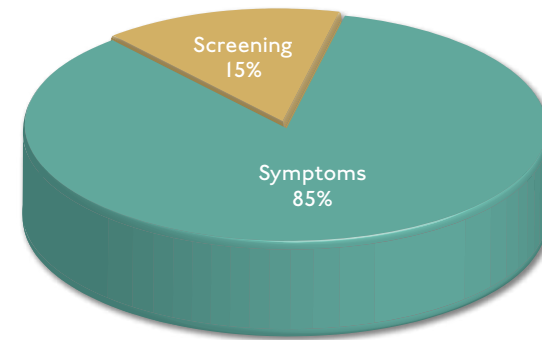


A review of treatment patterns indicates well-accepted standards of care. Surgery was the predominant treatment in early stage colon cancers, while surgery and chemotherapy were the primary treatment in advanced cases. 51% of cases underwent partial colectomy, 44% of cases had hemicolectomy and 3% received total colectomy. Evaluation of surgical margins demonstrates 95% of margins were negative. Evaluation of the CoC Quality Cancer Measure requires at least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer. Case review of resections demonstrated 91% of cases having 12 or greater nodes removed and 9% with 11 or less. CoC Quality Cancer measure regarding administration of adjuvant chemotherapy in node-positive stage III patients demonstrates 100% compliance.

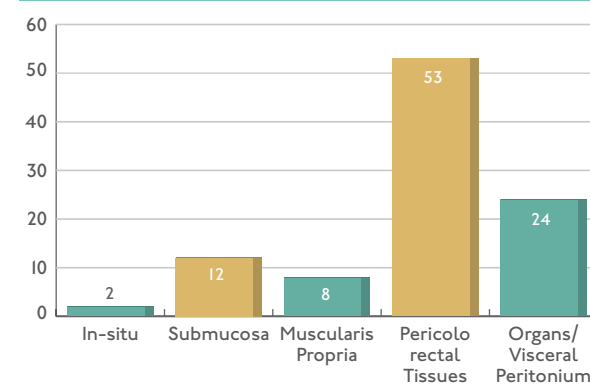
The cancer registry at SMRMC has abstracted 4 years of clinical data. Longer follow-up will be necessary to evaluate and compare the survival statistics with state and national data. The Cancer Committee remains committed to reviewing cancer outcomes on an annual basis.

### Diagnosis – Routine Screening vs. Symptoms

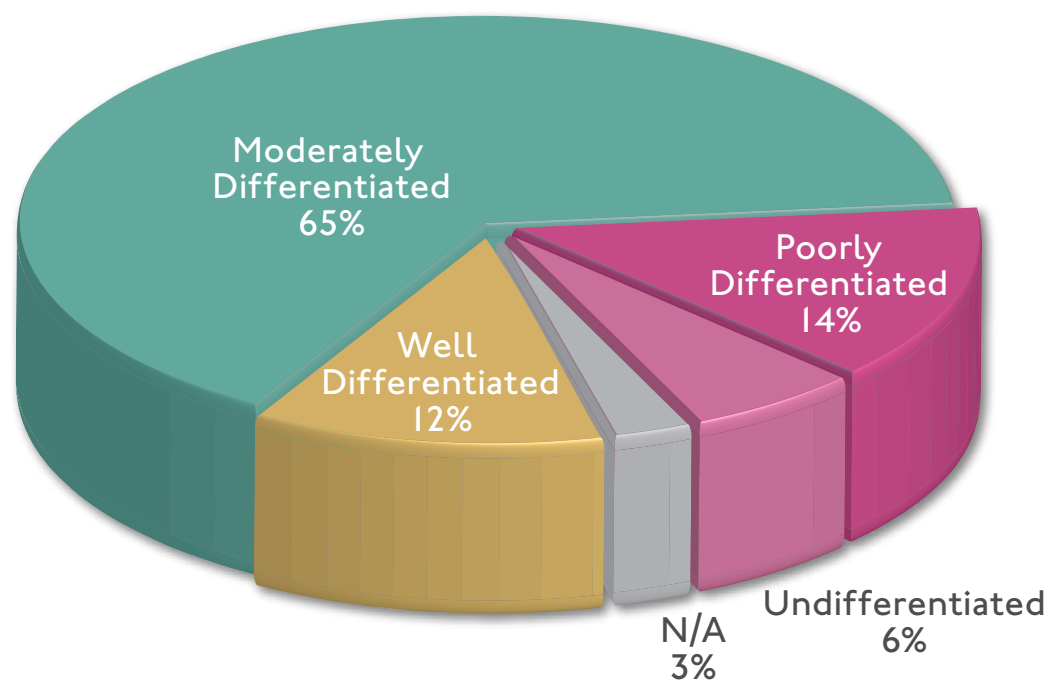
- 2006 33% of cases were dx at routine screening.
- Screening Programs are a community area of focus in 2010.



