



2009
ANNUAL REPORT



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Going Beyond Traditional Care

2009 PORTNEUF CANCER CENTER

Annual Report

With statistical data from 2008



Jenni Adams, RN Medical Oncology with patient



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CANCER CENTER LEADERSHIP

A Message from the Medical Director



Scott Pierson, MD

The Portneuf Cancer Center at Portneuf Medical Center is located in Pocatello, Idaho and is a comprehensive community cancer center providing medical oncology, radiation oncology, and infusion services all under the same roof. In addition to our physicians (two medical oncologists and two radiation oncologists), we have a physician assistant, a nurse practitioner, a cancer nutritionist and an oncology social worker that help take care of our patients. We also have financial counselors who are available to discuss any of the financial and insurance questions that come up with cancer treatment.

Distinguished for Quality Care

Portneuf Cancer Center is one of approximately 1,500 cancer centers in the U.S. that have been approved by the American College of Surgeons Commission on Cancer. Approval by the Commission on Cancer is given only to those facilities that have voluntarily committed to provide the best in diagnosis and treatment of cancers. To receive approval, our cancer program underwent a rigorous evaluation process and a review of its performance. In order to maintain approval, facilities with approved cancer programs must undergo an on-site review every three years. Our program received a Three-Year Approval with Commendation following the on-site evaluation by a physician surveyor during which Portneuf Cancer Center demonstrated a Commendation level of compliance with one or more standards that represent the full scope of the cancer program (cancer committee leadership, cancer data management, clinical services, research, community outreach and quality improvement).



Cancer Center Statistics

In 2008, there were 371 of new cases of cancer diagnosed at Portneuf Medical Center. The most common cancers diagnosed at Portneuf include Breast Cancer (75 cases), Lung Cancer (48 cases), Prostate Cancer (47 cases), Bladder Cancer (23 cases), Blood Cancers (23 cases), Lymphoma (17 cases) and Kidney Cancer (16 cases).

Multidisciplinary Care

We understand that cancer care typically involves many physicians and as much as possible, we discuss our cancer cases at any one of our four multidisciplinary tumor

boards. In fact, 169 cases or 45% of the total number of cases in 2008 were presented to any one of four tumor boards. On the first and third Tuesday of the month, we have general tumor boards where physicians may present any type of cancer case. On the third Thursday of the month, we have Breast Cancer Tumor Board, and on the last Thursday of the month, we discuss thoracic cancer cases. To our knowledge, we are the only cancer center in southeastern Idaho that has tumor specific tumor boards. In addition, the medical and radiation oncology physicians, chemotherapy nurses, radiation therapists, our oncology nutritionist and social worker, and other key support staff meet weekly to discuss all patients currently receiving chemotherapy and/or radiation therapy.

Clinical Trials

We continue to run a robust clinical trials program and remain an affiliate of the Southwest Oncology Group (SWOG) with the University of Utah as our sponsor. Keri Kearns remains our clinical trials coordinator. Currently, there are eighteen trials open at Portneuf. In 2009, we have put eleven patients on clinical trials. Since re-starting the program in 2006, we have put thirty-eight patients on trial. Providing access to these trials allows patients the benefit of obtaining cutting edge treatment that may be better than the standard of care today.

Rural Outreach

In the spring 2009, we also opened an outreach clinic in Salmon, Idaho at Steele Memorial Hospital. Dr. Pierson currently staffs this clinic once a month and sees patients via a Telemedicine link when in Pocatello, Idaho. We see outreach clinics as a way to provide patients cancer care, mainly chemotherapy and follow up services, closer to their homes so that they can decrease the time and expense of travel. When patients travel to Pocatello for care they have the option of staying in our Guest House that is literally located just across the street from the Cancer Center.

Cancer Support Group

Our *H.O.P.E Cancer Support Group* remains an integral part of our cancer program. Jennifer Robinson and Robb Dye are currently the facilitators for this group that meets weekly in the Medical Oncology waiting room. This year Jennifer and Robb attended a Survivorship Conference in California. The number of cancer survivors continues to grow due to the success of cancer treatment. The needs of cancer survivors can be different than the general population and we continue to look for ways to improve the care of the survivorship community.

The Guest House

Our Licensed Clinical Social Worker, Robb Dye also coordinates the utilization of the *Guest House* for cancer patients. This house provides all the comforts of home for out of town patients to stay and relax. Whether it's for one night or an extended stay, traveling patients are encouraged to take advantage of this convenience.

Smoking Cessation Clinic

Jennifer Robinson also continues to spearhead a smoking cessation clinic in the Cancer Center. In addition, she speaks regularly to school age children about the health problems associated with tobacco products such as cigarettes and chewing tobacco. Besides lung cancer, tobacco use also causes increased risk for cancer of the mouth, nasal cavities (nose), larynx (voice box), pharynx (throat), esophagus (swallowing tube), stomach, liver, pancreas, kidney, bladder, uterine cervix, and acute myeloid leukemia. The American Cancer Society estimates that tobacco use accounts for at least 30% of all cancer deaths and 87% of lung cancer deaths.

Resource Center

The Portneuf Cancer Center provides space in the medical oncology waiting room to the American Cancer Society for a resource center. This Center provides free cancer information, wigs, hats, nightgowns, and prosthesis. In addition there are two computers that patients or their family members can use to do their own cancer research on the Internet.

Community Involvement

The Portneuf Cancer Center continues to advocate cancer awareness through participation of many different events: Tough Enough to Wear Pink Night at the Dodge National Circuit Finals Rodeo, National Cancer Survivor's Day, Relay for Life, and Brake for Breakfast.

Studies

In this annual report, we present two studies using Tumor Registry data, one on Base of Tongue Cancer authored by Dr. Steve Todd and the other on Limited Stage Small Cell Lung Cancer by Dr. Michael Francisco.

