

25th Annual *Cancer Report*



Coborn Cancer Center Board Members



Coborn Cancer Center
CENTRACARE Health System

Coborn Cancer Center Board Members

- Hani Alkhatib, MD**
Hematology/Oncology
- Christopher Boelter, MD**
Urology
- Linda Chmielewski, RN**
Vice President, Hospital Operations
- Shawn Day, DO**
Family Medicine
- Marc Dvoracek, MD**
Pathology
- Ronald Hanson, MD**
Otolaryngology
- Mark Hauge, MD**
Hematology/Oncology
- Merryn Jolkovsky, MD**
Palliative Care
- Donald Jurgens, MD**
Hematology/Oncology
- Barbi Kaplan-Frenkel, DO**
Medical Director, Radiation Oncology
- Maria Mallory, MD**
Surgery
- André Mitchell, MD**
Radiation Oncology
- Paul Mitchell, MD**
Surgery
- Tracy Napp, MD**
Radiology
- Derek Peterson, RN**
Director, Radiation Oncology
- Nathaniel Reuter, MD**
Surgical Oncology
- Nicholas Reuter, MD**
Medical Director,
Medical Oncology
- Cathy Tieva, RN, OCN**
Director, Inpatient Medical Oncology
- Jane Vortherms, RN, OCN**
Director, Chemotherapy and
Oncology Clinic
- Roxanne Wilson, RN**
Director, Community Cancer Programs
- Jo Zwilling, RN**
Director, Cancer Care Services

Chairman's Letter

On behalf of the St. Cloud Hospital Cancer Care Board, it is a privilege to present the cancer report. As 2011 marks the 25th edition of the annual cancer report, it is remarkable how far the cancer program has advanced.

The size of the program has increased from 494 to 1,540 analytic cancer cases in 2010. A significant change occurred in 2001, when medical and radiation oncology services moved from St. Cloud Hospital and CentraCare Clinic to the CentraCare Health Plaza. With a generous gift from the Coborn family, CentraCare Cancer Center became Coborn Cancer Center. The growth and expansion of cancer care services since that move has been dramatic. To meet the growing needs and expectations in the 12-county service area, we have

advanced technology, services and facilities and are nationally recognized as the leader in cancer care.

For the past 23 years, our cancer program has been continuously accredited as a Comprehensive Community Cancer Program by the Commission on Cancer (CoC). Accreditation is achieved through annual submission of data and external audits for compliance

with CoC standards. In 2004, the CoC established the Outstanding Achievement Award (OAA) designed to recognize cancer programs that demonstrate excellence in providing outstanding quality care for cancer patients. Since the inception of the OAA, we have been eligible for, and



St. Cloud Hospital Cancer Care Board members (*shown alphabetically left to right on the front cover*) represent the broad-scope of cancer care and volunteer their time to provide leadership and direction to the cancer program. We recognize and appreciate their commitment to cancer care in our community.

honored to receive, this award twice during our survey process — most recently in fall 2010. This continuous evaluation and accreditation reflects the commitment of Coborn Cancer Center to provide



Twilight at Coborn Cancer Center at the CentraCare Health Plaza.

quality cancer care and the persistent efforts of physicians, cancer registry, administration, nursing leadership and everyone involved in the care of cancer patients. Additional appreciation is extended to our colleague Nicholas Reuter, MD, who generously contributes his expertise as the CoC physician liaison and chair of the Cancer Care Board.

Dr. Siddhartha Mukherjee, a medical oncologist, won a Pulitzer Prize in 2011 for his book "The Emperor of all Maladies a Biography of Cancer." In this insightful publication, Dr. Mukherjee explores the history of cancer from its first documented appearance thousands of years ago through the twentieth century. By looking back, Dr. Mukherjee identifies a need to gain a better understanding of the meaning and complexities of cancer. This includes learning about the molecular biology and genetics or simply stated, how a cell becomes cancer. It is easy to become overwhelmed by the many aspects and unknowns of cancer but we continue to learn by asking ourselves, how did we get here, where are we going and how can we, a community cancer program, improve the lives of our patients?