### Tumor Depth of Invasion

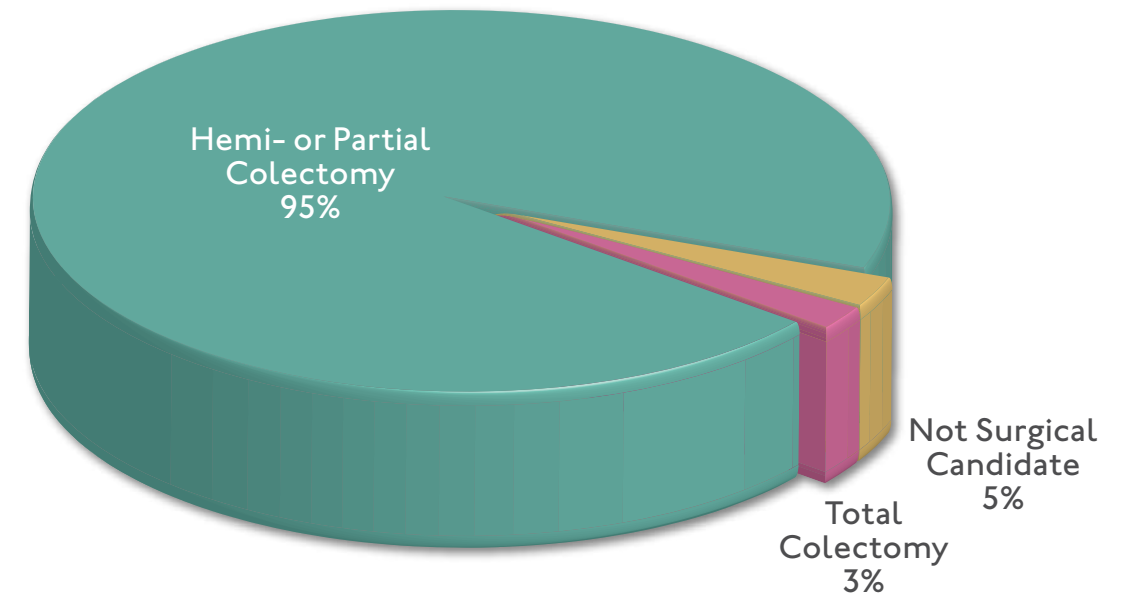


### Tumor Grade Distribution

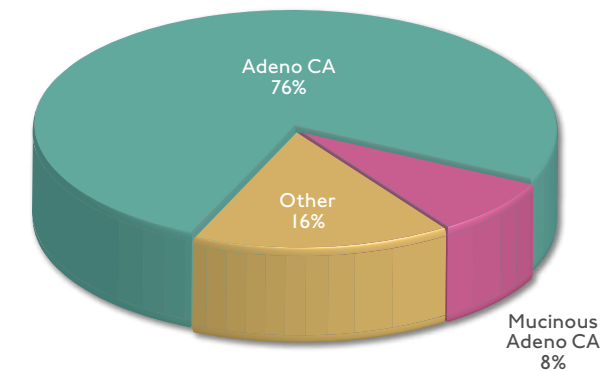


### Surgical Procedures

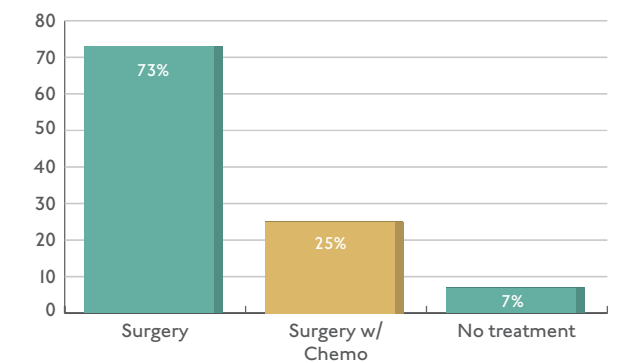
95% rate of subtotal colectomy procedures.



### Histology Distribution



### Summary of First-Course Treatment



Data Source: Cancer Registry. Breast Cancer Treatment Summaries and National Quality Outcomes on page 21.



# Lung Cancer

Lung cancer is the most common cancer in the world and the leading cause of cancer death in the United States in both men and women. The disease is responsible for more deaths than breast cancer, colon cancer and prostate cancer combined.

Saint Mary's fulfills its mission by providing its patients with state-of-the-art cancer care, serving many individuals who face this life-threatening disease with the very best cutting-edge treatment available to improve patients' outcomes.

Treatment for lung cancer, as with all cancers, may involve a combination of surgery, radiation and chemotherapy. Saint Mary's Center for Cancer offers a spectrum of practices, technologies and expertise that are helping to advance the treatment of lung cancer. Advanced tools and practices make use of revolutionary technologies such as northern Nevada's only CyberKnife Robotic Radiosurgery System as well as breakthrough translational and clinical research. Advances in minimally invasive and robotic surgery are currently being applied in the surgical treatment of lung cancer at Saint Mary's, leading to improved outcomes and less risk to the patient.

# Cervical Cancer

Cervical cancer was once one of the most common causes of cancer death for American women. But the number of deaths from cervical cancer has gone down significantly due to prevention and early detection.

Today, women facing cervical cancer have better treatment options than they did even a few years ago. If detected early, cervical cancer can often be halted. Saint Mary's Center for Cancer offers a number of state-of-the-art treatment options including a surgical services team comprised of the most qualified and experienced professionals in northern Nevada. In addition to surgical services, external radiation and implant therapies delivered by Linear Accelerator and chemotherapy are available. Saint Mary's also offers High-Dose-Rate (HDR)

The Center for Cancer promotes maintenance of a high standard of care through physician collaboration at the thoracic tumor board. Cases are present prospectively to the specialized team to assure the best treatment available is offered.

Saint Mary's team is strengthened by Dr. John Ganser who spearheads GI thoracic tumor board conferences and continually assists in leading the way for lung cancer patients.

During 2009, 127 analytic lung cases were recorded through the Cancer Registry at Saint Mary's Regional Medical Center. The median age at diagnosis was 69 years of age and 106 cases were non-small cell carcinoma and 21 cases were small-cell carcinoma. Additionally, 58 percent were female and 42 percent were male. A review of treatment patterns shows well-accepted standards of care. Surgery was the predominant treatment in early stage, non-small cell lung cancers, while chemotherapy or radiation therapy were the primary treatments in advanced- and small-cell cases.

Brachytherapy treatment for cervical cancer, which often offers shorter treatment times on an outpatient basis providing greater convenience and comfort for patients.

In addition, Saint Mary's uses 3-D Conformal Radiation Therapy to create elaborate models of tumors and any organs to be protected during radiation treatment. Previously, radiation treatment matched the height and width of the tumor, exposing healthy tissue to beams of radiation. Advances in imaging technology offered at Saint Mary's make it possible to locate the tumor precisely while minimizing damage to the healthy surrounding tissue. This exact targeting makes it possible to use higher levels of radiation in treatment, which are more effective in shrinking and killing tumors.

# Prostate and Testicular Cancer

Prostate cancer is the most common cancer in American men and the second leading cause of cancer death behind lung cancer. About 1 in 6 males will be diagnosed with prostate cancer during his lifetime. Testicular cancer, which accounts for only 1 percent of all cancers in men in the United States, occurs most often in men between the ages of 20 and 39, and is the most common form of cancer in men between the ages of 15 and 34.

Whether you're worried about developing prostate or testicular cancer, making decisions about your treatment, or trying to stay well after cancer occurs, Saint Mary's Center for Cancer continues to offer the most comprehensive treatment options in the region.

A powerful combination of traditional and new, innovative therapies are provided at Saint Mary's by an expert staff who work with patients to determine the appropriate combination of therapies, which in most cases may include surgery, external-beam radiation and brachytherapy (alone or in combination with external-beam radiotherapy). Saint Mary's offers all of the available treatment options for prostate cancer, allowing treatment decisions to be led by national guidelines and providing quality treatment as the best standard of care.

Dr. Jonathan Tay, medical director of Saint Mary's Radiation Oncology Department and chair of the Saint Mary's Cancer Committee, specializes in treating prostate cancer with a number of radiation treatments and technologies, including:

- Linear Accelerators, most commonly used for external-beam radiation treatments; and Intensity-Modulated Radiation Therapy (IMRT), an advanced mode of radiotherapy that utilizes computer-controlled, high-energy X-rays to deliver precise radiation doses to malignant tissue.
- High-Dose-Rate Brachytherapy, an advanced radioactive seed therapy that delivers higher doses of radiation to tumor sites while sparing normal tissue.
- Cesium Prostate Seed Implant Therapy, a breakthrough brachytherapy developed by IsoRay Medical Inc. This powerful treatment delivers 90 percent of its dosage in just 30 days, making it a significant scientific advancement in prostate cancer brachytherapy in the last 20 years. At Saint Mary's, cesium prostate implants are available, in addition to iodine and palladium isotopes. The choice of isotopes allows the seed implant team to individualize patient care.
- Northern Nevada's only CyberKnife, a computer-controlled radiosurgery system that delivers radiation to tumors anywhere in the body, with submillimeter accuracy.