Scott Pierson, M.D.
Cancer Center Medical Director
Cancer Committee Chairman

Going the extra mile

MULTIDISCIPLINARY CARE

2008 Cancer Conferences

Cancer conferences allow for the prospective review of cancer cases and encourage multidisciplinary involvement in the care process. Cancer Conferences are integral to improving the care of cancer patients by contributing to the patient management process and outcomes and providing education to physicians and other staff in attendance. There were 42 Multidisciplinary Cancer Conferences (Tumor Boards) held at Portneuf Medical Center in 2008. A general Tumor Board is held bi-monthly and a site specific Breast and Pulmonary/Thoracic Conference are held monthly. These conferences cover all major sites that are seen at PMC. Physicians involved with the screening, diagnosis and treatment of the cancer patient are encouraged to participate.

During 2008, there were a total of 371 cases, with 169 presented at Tumor Board of which 164 were prospective. In 2007, there were a total of 396 cases, with 79 presented at Tumor Board of which 77 were prospective.

Distribution of cases:

- Lymphoma
- Breast
- Leukemia
- Head and Neck
- Prostate
- Thyroid
- Endometrium
- Testicular
- Unknown Primary
- Ovary
- Adrenal Gland
- Esophagus
- Pancreas
- Kidney
- Lung
- Larynx
- Melanoma
- Sarcoma
- Rectum
- Small Bowel
- Stomach

Identifying, collecting, managing, analyzing

TUMOR REGISTRY

Summary of Cancer Data

*Based on statistical data from 2008



**Melanie Wilkes, Certified
Tumor Registrar**

Portneuf Medical Center (PMC) maintains a Tumor Registry as part of its organization. As with many health care institutions, the registry maintains data on all patients diagnosed and/or treated for cancer at PMC. Cancer cases are then reported to the CDRI (Cancer Data Registry of Idaho) in Boise, Idaho. PMC's registry also submits cases annually to the National Cancer Data Base, (NCDB). The National Cancer Data Base, a joint program of the Commission on Cancer (CoC) and the American Cancer Society (ACS), is a nationwide oncology outcomes database for more than 1,400 Commission-approved cancer programs in the United States and Puerto Rico. Some 75% of all newly diagnosed cases of cancer in the United States are captured at the institutional level and reported to the NCDB. The NCDB, begun in 1989, now

contains approximately 20 million records from hospital cancer registries across the United States. This data is used to explore trends in cancer care, create regional and state benchmarks for participating hospitals, and to serve as the basis for quality improvement.

Portneuf's Tumor Registry documents all the significant elements of a patient's history and treatment and acts as a depository for this information. In essence we are a "silent partner" in the promotion of patient care and in the long-term quest for effective cancer treatment. Maintaining a cancer registry ensures that health officials have accurate and timely information, while also ensuring the availability of data for treatment, research and educational purposes. Local, state and national cancer agencies use registry data to make important public health decisions that maximize the effectiveness of limited public health funds, such as the placement of screening programs. Accumulated data provided to the CDRI is used for fundamental cancer

research. Portneuf Cancer Center's medical staff also uses the data for analysis of treatment so they can evaluate quality of care issues.

Accreditation

The Portneuf Cancer Center maintains accreditation through the American College of Surgeons, Commission on Cancer (ACOS CoC). The Portneuf Cancer Center program was last surveyed in 2008 and received a three year approval with commendation. Accreditation through the ACOS CoC ensures:

- Comprehensive care including a complete range of state-of-the-art services and equipment
- A multidisciplinary team approach to coordinate the best available treatment options
- Information about ongoing cancer clinical trials and new treatment options
- Access to prevention and early detection programs, cancer education, and support services
- A cancer registry that offers lifelong patient follow-up
- Ongoing monitoring and improvements in cancer care AND
- Quality care, close to home

In 2008, a total of 371 new cancer cases were accessioned into PMC's registry. The cancer data base at PMC now totals over 13,000 cases.

Melanie Wilkes, CTR



Idaho cancer incidence rates

STATE TUMOR REGISTRY

Summary of 2007 Cancer Data

2007 Idaho Cancer Incidence Rates by Gender (Final)

Primary Site	Total			Male			Female		
	Rate	Cases	Pop	Rate	Cases	Pop	Rate	Cases	Pop
All Sites	463.1	6,823	1,496,145	524.4	3,623	752,644	415.2	3,200	743,501
Bladder	20.1	289	1,496,145	34.1	224	752,644	8.2	65	743,501
Brain – malignant	7.0	104	1,496,145	6.8	52	752,644	7.1	52	743,501
Brain and Other CNS – non-malignant	9.2	135	1,496,145	5.8	41	752,644	12.3	94	743,501
Breast	64.7	962	1,496,145	1.1	8	752,644	123.7	954	743,501
Breast – in situ	11.8	177	1,496,145	0.2	2	752,644	22.9	175	743,501
Cervix	2.4	35	1,496,145	0.0	0	752,644	4.7	35	743,501
Colorectal	40.6	591	1,496,145	45.4	306	752,644	36.5	285	743,501
Corpus Uteri	12.3	186	1,496,145	0.0	0	752,644	23.8	186	743,501
Esophagus	4.7	72	1,496,145	8.5	61	752,644	1.4	11	743,501
Hodgkin Lymphoma	2.7	39	1,496,145	2.7	21	752,644	2.5	18	743,501
Kidney and Renal Pelvis	14.3	210	1,496,145	17.7	125	752,644	11.2	85	743,501
Larynx	3.1	46	1,496,145	4.9	35	752,644	1.5	11	743,501
Leukemia	14.1	208	1,496,145	17.3	119	752,644	11.6	89	743,501
Liver and Bile Duct	4.0	58	1,496,145	5.0	35	752,644	3.0	23	743,501
Lung and Bronchus	54.6	792	1,496,145	64.2	426	752,644	47.2	366	743,501
Melanoma of the Skin	23.3	341	1,496,145	28.0	197	752,644	19.3	144	743,501
Myeloma	5.4	80	1,496,145	7.4	50	752,644	3.9	30	743,501
Non-Hodgkin Lymphoma	19.7	290	1,496,145	23.7	163	752,644	16.2	127	743,501
Oral Cavity and Pharynx	10.9	165	1,496,145	15.9	115	752,644	6.4	50	743,501
Ovary	7.9	119	1,496,145	0.0	0	752,644	15.0	119	743,501
Pancreas	11.2	166	1,496,145	13.1	91	752,644	9.4	75	743,501
Prostate	79.0	1176	1,496,145	167.4	1176	752,644	0.0	0	743,501
Stomach	5.4	76	1,496,145	7.8	50	752,644	3.5	26	743,501
Testis	2.8	41	1,496,145	5.5	41	752,644	0.0	0	743,501
Thyroid	15.8	233	1,496,145	7.3	55	752,644	24.3	178	743,501
Pediatric – age 0 to 19	18	82	449,598	15.1	35	229,811	21	47	219,787