Saint Mary's Center for Cancer hopes to open three national prostate cancer trials in the near future, offering patients the opportunity to participate in important clinical research. In addition, Dr. Tay presented the results of his long-term outcomes of seed implant therapy and Saint Mary's early experiences with CyberKnife at recent, internationally attended professional society meetings.



Nurse with patient undergoing HDR Brachytherapy Treatment



## Cancer Registry Data Collection and Analysis

Saint Mary's Cancer Registry is an integral part of the multidisciplinary Cancer Program. The Cancer Registry, supervised by Kelley Bottomley, CTR, provides data-management services to comply with mandatory state cancer reporting regulations, as well as satisfy the data needs of clinicians, administrators, and other qualified users in the healthcare system. Patient statistics include demographic and clinical information from diagnosis through treatment, as well as annual lifetime follow-up data. In addition, the Cancer Registry also provides data to the Nevada State Cancer Registry as well as to national level cancer surveillance organizations for incidence measurement and epidemiological studies such as National Cancer Institute (NCI) and National Cancer Database (NCDB) of the Commission on Cancer (CoC). The data submission is particularly valuable

in cancer research, especially in diagnosis and treatment research. The Cancer Registry manages the program Cancer Conferences (Tumor Boards) as well as program compliance of standards for the American College of Surgeons Commission on Cancer and National Association of Breast Centers, resulting in ongoing program accreditation.

The Cancer Registry submitted data (for 2009) to the annual National Cancer Data Base (NCDB) in which 2,000 hospitals nationally participate. This data submission was recognized, by receiving commendation for error-free data submission as well as data quality.



The Call for Data collects data elements required by the Commission on Cancer Approvals Program. Approximately 84 percent of all U.S. cancer cases (600,000) are being accessioned annually in this data collection effort. After the collection and analysis of the data, Saint Mary's receives a report containing national aggregate data, and a customized report containing our hospital's data. These evaluations enable our clinicians to assess trends in specific treatments and survival in relation to primary site and histologic types of malignancy, which in turn allows Saint Mary's to compare our results with state, regional and national figures. The Cancer Registry takes great pride in its record of maintaining error-free data submissions, as well as high national rankings for required participation in National Quality Indicators for our program and physicians starting in 2006.

**The Cancer Registry takes great pride in its record of maintaining error-free data submissions as well as high national rankings for required participation in National Quality Indicators for our program and physicians.**

The cancer registry has collected data for identified cases from 2006 through 2010. 1,070 new cases were identified for calendar year 2009. Of these cases, 905 (84%) were newly diagnosed or treated for first course of treatment at Saint Mary's Regional Medical Center. These cases are referred to as analytic cases. 165 (16%) of these cases are non-analytic.

Lifetime follow-up is conducted annually for analytic cancer patients. The follow-up process, in addition to providing critical information about disease status and treatment outcomes, also performs a valuable service for physicians and patients by reminding

them that regular reassessment of the disease is vital for early detection of recurrences or subsequent primaries. The Commission on Cancer requires a successful follow-up rate of at least 90%. Our follow-up rate at Saint Mary's Regional Medical Center is currently 97%.

In summary, data is used to:

- Evaluate patient outcome and quality of life
- Provide follow-up information for cancer surveillance
- Calculate survival rates using various data items
- Provide information of cancer program activities
- Analyze referral patterns
- Report cancer incidence as required by state law
- Evaluate efficacy of treatment modalities

The cancer registrars at Saint Mary's are both CTRs (certified by the National Cancer Registrars Association). Cancer Registry manages Cancer Conference (Tumor Board) meetings. Cancer Conference is a multidisciplinary gathering of physician specialists who diagnose and treat cancer. The purpose of Cancer Conference, according to the Cancer Program Standards of the Commission on Cancer, is to provide multidisciplinary consultative services to all patients with cancer, "... at a time when management of the patient could be influenced by the discussion, including discussion of management options at any time during the course of a patient's disease." The three Cancer Conferences at Saint Mary's are held with a focus on breast and brain stereotactic radiosurgery cases, but are open to all primary cancer sites.

### Saint Mary's Regional Medical Center 2009 Analytic Cancer Cases

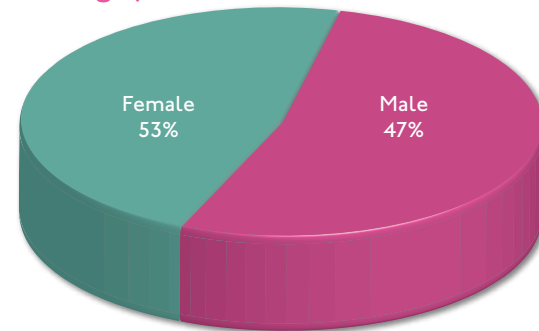
Reference Date	1/1/2006
Total Cases in Database	4759
Total Analytic Cases in 2009	905
Follow-up Success %	97%
Tumor Board Case Presentations	316
Total Data Requests	216



# Cancer Registry 2009 Year-End Summary

Saint Mary's is accredited by the American College of Surgeons and is resurveyed every three years to assure continuous compliance with its accreditation standards. The Cancer Registrar serves as the ACoS certification coordinator, devoting many hours outside of the data management responsibilities to ensure that the cancer program meets or exceeds all ACoS Cancer Program standards for the category of approval. In 2008, Saint Mary's Center for Cancer was granted three-year approval "with commendation." To ensure ongoing compliance toward accreditation, the program annually assesses its burden of cancer within the community. This overview presents an analysis of 1,070 new cases of cancer diagnosed and/or treated at Saint Mary's Center for Cancer in 2009. This represents a 20% increase in volume from the previous year.