Rates per 100,000 and age-adjusted to the 200 US Std Population (19 age groups – Census P25-1130) standard.



CANCER CASE DISTRIBUTION

2008 Portneuf Medical Center Site
Summary

Site	2008
Breast	75
Lung	48
Prostate	50
Colon	35
Bladder	23
Blood System	23
Lymph Node	17
Kidney	16
Larynx	8
Thyroid	8
Esophagus	7
Pancreas	7
Skin	7
Rectum	6
Ovary	5
Corpus Uteri	4
Stomach	4
Unknown	4
Testis	3
Anus	2
Brain	2
Cervix Uteri	2
Mouth	2

Site	2008
Parotid Gland	2
Small Intestine	2
Tongue	2
Bone	1
Connective	1
Other	1
Peritoneum	1
Renal Pelvis	1
Biliary Tract	0
Floor of Mouth	0
Liver	0
Digestive Tract	0
Female Genitalia	0
Lip	0
Pleura	0
Tonsil	0
Vulva	0
Nasal Cavity	0
CNS	0
Meninges	0
Oropharynx	0
Total	374

OUTREACH

County Distribution Summary

* This includes analytic and non-analytic patients.

Site	2008
Ada	1
Bannock	225
Bear Lake	9
Bingham	63
Bonneville	3
Butte	0
Canyon	0
Caribou	20
Cassia	5
Custer	1
Franklin	0
Fremont	0
Jefferson	1
Jerome	0
Kootenai	1
Lemhi	1
Madison	1
Minidoka	9
Oneida	10
Power	18
Teton	0
Unknown	6
Total	371



Offering innovation.

CLINICAL RESEARCH

2009 Clinical Trials



Jennifer Robinson, PA-C with patient

Every new treatment decision in the fight against cancer is the direct result of a clinical trial. New methods are carefully tested in a thorough research process. The final steps in the process involve studying the safety and effectiveness of a new drug or procedure and how it affects patients, and finally comparing the new drug or procedure with the current ones. This is usually done in large groups of patients throughout the country. Currently, less than two percent of the population participates in clinical trials. It is critical to the advancement of cancer treatment that these rates be increased.

Portneuf Cancer Center supports cancer research through active participation in these types of clinical trials. We have membership in the Southwest Oncology Group (SWOG), sponsored by the Huntsman Cancer Institute and the University of Utah Health Sciences

Center. Our SWOG membership allows us to enroll patients in research studies lead by SWOG as well as a variety of other major research groups facilitated by the Clinical Trials Support Unit (CTSU). These inter-group studies receive funding from the National Cancer Institute as well as grants and private donations and constitute the majority of the studies open at Portneuf Cancer Center. In addition to these studies, we have chosen to participate in some specific industry-sponsored trials.

Our goal is to make studies available at our facility that focus on the types of cancer that exist in our community. This gives our patients access to studies that are conducted throughout the United States and other countries. In addition to



Keri Kearns, Clinical Research Associate

receiving high-quality cutting edge treatment, patients are given the opportunity to be involved in improving cancer care. By increasing awareness and providing convenient access to clinical trials for our patients we hope to help increase the national participation rates and contribute to the improvement of cancer treatment.

Throughout 2009, there were a total of 18 oncology clinical trials open at Portneuf Medical Center. These are comprised of 16 intergroup studies and two industry-sponsored studies. All studies are Phase III treatment studies involving breast, colorectal, lung, kidney and prostate cancer sites. The following is a detailed listing of these studies:

Breast	
SWOG S0307	Bisphosphonates as adjuvant therapy for primary breast cancer: ① Zoledronic Acid, ② Clodronate, ③ Ibandronate
ECOG PACCT-1	(TAILORx) Program for the assessment of Clinical Cancer tests (PACCT-1): Trial assigning individualized options for treatment: The TAILORx Trial
SWOG S0226	A phase III randomized trial of Anastrozole versus Anastrozole and Fulvestrant as First-line therapy for post-menopausal women with metastatic breast cancer
CALGB 40302	Endocrine therapy with or without inhibition of EGF and HER-2 growth factor receptors: A randomized, double-blind, placebo-controlled phase III trial of Fulvestrant with or without Lapatinib for post-menopausal women with hormone receptor positive advanced breast cancer
NSABP B-42	A clinical trial to determine the efficacy of five years of Letrozole compared to placebo in patients completing five years of hormonal therapy consisting of an Aromatase Inhibitor (AI) or Tamoxifen followed by an AI in prolonging disease-free survival in post-menopausal women with hormone receptor positive breast cancer
NSABP B-39	A randomized phase III study of conventional Whole Breast Irradiation (WBI) versus Partial Breast Irradiation (PBI) for women with stage 0, I, or II breast cancer
ECOG E1105	A randomized phase III double-blind placebo-controlled trial of First-line Chemotherapy and Trastuzumab with or without Bevacizumab for patients with HER-2/NEU over-expressing metastatic breast cancer