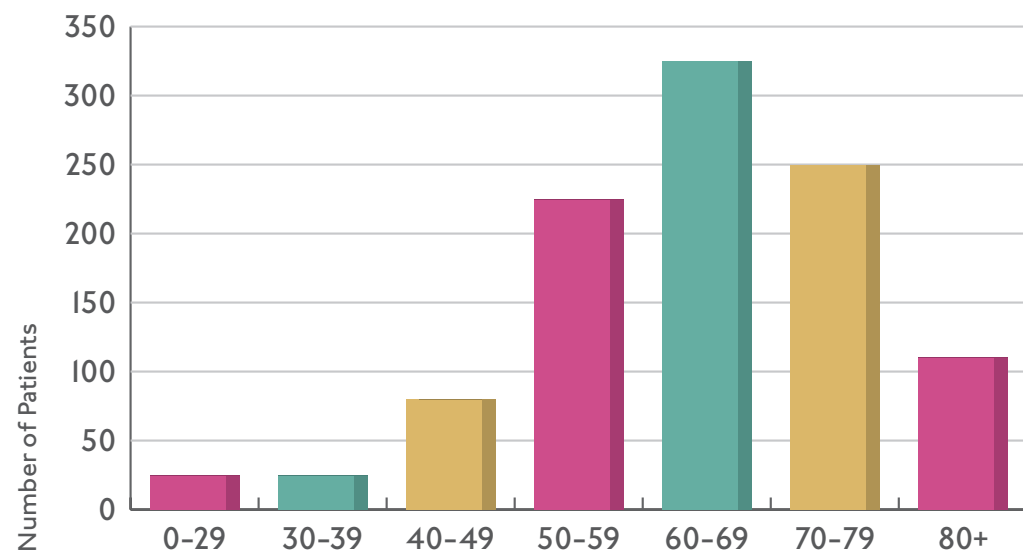
## Demographics – Gender



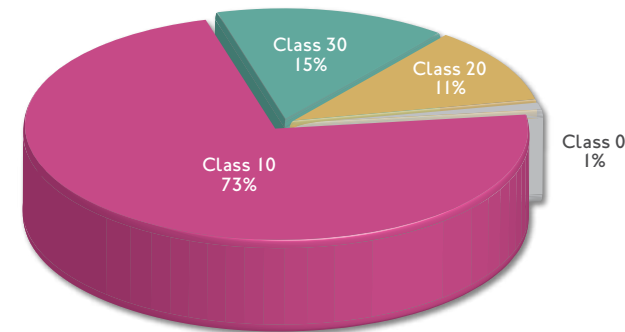
**Gender** – The female cancer patient population is higher than the male population, a trend observed at many institutions. Females account for 53% and males account for 47% of all newly diagnosed cancers seen in 2009.

**Age at diagnosis** – Overall the number of cancer patients peaks in the 60-79 age range. More than two-thirds of cancer patients were diagnosed in the 50-79 age range and 76% were age 50 or over at the time of diagnosis. The median age at diagnosis was 63.

## Demographics – Age at Diagnosis



## Class of Case

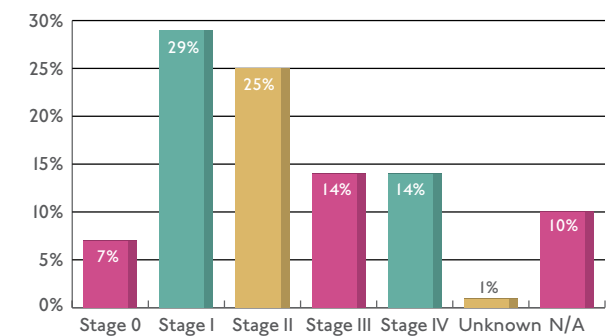


**Patient volumes by class of case** – 73% of patients were diagnosed and received their first course of treatment at SMRMC (Class I). 11% of patients were seen at Saint Mary's Center for Cancer for treatment only (Class 2). 15% of patients were treated for recurrence of disease (Class 3).

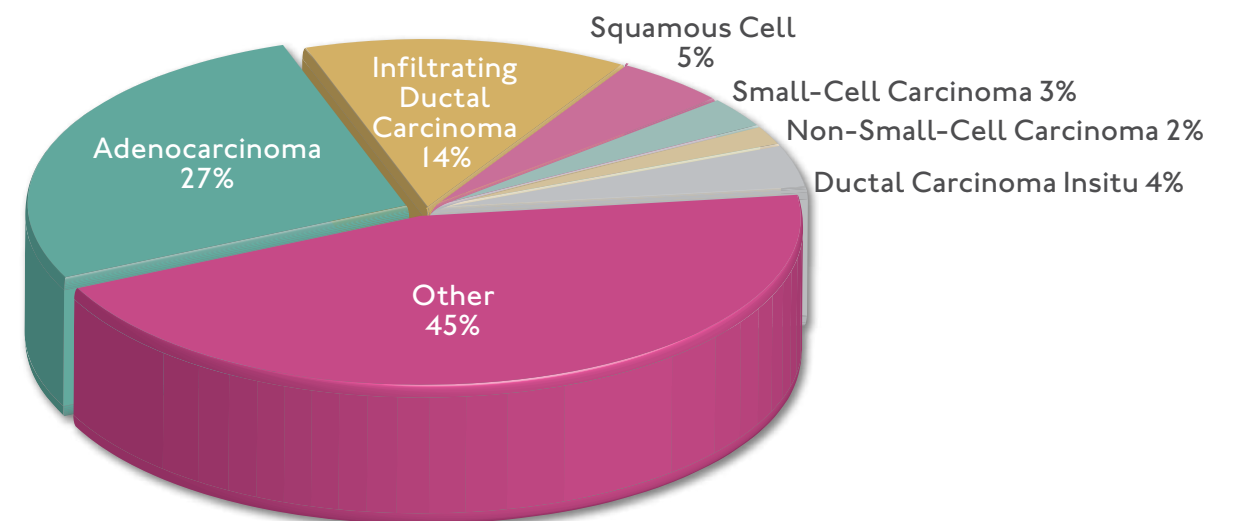
**Stage at Diagnosis** – Two-thirds of patient had stage I or II disease. One-third of patients presented with advanced stage (stage III or IV disease at diagnosis).

The distribution of the most prevalent cancers seen at Saint Mary's Center for Cancer has changed very little over the past four years. The top five cancers are breast, lung, prostate, colon and bladder cancers, which encompass 54% of the newly diagnosed cancers seen at the Center for Cancer. Female breast cancer accounts for 18% of all new cancers seen here. Lung (12%), Prostate (10%), Colorectal (9%), and Bladder (4%) account for 36% of cancers newly diagnosed in 2009.

## Collaborative/AJCC Stage at Diagnosis



## Histology at Diagnosis



Data Source: Cancer Registry.