Breast	
CALGB 40502	A randomized phase III trial of weekly Paclitaxel compared to weekly Nanoparticle Albumin Bound NAB-Paclitaxel or Ixabepilone combined with Bevacizumab as First-Line Therapy for locally recurrent or metastatic breast cancer
3144A2-3003-WW (Wyeth/Pfizer)	A phase III randomized open-label study of Neratinib versus Lapatinib plus Capecitabine for the treatment of ErbB-2 positive locally advanced or metastatic breast cancer
3144A2-3004-WW (Wyeth/Pfizer)	A randomized double-blind placebo-controlled trial of Neratinib after Trastuzumab in women with early-stage HER-2/NEU over-expressed/ amplified breast cancer

Colorectal	
ECOG 5202	Randomized study comparing 5-FU, Leucovorin, Oxaliplatin +/- Bevacizumab in Stage II Colon Cancer at high risk for recurrence to determine prospectively the prognostic value of molecular markers
CALGB 80405	Untreated metastatic adenocarcinoma of the colon/rectum randomized to either: ① Irinotecan/5-FU/Leucovorin + Bevacizumab, ② Irinotecan/5-FU/Leucovorin + Cetuximab, ③ Irinotecan/5-FU/Leucovorin + Bevacizumab + Cetuximab
NSABP R-04	A clinical trial comparing preoperative Radiation Therapy and Capecitabine with or without Oxaliplatin with preoperative Radiation Therapy and continuous intravenous infusion of 5-Fluorouracil with or without Oxaliplatin in the treatment of patients with Operable Carcinoma of the rectum
ECOG E5204	Intergroup randomized phase III study of postoperative Oxaliplatin, 5-Fluorouracil and Leucovorin vs Oxaliplatin, 5-Fluorouracil, Leucovorin and Bevacizumab for patients with Stage II or III Rectal Cancer receiving preoperative Chemoradiation

Kidney	
ECOG E2805	A randomized double-blind phase III trial of Adjuvant Sunitinib versus Sorafenib versus placebo in patients with Resected Renal Cell Carcinoma

Prostate	
CALGB 90203	A randomized phase III study of Neo-Adjuvant Docetaxel and Androgen Deprivation prior to radical Prostatectomy versus immediate radical Prostatectomy in patients with high risk, clinically localized prostate cancer

Lung	
ECOG E1505	A phase III randomized trial of Adjuvant chemotherapy with or without Bevacizumab for patients with completely resected Stage IB-III A Non-Small Cell Lung Cancer
CALGB 140503	A phase III randomized trial of Lobectomy versus Sublobar Resection for Small (≤ 2 cm) Peripheral Non-Small Cell Lung Cancer

All of our studies are conducted under the supervision of local and central review boards in order to ensure patient safety and data integrity.

Additional information can be found at the National Cancer Institute's website on Clinical Trials: <http://www.cancer.gov/clinicaltrials>.

Offering expertise

ONCOLOGY NUTRITION SERVICES

Clinical Overview



**Abby Traul, Board Certified
Oncology Nutrition Specialist**

Oncology Nutrition

Nutrition is an important part of chemotherapy and radiation treatments. At Portneuf Cancer Center, a Board Certified Specialist in Oncology Nutrition is available to review a patient's nutritional status and answer any dietary related questions.

Achievements/Professional Organizations:

In March 2008 Oncology Dietitian; Abby Traul was credentialed as a Certified Specialist in Oncology Nutrition (CSO). Abby is one of 74 dietitians to take and pass the inaugural exam in the United States and only one of 6 Board Certified Specialists in Oncology Nutrition in Idaho. Abby Traul remains an active member in the Oncology Dietitian Practice Group and has served as the state representative since 2008.

Nutrition Services provided by the Oncology Dietitian:

- Meets with all new patients to screen for nutritional risk and review nutrition guidelines during treatment.
- Attends weekly patient care rounds
- Available to meet with all patients during treatment for any nutrition related questions/concerns.
- Visits high risk patients frequently during treatment and coordinates enteral feeding or special diets.
- Manages eating related side effects during treatment.
- Provides high calorie, high protein menus and recipes.
- Provides education for special diets
- Provides recommendations for commercial nutrition supplements
- Provides education for "Nutrition after Treatment"
- Provides food lists plus quick and easy snack suggestions
- Provides safe food handling guidelines

Patient Assistance in 2009:

- Provided 40 cases of nutrition supplements (Ensure, Boost, Jevity 1.5, Probalance, Jevity 1.2, Fibersource HN) to patients in need of financial assistance. (Approximate value \$4,000)
- Provided tube feeding supplies to patients in need of financial assistance. (Feeding pump, syringes, enteral feeding bags). (Approximate value \$400)
- Applied for patient assistance with pharmaceutical companies for enteral formula. (Approximate value \$5000)
- Referred patients to local agencies for food assistance (Food Bank, Meals on Wheels, SEICCA, Commodity Foods)
- Oncology Dietitian continues to work with pharmaceutical companies to procure samples of nutrition supplements and coupons for our oncology patients.