# 2009 Primary Site Table

Primary Site	Total	%	Male	Female	Analy	NA	Alive	Exp	Stg0	StgI	StgII	StgIII	StgIV	88	Unk	Blank/Inv
<b>Oral Cavity &amp; Pharynx</b>	<b>32</b>	<b>3.0</b>	<b>25</b>	<b>7</b>	<b>30</b>	<b>2</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>8</b>	<b>13</b>	<b>0</b>	<b>2</b>	<b>0</b>
Tongue	10	0.9	8	2	9	1	10	0	0	1	2	3	2	0	1	0
Salivary Gland	3	0.3	2	1	3	0	3	0	0	1	0	1	1	0	0	0
Floor of Mouth	1	0.1	1	0	1	0	1	0	0	0	0	0	1	0	0	0
Gum & Other Mouth	3	0.3	2	1	3	0	3	0	0	2	0	0	1	0	0	0
Nasopharynx	2	0.2	1	1	1	1	2	0	0	0	0	0	0	0	1	0
Tonsil	12	1.1	10	2	12	0	12	0	0	1	0	4	7	0	0	0
Hypopharynx	1	0.1	1	0	1	0	1	0	0	0	0	0	1	0	0	0
<b>Digestive System</b>	<b>154</b>	<b>14.4</b>	<b>89</b>	<b>65</b>	<b>135</b>	<b>19</b>	<b>139</b>	<b>15</b>	<b>5</b>	<b>27</b>	<b>40</b>	<b>37</b>	<b>23</b>	<b>2</b>	<b>1</b>	<b>0</b>
Esophagus	11	1.0	11	0	10	1	11	0	0	3	4	1	2	0	0	0
Stomach	9	0.8	6	3	8	1	6	3	0	0	0	3	3	2	0	0
Small Intestine	2	0.2	1	1	2	0	1	1	0	0	1	0	1	0	0	0
Colon Excluding Rectum	62	5.8	33	29	59	3	57	5	3	11	17	19	9	0	0	0
Cecum	18		10	8	18	0	15	3	0	1	7	8	2	0	0	0
Appendix	2		1	1	2	0	2	0	0	1	0	0	1	0	0	0
Ascending Colon	4		2	2	4	0	4	0	0	2	1	0	1	0	0	0
Hepatic Flexure	3		1	2	3	0	3	0	0	0	1	1	1	0	0	0
Transverse Colon	8		2	6	8	0	6	2	0	3	2	2	1	0	0	0
Splenic Flexure	1		1	0	1	0	1	0	0	0	0	1	0	0	0	0
Descending Colon	4		3	1	4	0	4	0	1	0	1	1	1	0	0	0
Sigmoid Colon	21		12	9	19	2	21	0	2	4	5	6	2	0	0	0
Large Intestine, NOS	1		1	0	0	1	1	0	0	0	0	0	0	0	0	0
Rectum & Rectosigmoid	33	3.1	19	14	24	9	32	1	1	6	7	9	1	0	0	0
Rectosigmoid Junction	5		3	2	2	3	5	0	0	0	1	1	0	0	0	0
Rectum	28		16	12	22	6	27	1	1	6	6	8	1	0	0	0
Anus, Anal Canal & Anorectum	4	0.4	0	4	4	0	4	0	1	0	2	1	0	0	0	0
Liver & Intrahepatic Bile Duct	8	0.7	4	4	7	1	6	2	0	3	1	1	1	0	1	0
Other Biliary	1	0.1	1	0	1	0	1	0	0	0	1	0	0	0	0	0
Pancreas	24	2.2	14	10	20	4	21	3	0	4	7	3	6	0	0	0
<b>Respiratory System</b>	<b>151</b>	<b>14.1</b>	<b>62</b>	<b>89</b>	<b>133</b>	<b>18</b>	<b>138</b>	<b>13</b>	<b>1</b>	<b>51</b>	<b>5</b>	<b>22</b>	<b>53</b>	<b>1</b>	<b>0</b>	<b>0</b>
Nose, Nasal Cavity & Middle Ear	1	0.1	1	0	1	0	1	0	0	0	0	0	1	0	0	0
Larynx	3	0.3	1	2	3	0	3	0	1	1	0	0	0	1	0	0
Lung & Bronchus	147	13.7	60	87	129	18	134	13	0	50	5	22	52	0	0	0
<b>Soft Tissue (including heart)</b>	<b>14</b>	<b>1.3</b>	<b>9</b>	<b>5</b>	<b>8</b>	<b>6</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>
<b>Skin Excluding Basal &amp; Squamous</b>	<b>32</b>	<b>3.0</b>	<b>12</b>	<b>20</b>	<b>23</b>	<b>9</b>	<b>32</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>0</b>
Melanoma--Skin	31	2.9	12	19	22	9	31	0	1	8	6	3	1	0	3	0
Other Nonepithelial	1	0.1	0	1	1	0	1	0	0	0	0	0	0	1	0	0
<b>Breast</b>	<b>210</b>	<b>19.6</b>	<b>0</b>	<b>210</b>	<b>192</b>	<b>18</b>	<b>206</b>	<b>4</b>	<b>31</b>	<b>77</b>	<b>59</b>	<b>22</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Female Genital System</b>	<b>44</b>	<b>4.1</b>	<b>0</b>	<b>44</b>	<b>33</b>	<b>11</b>	<b>43</b>	<b>1</b>	<b>0</b>	<b>21</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>0</b>
Cervix Uteri	12	1.1	0	12	9	3	12	0	0	3	2	3	0	0	1	0
Corpus & Uterus, NOS	21	2.0	0	21	20	1	20	1	0	16	1	1	0	2	0	0
Corpus Uteri	20		0	20	20	0	20	0	0	16	1	1	0	2	0	0
Uterus, NOS	1		0	1	0	1	0	1	0	0	0	0	0	0	0	0
Ovary	9	0.8	0	9	4	5	9	0	0	2	0	1	1	0	0	0
Vulva	2	0.2	0	2	0	2	2	0	0	0	0	0	0	0	0	0
<b>Male Genital System</b>	<b>148</b>	<b>13.8</b>	<b>148</b>	<b>0</b>	<b>117</b>	<b>31</b>	<b>148</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>96</b>	<b>9</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>
Prostate	142	13.3	142	0	111	31	142	0	0	0	95	9	7	0	0	0
Testis	6	0.6	6	0	6	0	6	0	0	4	1	0	0	0	1	0
Urinary System	100	9.3	75	25	84	16	100	0	24	33	7	11	9	0	0	0
Urinary Bladder	52	4.9	43	9	46	6	52	0	22	13	4	3	4	0	0	0
Kidney & Renal Pelvis	45	4.2	29	16	35	10	45	0	0	19	3	8	5	0	0	0
Ureter	3	0.3	3	0	3	0	3	0	2	1	0	0	0	0	0	0
<b>Eye &amp; Orbit</b>	<b>1</b>	<b>0.1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Brain &amp; Other Nervous System</b>	<b>54</b>	<b>5.0</b>	<b>22</b>	<b>32</b>	<b>39</b>	<b>15</b>	<b>52</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>0</b>	<b>0</b>
Brain	13	1.2	11	2	11	2	12	1	0	0	0	0	0	11	0	0
Cranial Nerves & Other Nervous System	41	3.8	11	30	28	13	40	1	0	0	0	0	0	28	0	0
<b>Endocrine System</b>	<b>46</b>	<b>4.3</b>	<b>15</b>	<b>31</b>	<b>43</b>	<b>3</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>
Thyroid	38	3.6	9	29	38	0	38	0	0	25	5	4	4	0	0	0
Other Endocrine (including Thymus)	8	0.7	6	2	5	3	8	0	0	0	0	0	0	5	0	0
<b>Lymphomas</b>	<b>35</b>	<b>3.3</b>	<b>19</b>	<b>16</b>	<b>29</b>	<b>6</b>	<b>34</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>5</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>
Hodgkin Lymphoma	2	0.2	0	2	2	0	2	0	0	0	1	1	0	0	0	0
Non-Hodgkin Lymphoma	33	3.1	19	14	27	6	32	1	0	10	4	4	9	0	0	0
NHL-Nodal	22		13	9	18	4	21	1	0	3	3	3	9	0	0	0
NHL-Extranodal	11		6	5	9	2	11	0	0	7	1	1	0	0	0	0
<b>Myeloma</b>	<b>7</b>	<b>0.7</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>
<b>Leukemia</b>	<b>13</b>	<b>1.2</b>	<b>7</b>	<b>6</b>	<b>10</b>	<b>3</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>
Lymphocytic Leukemia	6	0.6	4	2	4	2	6	0	0	0	0	0	0	4	0	0
Acute Lymphocytic Leukemia	1		1	0	1	0	1	0	0	0	0	0	0	1	0	0
Chronic Lymphocytic Leukemia	5		3	2	3	2	5	0	0	0	0	0	0	3	0	0
Myeloid & Monocytic Leukemia	7	0.7	3	4	6	1	7	0	0	0	0	0	0	6	0	0
Acute Myeloid Leukemia	5		3	2	5	0	5	0	0	0	0	0	0	5	0	0
Acute Monocytic Leukemia	1		0	1	1	0	1	0	0	0	0	0	0	1	0	0
Chronic Myeloid Leukemia	1		0	1	0	1	1	0	0	0	0	0	0	0	0	0
<b>Mesothelioma</b>	<b>2</b>	<b>0.2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Miscellaneous</b>	<b>27</b>	<b>2.5</b>	<b>18</b>	<b>9</b>	<b>22</b>	<b>5</b>	<b>25</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>1,070</b>		<b>505</b>	<b>565</b>	<b>905</b>	<b>165</b>	<b>1,031</b>	<b>39</b>	<b>62</b>	<b>263</b>	<b>230</b>	<b>126</b>	<b>125</b>	<b>88</b>	<b>11</b>	<b>0</b>