Community Education provided:

- *"Nutrition for the Survivor"* presented to the HOPE support group. (March 23rd, 2009)
- *"Who Wants To Know How To Eat Healthy For Cancer Prevention"* presented at a community health fair. (October 29th, 2009)
- Preceptor for ISU dietetic interns

Offering assistance

FINANCIAL COUNSELING

Patient Advocates

Financial Counseling at Portneuf Cancer Center is an intricate part of the treatment process. Overall 2009 has brought bigger and better changes to Financial Counseling at Portneuf Cancer Center. Whether it is the implementation of the Financial Assistance Packet or the start of the new foundation assistance program, Portneuf Financial Counselors excel in understanding and navigating patients through the financial burden of cancer.

Change is Good

Over the last year our Financial Counselors have implemented changes in the way new patients are screened for assistance. This new screening process allows us to catch those who are uninsured or under insured early before their finances become a huge burden. With early financial screening we are able to assist with a variety of funding options. Many of these options not only save the patient money but also assist with the large out of pocket expenses that are normally associated with cancer treatment

Navigating the Insurance Maze

This year our Financial Counselors have implemented the use of a Financial Assistance Packet that is issued to all new patients starting treatment. This Financial Assistance Packet includes an "Insurance Information Form" which the financial counselor completes on the patients behalf. The form is then used to educate the patient about their individual benefits and assist the Financial Counselor in coordinating the patient's benefits correctly. This form also allows our counselors to screen for additional assistance needs.

Looking for Resources

Included in the Financial Assistance Packet is contact information for local and national resources. We have included local resources such as Idaho Housing, Utility Assistance and the Food Bank. Other resources such as co-pay assistance and medication assistance have been included to further benefit the patient.

Assistance Funds

The Portneuf Cancer Center Foundation is now administered by our Financial Counselors and is utilized to assist patients with some of their urgent out of pocket needs. Items

such as food and gas cards are given to patients who show such a need. For patients undergoing treatment we have also implemented an application process for assistance with larger expenses such as rent, utilities and travel.

Portneuf Cancer Center is the proud executor of funds from the *Shannon Potter Fun Fund*. This fund was established by the family of a previous breast cancer patient. Shannon Potter's dream was to bring joy during a time of struggle to other breast cancer patients. This fund provides gift certificates for dinners, facials, entertainment or just about any fun activity that will help cancer patients relax and enjoy life even during their toughest times.

Finally, patients who can not afford mammograms can benefit from our *Portneuf Health Care Foundation Breast Cancer Awareness Fund*. This fund is specifically for indigent or underprivileged women who would otherwise forgo the benefits of an annual mammogram.

Portneuf Cancer Center Financial Counselors are excited to be a part of these special funds administration.



Supporting the Spirit

CLINICAL SOCIAL WORK

Patient Focused Care



Robb Dye, LCSW counseling patient

Emotional Care

Robb Dye, The Portneuf Cancer Center's Licensed Clinical Social Worker (LCSW) provides psychotherapeutic and supportive counseling to patients and/or family members who are experiencing emotional distress (depression, anxiety, etc...) as they adjust to life with cancer and face issues in survivorship. The LCSW works closely with psychiatrists at the Portneuf Behavioral Health program to assist in the treatment of depression, anxiety or other behavioral health needs.

Coping with Distress

In March of 2009 the Cancer Center implemented a "Distress Management Program" that is overseen by the Licensed Clinical Social Worker. The program follows the NCCN Clinical Practice Guidelines in Oncology (Distress Management V.1.2008). The Licensed Clinical Social Worker meets with each new patient start to assess key risk factors for distress per NCCN Distress guidelines. Patients complete a self scored "Distress Screening Tool" prior to meeting with the physician/clinician. When a patient presents with moderate to severe levels of distress as indicated by clinical

evidence of distress, or a score of 4 or higher, the provider addresses these distress issues with the LCSW. The LCSW then follows up with the patient to further address the emotional, practical, familial, or spiritual issues. (NCCN Guidelines in Oncology – Distress Management v.1.2008 MS-5). Since March over 1700 data points have been collected on 775 patients. Of these, 466 patients have had a distress score of 4 or higher.



The faces of hope

The Faces of Hope

The H.O.P.E. (Helping Other People Endure) Cancer Support Group meets on Mondays from 5:00 - 6:30 p.m. in the Medical Oncology lobby. Our group is made up of cancer patients with many different types of cancer, and at varying stages of survivorship, caregivers and supporters of all different ages. During the calendar year of 2009, the group has averaged over 13 participants weekly.



The Portneuf guest house

A Home Away from Home

The social worker coordinates the utilization of the Guest House for cancer patients. This home provides a comfortable, safe, welcoming environment for out of town patients to relax and stay. The home was used by 12 Cancer Center families for a total of 54 nights from January 2009 through October 30, 2009.

Cancer is a Journey

A social worker's job is multifaceted. Many times patients and families

need help and assistance in making difficult decisions like: Advanced Directives for Health Care (Living Will and Durable Power of Attorney), coordination with Living/Care Facilities, long term care planning, Home Health and Hospice referrals, and arrangements for Durable Medical Equipment.

Extending care

INFUSION THERAPY

Patient Focused Care



Gaynelle Knapp, RN with IVT patient

Infusion or IV Therapy (IVT) is an outpatient department of the hospital, located in the West Campus Medical Office Building. IVT is under the Cancer Center umbrella.

There are 5 RNs assigned to this department having a total of over 50 years of experience in IVT. Two have passed the Infusion Nurses Society's rigorous certification process and are recognized as Infusion Nurse Specialists.

IVT has two distinct functions:

- 1) Administration of medications/blood and blood products in the clinic
- 2) Placement of PICCs (peripherally inserted central catheters). Expertise in care and maintenance of CVCs (central venous catheters) for both for inpatient and outpatient care is required.

In administration of medications, IVT acts as an extension of the physician's office. Some patients may be seen up to three times per day, if needed. Treatment duration may be one time or up to several months. The daily patient census is typically 20 to 35. In 2009, IVT nurses performed 8451 procedures.

The other focus of IVT involves venous access devices, including placement of PICCs for both in-patients and out-patients, including Cancer Center patients. IVT RNs are experts in peripheral IV placement and have received specialized education in ultrasound needle guided modified Seldinger technique to place single, double, or triple lumen PICCs in the upper arm basilic, brachial, or cephalic veins. They have also received education to accurately locate CVC tip placement on a chest x-ray. This allows them to notify the patient's nurse that the line is in proper placement for use instead of waiting for a film reading by a radiologist. (The radiologist reading of tip placement is always reviewed when it becomes available.)

The IVT nurses are also experts in the care, maintenance, and troubleshooting of CVCs. They have a protocol to declot CVCs as needed, and can often repair broken lines. Since January, 2009, IVT has placed 819 PICCs with 7 unsuccessful for an average of 74 per month with 1 PICC infection recorded for 2009.

Due to the high caliber and high success rate of PICC placement, PMC IVT has been chosen as 1 of 5 national beta test sites for a PICC Tip Locating System (TLS) using P-Wave changes on an ECG. This may eventually eliminate the need for a post placement chest x-ray in the majority of PICC placements. The trial began November 23, 2009 and will last for 100 placements or 90 days, whichever comes first.

IVT is located on the second floor of the West MOB in Suite # 205. They can be reached at 239-1710. Clinic hours are 8:00AM-6:00PM Mon-Fri, and 8:00AM-12:00PM Sat., Sun. and holidays. A nurse is *on call daily* until midnight. The fax number is 239-1711.

Reducing the risk

PORTNEUF TOBACCO CESSATION CLINIC

Impacting Smoking Related Deaths



**Jennifer Robinson, PA-C,
Licensed Tobacco Cessation
Specialist**

According to the surgeon general, tobacco use is the single greatest preventable cause of death and disease in the United States. The same holds true for southeast Idaho. Idaho closely approximates the percent of people who use tobacco products on a regular basis nationally, about 21% of the total population. This 21% of Idaho residents is at significantly greater risk of dying from diseases such as heart disease, lung disease, and cancer.

Portneuf Cancer Center recognizes the burden of disease that tobacco users carry and is committed to making a difference in reducing the number of people struggling with a tobacco addiction. It is from this desire that the Portneuf Tobacco Cessation Clinic was born.

The Portneuf Tobacco Cessation Clinic located within the Cancer Center provides individual cessation counseling with a licensed tobacco cessation specialist.

Jennifer Robinson, PA-C, is trained in behavioral counseling for cessation as well as experienced in helping to manage medications and nicotine replacement therapy for patients. You do not have to be a cancer patient to schedule an appointment, nor is insurance necessary.

Studies show that it takes an average of seven quit attempts before a person can quit completely. Each attempt is valuable and even more effective when done with support. For more information, please contact the Portneuf Tobacco Cessation Clinic at 239-1750.

Being a resource

THE AMERICAN CANCER SOCIETY

Cancer Resource Center



The American Cancer Society (ACS) Cancer Resource Center is located in the Medical Oncology lobby of Portneuf Medical Center's, Cancer Center. The goal of the ACS Cancer Resource Center is to support cancer patients and their families through diagnosis, treatment and survivorship. Our Resource Center offers a wealth of free items: brochures on all types of cancers,

cancer programs, free wigs, hats, nightgowns, prosthesis, information on support groups, and the use of 2 computers. A total of 7 volunteers run this ACS Cancer Resource Center. Volunteers, often cancer survivors themselves, have an opportunity to interact with patients and offer welcomed support and assistance. During 2009, the Portneuf Cancer Center Resource Center provided information, programs, and services to approximately 250 individuals.

One of the unique programs offered through this center is the *Look Good ... Feel Better Program*. This free program teaches beauty techniques to female cancer patients in active treatment. It helps them with make-up, wig and hat selections. It's a fun, positive event that allows a woman to embrace her beauty while dealing with cancer related side affects. The *Look Good ... Feel Better Program* is offered on the second Tuesday of every month at 4:30p.m. in Portneuf Cancer Center's Radiation Oncology Clinic.

The ACS Cancer Resource Center is staffed with volunteers Monday through Thursday 10:00AM-3:00PM and can be reached at (208) 239-1768. ACS has a toll free number that is available 24 hours a day, 365 days a year 1-800-227-2345. You can also access information on the American Cancer Society's web site www.cancer.org.

Tracy Dixon
Quality of Life Manager
American Cancer Society

Raising cancer awareness

COMMUNITY EVENTS

A Committed Partner

Portneuf Cancer Center is strongly committed to raising cancer awareness through involvement in community events. Through education and local programs, Portneuf Cancer Center leads by example.

Pebble Creek Ski Area and the Cancer Center Promote Skin Cancer Awareness. March 2009

About 80% of skin cancers could be prevented by protecting exposed skin from the sun's rays. Portneuf Cancer Center provided sunscreen packets to Pebble Creek Ski Area's lodge to promote sunscreen usage and educate the public about the dangers of sunburn.



Portneuf Cancer Center rodeo dignitaries

Portneuf Cancer Center Shines at The Dodge National Circuit Finals Rodeo "Tough Enough to Wear Pink" Event. April 2009

Portneuf Medical Center's sponsorship of "Tough Enough to Wear Pink" night at the Dodge National Circuit Finals Rodeo Thursday, April 9th was a glowing success! Portneuf Cancer Center assisted in selling pink bandanas. \$1 for each rodeo ticket sold that

evening and \$2.00 for every bandana sold benefit the Portneuf Health Care Foundation Breast Cancer Awareness Fund. This fund provides early breast cancer detection by funding mammograms for women who cannot financially afford them.