# Clinical Trials

There are many types of cancer. It is not just one disease and the treatments for each type are unique. Current cancer research studies are evaluating everything from ways to prevent cancer to new drugs, biochemical markers to help physicians choose the best treatments, quality of life issues for patients undergoing treatment and survivorship issues for people living with cancer in their pasts.

While strides have been taken in many cancer treatments, cancers continue to claim the lives of millions of people each year. Without a doubt, there is a clear and urgent need to develop new approaches to cancer treatment and prevention.

Clinical trials are research studies in which people help doctors find ways to improve health and cancer care. Each study is designed to answer scientific questions to find better ways to prevent, diagnose or treat cancer. Participants in clinical trials can play a more active role in their own health care, gain access to new research treatments before they are widely available, and help others by contributing to medical research.

2010 brought on new expansion for our cancer research program. The number of Saint Mary's patients who participated in clinical trials more than doubled in comparison with 2009. Nine new trials were opened and the variety of diagnoses covered by trials was expanded. Research into the treatment of breast and prostate cancer continues and new trials focused on lung and colon cancer are now available.

When Saint Mary's trials do not cover the special issues for our patients, we collaborate with other centers of excellence as appropriate to meet our patients' needs. Whether we are providing CyberKnife treatment for a child in a clinical trial at Oakland Children's Hospital or giving blood to a patient on an experimental drug from MD Anderson, Saint Mary's Center for Cancer provides ongoing treatment and support to those patients who enroll in trials not available in northern Nevada.

To provide state-of-the-art treatment options to our patients, the team at Saint Mary's Cancer Center is dedicated to active involvement in cancer research. Our cancer research nurse, Janis Pollard, RN, BSN, MPA coordinates trials and works with participants to assure that the trials are conducted with accuracy and integrity.

Saint Mary's researchers conduct some of their own trials as well as participating in large-scale research studies supported by national collaborative groups.

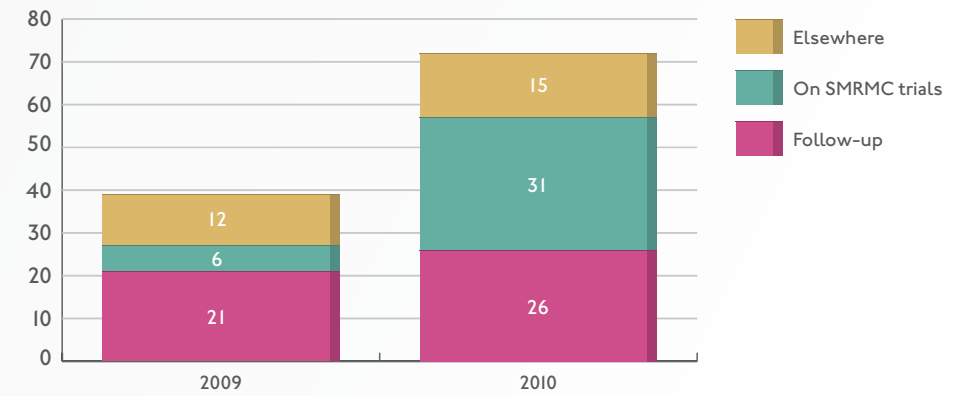
This year, grant funding from the Heath Foundation has supported two retrospective studies conducted by Dr. Jonathan Tay and by Dr. Kathleen Legarza.

Dr. Tay's research confirmed the value of monitoring PSA levels as an indicator of positive response to radiation therapy for prostate cancer. He presented those results at the national meeting of the American Society for Therapeutic Radiology and Oncology [ASTRO] in October.

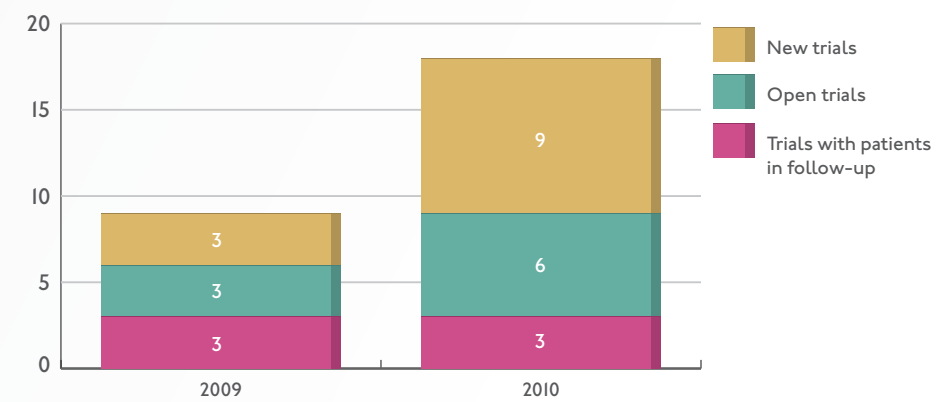
Dr. Legarza's research into outcomes for patients who have received partial breast irradiation continues to progress as does Dr. Kelle Brogan's study on the benefits of palliative care support for patients who are undergoing active treatment for cancer.

Clinical trial programs allow quick advancement in cancer treatment and many new cancer drugs and technological advances in radiation oncology would not be possible without them. 2011 will bring further expansion of our cancer research activities. Advancements in cancer care do not occur without ongoing research. New cancer drugs and treatments can only be developed through the combined efforts of investigating physicians, their research teams, and patients who are willing to participate. We are endlessly grateful to all of our patients who contribute to the expansion of knowledge on cancer care by participating in clinical trials.

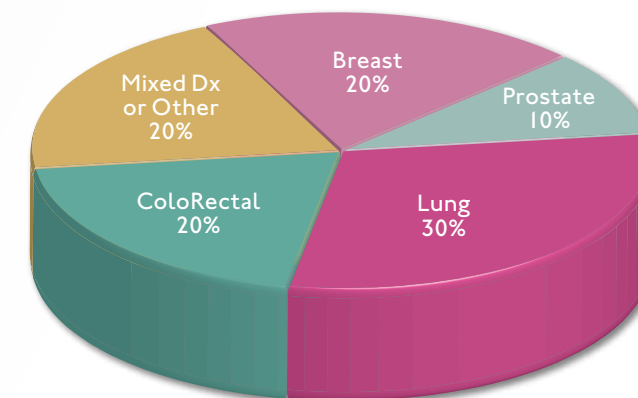
Number of Saint Mary's Cancer Patients Managed



Progress Building Saint Mary's Cancer Research Programs



Mix of Trials Open to Accrual YTD Feb 2011



Data Source: Cancer Registry.



Leah Boe, Breast Cancer Survivor and Janis Pollard, RN, BSN, MPA, Research Nurse

## Trial Basis

*Clinical trials form foundation for future treatment options*

As a social worker and counselor by profession, Leah Boe clearly knows how to care for others and equip them with the tools to better care for themselves.

What was surprising to the 45-year-old Sparks resident was the necessity to learn how to better care for herself after being diagnosed with breast cancer.

“It really changed my attitude,” Boe said. “I used to work 80 hours-plus per week, seven days a week. Now I’ve learned to appreciate small things, to focus on my family as my priority and not to worry about things I have no control over.”

She had no control over the diagnosis: a routine mammogram revealed a small, encapsulated tumor in her left breast. But she did have some control over the treatment, as following her lumpectomy, she had a conversation with Janis Pollard, cancer research nurse for Saint Mary’s Center for Cancer.

“I needed radiation therapy, so I talked to Janis right away about possible clinical trials,” Boe said. “I thought if I could do anything to help prevent cancer in the future, it would be worth everything.”

Pollard helped her enroll in NSABP B-39/RTOG 0413, a nationwide clinical trial comparing partial breast irradiation to whole-breast irradiation.

“We know that with traditional radiation therapy, which irradiates the whole breast, there are benefits and risks inherent to that treatment,” Pollard said. “So we’re comparing results of whole-breast irradiation to those when only the part of the breast where the tumor was located is irradiated. For partial breast treatment, a small catheter is implanted in the wound and the patient receives two treatments per day for five days with radiation going directly into the spot where the tumor was removed.”

Boe was randomized into the treatment group receiving traditional, whole-breast radiation for six weeks, five days per week.

“It became a very easy routine,” Boe said of her daily 15-minute appointment. “All I got was a little bit of a sunburn on the treatment area. Two weeks later, it was gone.”

Boe says she felt fortunate to be able to participate in a trial of this magnitude, adding that she knows some people feel concerned about the “trial” aspect of clinical trials.

“Patients have to go in suspending any judgment about what they perceive a ‘clinical trial’ is,” she said. “Have a good conversation with your physician, ask lots of questions and make a decision based on your own values and beliefs. I was grateful for the opportunity to possibly help others in the future.”

Such altruistic motivations are common for clinical trial enrollees, Pollard said.

“Patients want the best treatment option, but they also commonly want to make a difference in the future,” she said. “We’re looking to continually improve the quality of care offered to patients through these trials, so they really make a significant difference.”

Pollard says the program at Saint Mary’s has seen critical advances in the recent past.

“We’ve added a number of new clinical trials this year, and they cover a broader number of cancer diagnoses,” Pollard said. “Our long-term goal is to continue the expansion of the program until it reflects the scope of services in our cancer program more completely. If we don’t have a trial open at Saint Mary’s we will work with a patient and their physician to find the right one for that person. Our goal is the strongest research program possible and we’re well on our way.”

Boe is well on her way, too, admitting that her cancer diagnosis and treatment helped her see the “big picture,” as she calls it, much more clearly.

“Now I take care of myself,” she said. “I take days off like I should. I read, quilt, explore the desert and hike a lot. I couldn’t be more grateful for my health and for the wonderful experience I had with everyone I encountered at Saint Mary’s. Their smiles and laughs made all the difference in the world.”

For more information about open clinical trials at the Saint Mary’s Center for Cancer, call Janis Pollard at 775-770-3854 or contact her via e-mail at [Janis.Pollard@chw.edu](mailto:Janis.Pollard@chw.edu).

### Did you know?

- A “clinical trial” is a research study that is testing a particular question about ways to improve patient care by using new or alternative drugs or procedures in treatment of patients.
- The National Institute of Health’s website ([www.clinicaltrials.gov](http://www.clinicaltrials.gov)) is currently listing 105,886 trials with locations in 174 countries.
- Cancer research is only conducted after a patient (or their legally authorized representative) has been fully informed about the study and has voluntarily consented to participate.
- All clinical research at Saint Mary’s is reviewed and approved by the CHW Institutional Review Board, a group that has been formally designated to approve, monitor, and review research involving people with the aim to protect the rights and welfare of the research subjects.
- Our clinical research staff work with Saint Mary’s physicians to help identify patients who may qualify for clinical trials. They can also research trials available elsewhere when a physician or patient is interested.





“Be kind, for everyone you meet is fighting a difficult battle.”

–Plato

## Spiritual Care Services

*Treating Mind, Body and Soul*

The chaplains of Saint Mary’s Spiritual Care Services provide a caring presence to patients, visitors and staff of all faiths. In addition to Catholic chaplains, Saint Mary’s also has board-certified volunteers on hand to minister patients of all faiths. Each one is committed to honoring and supporting the beliefs and values of our patients, their families and caregivers. Whether it is preparing special meals required by religious tradition, or simply being sensitive to spiritual practices and beliefs, it is our desire to assist our patients in tapping into spiritual resources. These are powerful sources of strength and energy in the healing process. In almost every faith tradition, it is important to have sacred spaces for prayer, celebration and to practice rituals that hold meaning for us. Saint Mary’s chapel is intended to be this type of sacred space. For patients, family or staff, we open this sacred space to all, 24 hours a day, seven days a week, and hope that it might offer a safe haven in times of distress, uncertainty and even in celebration of new beginnings.



Reverend Bill Bartlett with prayer group

## Hospice

*It’s About Living*

Saint Mary’s Hospice of Northern Nevada was established in 1978 making it one of the longest running hospices in northern Nevada. It is the only certified hospice in northern Nevada giving patients the support and comfort they need to live a fuller, more meaningful life – even in the wake of life-limiting illness. By helping to control the symptoms, which may be associated with terminal illness, hospice allows patients to remain at home, surrounded by their loved ones, during their final days.