National Cancer Survivor's Day Offered Comedic Relief. June 2009

Portneuf Cancer Center hosted its annual National Cancer Survivors Day on Saturday, June 6th. This year's theme was "A Passion for Life". Cancer survivors and Portneuf



Bill McCready presenting at Survivor's Day

Cancer Center staff brought examples of their “passions”, hobbies or activities to display and share. The event gave everyone a unique opportunity to recognize each other’s talents beyond the scope of cancer. Bill McCready, cancer survivor and pastor of First Baptist Church was the keynote speaker. Pastor McCready brought humor and laughter to a serious subject...cancer.

Cancer Center Commandos win Award at Relay for Life. July 2009

Portneuf Cancer Center’s Relay for Life team, the Cancer Center Commandos won this year’s “Team Spirit Award”. The Cancer Center Commandos decorated their campsite and wore military camouflage; fitting for this year’s Relay theme “Heroes Among Us”. Relay for Life gives the Cancer Center staff a chance to walk and talk with former and current patients, their families and friends. It’s also an opportunity to support families who walk in memory of a loved one who was lost due to cancer. Relay for Life brings people together under one common goal; to raise money to find



Portneuf Cancer Center supports Relay for Life

a cure for cancer. Portneuf Cancer Center has been involved in Relay for Life since the inception of the Cancer Center in 2003.

Brake for Breakfast. October 2009

Portneuf Medical Center celebrated its 10th Anniversary of Brake for Breakfast this year. Held each October during Breast Cancer Awareness Month, this event brings education and awareness to early detection and diagnosis of breast cancer. Portneuf Cancer physicians participated in live radio interviews to shed the latest on advances and treatments in breast cancer. Portneuf Cancer Center staff also assisted in stuffing and handing out breakfast and education filled bags to the public.

Making a difference

MARY SPIKER, PORTNEUF CANCER CENTER PATIENT

A Personal Story



Mary Spiker reads to her kindergarten class

In October of 2008, I was teaching 52 kindergarten children a day, working 26 hours a week in the electronics department of our local Wal-mart, being a mother to three children ages 15, 14 and 8 and a wife to my husband of 20 years.

One morning I was in the shower and I kept hearing this nagging little voice in my head telling me to complete a breast exam (like I had the time). It wasn't until the next day that to my surprise, I felt a small lump in my right breast.

On November 20, I received my breast cancer diagnosis. My husband and I cried, embraced and reassured each other that this was just one more mountain we were meant to scale together.

The next week I was referred to a surgeon, Dr. Harmon of Portneuf Medical Center. He scheduled surgery and a lumpectomy was performed. Thankfully, the cancer had not moved into my lymph nodes. Dr. Harmon went above and beyond his duties. He even called while on Christmas vacation, just to make sure I was doing well.

After the surgery results returned, my husband and I met with two oncologists at Portneuf Cancer Center, Dr. Michael Francisco and Dr. Michael Callaghan to discuss my treatment plan. They recommended six months of chemotherapy, a year of Herceptin injections and six weeks of daily radiation.

When I returned to school following my lumpectomy, the principal followed by the staff, walked in my classroom wearing white shirts that said "Hope - The Greatest Gift of All" with silver Christmas bulbs on them decorated with pink breast cancer ribbons. The outpouring of love and support was overwhelming.

Since my chemo treatments were always on Thursdays, the staff would wear pink on Wednesdays to show their support. This was the beginning of "Pink Wednesdays"

in our school. Cancer was a way to pull the school together and unite us in a very positive and beautiful way.

After chemo began, I told my kindergarteners that my hair would probably fall out and I needed their help in keeping my head warm and decorated. That's when *Head Huggers with Heart* was born. I invited the children with their parents, to select a favorite book, put some form of dedication in the front of it and then design a hat around that story. They made a special bag for it and included a journal or other fun activities that went along with the story. Each day I wore a different hat. At the end of the school year I donated all of the bags to our local Relay for Life auction. Many of the bags found their way down to the children's cancer wing at Primary Children's Hospital in Utah. The following is a poem my husband Don and I wrote to accompany the bags.

Head Huggers with Heart

*What is a hat if not a hug for your head?
A way to help fight off the feeling of dread.
It makes you feel happy and silly and warm,
and surrounds you with love to weather the storm.
Head Huggers are designed to be one of a kind.
To bring a story or character to the front of one's mind.
They are created with love and one's imagination.
They are a special gift from the younger generation.
Celebrating differences in this special way,
says having a bald head is simply, "Okay."
So wear this hat with love from the start
and remember it was created from a child's heart.*

The weeks following my chemo treatments were rough. My own children took turns coming with me to my treatments so they could see first hand what was going on. The Cancer Center social worker, Mr. Robb Dye, spent time with them and helped them understand what was going on. He was such an inspiration. He shared lots of books with us that the children could take home and read. These books lead us to lots of interesting discussions and helped to keep the lines of communication open.

Cancer made me slow down. Thankfully, I had the support of everyone in my life as I continued to fight the disease. Sometimes I am scared to plan for the future because I am uncertain as to whether I will be around or not. It is hard at this moment to see myself as a survivor. So, for today, I am just going to live like living is a precious gift.

*Mary Spiker
Breast Cancer Patient*

Looking for answers

PATIENT OUTCOME ANALYSIS

Limited State Small Cell Lung Cancer



Michael L. Francisco, MD

Background

Limited Stage Small Cell Lung Carcinoma (SCLC) has been proven to be highly sensitive to initial concurrent chemotherapy and radiation; with the goal of treatment being cure. However, long term survival is rare and most patients eventually die from recurrent disease. SCLC accounts for 15% of all lung cancers and nearly all cases are attributed to cigarette smoking. In 2008, approximately 32,000 new cases of SCLC were diagnosed in the US. Per the National Comprehensive Cancer Network (NCCN) guidelines, concurrent chemotherapy and radiation is the recommended treatment for patients with Limited Stage SCLC.