At Saint Mary’s Hospice of Northern Nevada, we understand that facing the end of life is never easy.

We work closely with both the patient and family, integrating their wishes into our plan of care. We also address the patient’s physical, emotional and spiritual needs, as well as the family’s special needs, enabling everyone to deal with the stress and fear associated with the dying process.

“Knowing my father had a friend during the last months of his life was such a comfort.”

–Anonymous family member

## Palliative Care

*Finding Comfort*

Sustaining the dignity of a patient diagnosed with serious illness is important to us. Our palliative care program is committed to guide patients through every course of their illness.

Under the leadership of Dr. Kelle Brogan, a board-certified palliative care physician with a fellowship in hospice and palliative care, Saint Mary’s Palliative Care program offers the spiritual, emotional and family support many people seek. Services include informed direction regarding illness and treatment; advanced-care planning; expert treatment of pain, nausea, fatigue, itching and other uncomfortable symptoms; and support for the spiritual, emotional and family functioning aspects of the illness. Palliative care is appropriate for patients in all disease stages including those with chronic diseases, those currently undergoing treatment and patients nearing the end of life. The focus in palliative care is finding comfort for the patient.



Dr. Brogan with patient



# Saint Mary's Regional Medical Center

## Cancer Committee Membership – 2010

**Committee Chairman/Med. Director:** Jonathan Tay, MD (Radiation Oncology)  
**CoC Physician Liaison & Med. Director:** James Harris, MD (General/Thoracic Surgery)  
**Medical Directors:** Suresh Reddy, MD (Medical Oncology)  
**Cancer Program Director:** Patty Sredy, RN (Administrative Director)

### Required Physician Member Listing:

Kelle Brogan, MD  
 Grant Hayashi, MD  
 Mark McAllister, MD  
 Tejvir Singh, MD

Palliative Care Program  
 Pathology  
 Radiology  
 Medical Oncology/Hematology

### Ad Hoc Physician Member Listing:

Bard Coats, MD  
 Karin Klove, MD  
 Sowjanya Reganti, MD  
 Sam Nourani, MD  
 Christos Galanopoulos, MD  
 Peter Lim, MD  
 R. Nathan Slotnick, MD  
 Donald Van Dyken, MD  
 Bruce Wallace, MD  
 Pulmonary Medicine Associates

Medical Director, Health Plans  
 Breast Surgeon  
 Medical Oncology  
 Gastroenterology  
 General Surgery  
 Gynecologic Oncology  
 Genetics  
 Family Practice  
 Urology  
 Pulmonary (one member to attend as needed)

### Required Non-Physician Members:

Martha Aiyuk, RN  
 Kelley Bottomley, CTR  
 Dolores Cooler, SW  
 Susan Drossulis, RN  
 Peg Farrar, RN  
 Mike Johnson  
 Janis Pollard, RN  
 Kelly Espinoza, RN  
 Bernd Schwalbe, PharmD  
 Ruth Avila, RN  
 Rev. Steve Poole

Manager, Outpatient Oncology (Infusion, Radiation)  
 Cancer Registry  
 Social Services/Breast Support/Patient Navigator  
 Manager, Inpatient Oncology  
 Nurse Navigator  
 Community Outreach & Benefit  
 Clinical Research Nurse  
 Vice President, Nursing  
 Oncology Pharmacist  
 Performance Improvement  
 Manager, Spiritual Care/Chaplaincy

### Ad Hoc Non-Physician Members:

David Chamberlain, MS, DAVR  
 Francie Bombardiere, MS, DABR  
 Cari Rovig  
 Kate Grey  
 Kit Landis, RN  
 Julie U'ren, MS, CCC  
 Steve Estipona, RN  
 Piper Gals, RN  
 Vickie Ritchie  
 Susan Robinson, RN

Medical Physicist/Radiation Safety Officer  
 Medical Physicist  
 Foundation  
 Director, Marketing  
 Administrative Director, Surgery  
 Director, Rehabilitative Services  
 Director, Home Care  
 Clinical Manager, Hospice  
 ACS Executive Director  
 Nevada Cancer Institute

## Support and Services

### Partners and Supported Foundations

American Cancer Society  
 Susan G. Komen for the Cure  
 Nevada Colon Cancer Partnership

### Treatment and Prevention Programs

Tobacco-Free Campus Initiative  
 Smoking cessation program, "Breathe Easy"  
 Tobacco outreach education program with  
 Gruen Von Behrens  
 Tobacco cessation promotion training for  
 health care providers  
 Youth Peer-to-Peer Media Messaging Project  
 Cervical and breast cancer screening programs  
 for the uninsured  
 Women's Health Connection service

### Guest Lectures

"Personalizing Treatment for Non-Small Cell Lung Cancer: Clinical, Biomarker and Therapeutic Strategies" by David Jablons, MD, ADA Distinguished Professor of Thoracic Oncology, University of California San Francisco School of Medicine.

### American Cancer Society

On-site Patient Resource Center

### Team Events

Relay for Life, American Cancer Society  
 Moms on the Run  
 Susan G. Komen Race for the Cure

### Support Groups

A Time to Heal Survivorship Program  
 On with Life Breast Cancer Support Group  
 General Cancer Support Group

charity care and support groups for cancer survivors and family members, and provides hospice care to help patients face the end of life with dignity.

To make a gift to Saint Mary's Center for Cancer, call Saint Mary's Foundation at 775-770-3020. One hundred percent of your gift will go to the program you designate.

## Give the Gift of Hope

The generous financial support of our community helps Saint Mary's to provide hope, comfort and the latest technology to those fighting cancer. Donations to Saint Mary's Cancer Services Fund support facility improvements and equipment enhancements for our oncology/radiation departments, cancer screening and prevention programs. Your gift of hope also helps fund





## Looking Forward

### *Compassion will show us the way*

This is a year of great potential for both our staff and our patients.

Our commitment to new technology, dedicated leadership and unrelenting drive has moved us to provide the highest quality cancer care in the region. Today, our peers are the finest cancer care facilities in the country. And, we're so proud to be Nevada's first accredited Breast Center.

As we move ahead, we're creating new partnerships, seeking re-accreditation from the American College of Surgeons Commission on Cancer and strive to add to our list of accreditations.

Our Center continues to grow and expand. Over the next year, we plan to increase our lung and GI/hepatobiliary service lines to better meet the needs of our community.

We're increasing the numbers of our site-specific nurse navigators to assist our patients through their personal cancer journeys. To stay on the cutting edge, we're adding new technology like the PET-CT to provide more precise imaging and expanding our clinical trials to accelerate cancer treatment options in this region. We're also excited to launch the region's first Cancer Rehabilitation Program, offering survivors the next step after cancer treatment and lead them down the road of recovery.

These goals and the dedication of our staff will help us develop collaborative approaches that benefit our patients in ways undreamed of, without leaving our community.

*Physicians shown are independent practitioners and not employees of the hospital.*