Methods

In an effort to ensure that patients at Portneuf Medical Center with Limited Stage SCLC are being treated per the NCCN guidelines, a retrospective review of PMC's tumor registry cases was completed for the years 2004 through 2008.

Findings

Six cases were identified through PMC's Tumor Registry data base, 1 male and 5 female, all with the diagnosis of Limited Stage SCLC. Two patients had concurrent chemotherapy/radiation at PMC, 1 had concurrent chemotherapy/radiation at an outlying facility, 1 refused concurrent treatment and 2 were considered for but due to underlying medical conditions did not receive concurrent treatment, as it was felt aggressive therapy would not be tolerated. All 6 patients had a significant history of cigarette smoking and only 1/3 of the patients were found to still be living.

Conclusion

While there was only a small group of patients with the diagnosis of Limited Stage SCLC identified through PMC's tumor registry, all were recommended to have concurrent chemotherapy/radiation. Half of the patients received concurrent treatment while the other half didn't either due to patient preference and/or competing comorbidities, excluding aggressive concurrent chemotherapy/radiation.

Summary

Treatment recommendations for Limited Stage SCLC at PMC were found to be consistent with those of the NCCN.

Michael L. Francisco, M.D.

Medical Oncologist, Portneuf Cancer Center

Base of Tongue Cancer



Steven J. Todd, MD

A particularly challenging topic in oncology is the diagnosis and management of head and neck malignancies. As part of our ongoing quality review the Cancer Committee at Portneuf Medical Center Cancer Center chose to evaluate our experience with patients who have carcinoma of the base of tongue diagnosed 2004 through 2008.

The Data

The SEER study data (National Cancer Institute Surveillance Epidemiology and End Results, seer.cancer.gov) estimates that in 2009 there will be 10,530 new cases of cancer of the tongue, with 7,470 men and 3,060 women developing the disease. Furthermore,

it is estimated there will be 1910 people die from it. Review of the data indicates that during the time period from 2002-2006 the median at diagnosis was 61 years. The age distribution showed that approximately 0.1% was diagnosed under age 20; 2.0% between 20 and 34; 6.7% between 35 and 44; 22.1% between 45 and 54; 28.9% between 55 and 64; 21.7% between 65 and 74; 14.0% between 75 and 84; and 4.4% 85+ years of age.

Survival Rates

Five year relative survival rates have shown that the chance of survival from tongue cancer has been increasing in all age groups. For individuals whose age is less than 65 years, in 1975 the five year relative survival rates were 42.9%, which has increased to 64.8% in 2001. Similarly for individuals whose age is 65 years or greater, in 1975 the five year relative survival rates were 34.6%, which has increased to 49.6% in 2001.

Treatment

There are several options for therapy for patients with carcinoma of the base of tongue, depending on their tumor pathology, cancer stage, and general health. These options include, but are not limited to, surgery, radiation therapy, and chemotherapy. Commonly multiple therapeutic approaches are used in combination to achieve the greatest therapeutic effect. Furthermore, these treatments are offered based on national guidelines for treatment, such as the National Comprehensive Cancer network (NCCN) guidelines for treatment by cancer site. Also, cancer therapy is usually best delivered by a multidisciplinary oncology team approach like the one we have adopted at Portneuf Cancer Center.

Local Outcomes

A review of the registry at Portneuf Medical Center indicates that for a period of 5 years through 12/31/2008, there were eight patients diagnosed with carcinoma of the base of tongue. The median age at diagnosis was 57 years, and the range was from 38 to 73 years. One patient was treated with surgery alone (12.5%), five patients were treated with a combination of radiation therapy and adjuvant chemotherapy (62.5%), and two patients were treated with surgery, radiation therapy, and chemotherapy (25%). Since diagnosis, five patients have expired (62.5%).

Our results indicate that the majority of patients treated at our institution are treated with combination therapy, which is consistent with national standards. Furthermore 37.5% of patients are still alive. This is below the SEER data average; however it is important to point out that it is very difficult to draw conclusions based on data obtained with such a small sample size. Further monitoring of patient outcome data as well as stratifying patient outcomes by stage can help to clarify the outcomes and success of treatment in this difficult disease.

Steven J. Todd, M.D.

Radiation Oncologist, Portneuf Cancer Center

Leading by example

A MULTIDISCIPLINARY TEAM

2009 Cancer Committee

The Cancer Committee is a multidisciplinary committee comprised of representatives from all medical specialties involved in the care of the cancer patient. The committee is responsible for goal setting as well as planning, initiating, implementing, evaluating and improving all cancer-related activities at Portneuf Medical Center. A. Scott Pierson, M.D. currently serves as the Cancer Committee Chair, as well as Physician Liaison.

Committee Members

Dr. A. Scott Pierson	Medical Oncology
Dr. Michael Francisco	Medical Oncology
Dr. Michael Callaghan	Radiation Oncology
Dr. Steve Larsen	Radiology
Dr. Steve Skoumal	Pathology
Dr. Drew McRoberts	Surgery

Ancillary Support

Don Wadle	VP Clinical Services
Bruce Broswick	Cancer Center Director
Marilyn Hilby	Quality Management
Keri Kearns	Clinical Trials
Melanie Wilkes	Tumor Registry
Abby Traul	Oncology Dietician
Karrie Smith	Financial Counseling
Krista Cook	Financial Counseling
Robb Dye	Social Work Services
Mary Maberry	Community Outreach/Marketing
Sue Honas	Oncology Nursing



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