This year's annual report focuses on gastrointestinal cancer, especially colorectal and esophageal. Mark Virtue, MD, gastroenterologist, discusses the recent changes in diagnostics, treatment and outcomes experienced by patients receiving cancer care at St. Cloud Hospital. In addition, we will highlight many of the services that are available and designed to achieve the best possible outcomes for everyone who comes through our doors seeking consultation and treatment for cancer.

Please enjoy this 25th annual cancer report. We hope you will share in our excitement for all we have accomplished in building a first-rate cancer program in St. Cloud and for all we hope to achieve in the future.

Sincerely,

Handwritten signature of Jo Zwilling, RN, MBA.

Jo Zwilling, RN, MBA
Director, Cancer Care Services

Handwritten signature of Nicholas F. Reuter, MD.

Nicholas F. Reuter, MD, FACP
Medical Director, Medical Oncology



"I chose to practice here because of the reputation of St. Cloud Hospital and the availability of specialists devoted to cancer care."

– Shawn McGee, MD
Adult & Pediatric Urology

Many disciplines ... one team

The process of diagnosing and treating cancer can be complex. Given the wide range and number of health care professionals involved in cancer care, there is potential for poor coordination and miscommunication. Using a multi-disciplinary team approach improves the coordination, communication and decision making between members of the care team, patients and their families which leads to more positive outcomes. The primary methods of diagnosing and treating cancer require radiologists, pathologists, surgeons, medical oncologists, radiation oncologists and a multitude of other professionals that bring specialized skills to the care team. We are fortunate in St. Cloud to have access to the latest technology, but equally important is the availability of more than 430 physicians on staff at St. Cloud Hospital that work together to provide the most up-to-date cancer care. Two examples of this multi-disciplinary approach is our cancer conferences and registered nurse care coordinator model of care.

Cancer Conference

Weekly cancer conferences bring together primary care, pathology, radiology, surgery, medical oncology, radiation oncology and nurse care coordinators to review newly diagnosed cancer cases. In addition to reviewing pathology slides, radiology images and pertinent clinical findings, the team identifies the stage, site-specific prognostic indicators, considers available clinical trials and current standards-of-care recommended for each case presented. Complex cases may be re-presented at conference when critical decisions need to be made. Although cancer conferences are held in St. Cloud, they also are teleconferenced to Alexandria and Monticello, our partner services, allowing health professionals in rural Minnesota to participate in and contribute to this valuable activity.

Confidentiality is always foremost and the identity of the case discussed is not disclosed except to the team members involved in the direct care of the patient.

One conference monthly is devoted to lung cases and one to gastrointestinal cases; in 2011 a separate weekly breast case conference was added.



"Our surgeons attend weekly cancer conferences to discuss current patient cases with all involved specialties to make sure each and every patient gets superior care."

*– Christian Schmidt, MD
CentraCare Clinic*

*Brianne Hoffarth, CTR;
Mary K. Weis, RN, MSN,
ACNS-BC; and André Mitchell,
MD, work together as a
multidisciplinary team
to prepare for cancer
conference.*

“Changes in cancer care have created increasingly multi-modality treatments, stressing the importance of all specialties working together.”

– Ronald Hanson, MD
St. Cloud Ear, Nose & Throat Clinic

In 2010, 259 cancer cases (approximately 18 percent of all cases diagnosed and/or treated at St. Cloud Hospital) were discussed. The close proximity and collaborative relationships of the hospital medical staff and multidisciplinary team create a dynamic learning environment. An average of more than 750 physician hours are voluntarily spent annually in conference allowing dialogue with colleagues and providing

a great forum for improving cancer care in our community. Cancer conference affords patients the most up-to-date expertise from multiple experts. The best cancer care uses a multidisciplinary team approach to diagnose and treat cancer.

Care Coordination

Since 1999, our cancer program has had site-specific registered nurse cancer care coordinators. These oncology RNs are specially trained to help coordinate care, working very closely with physicians and departments that provide cancer care. They become involved in the care from the time of diagnosis and sometimes before a diagnosis is confirmed. This may involve meeting patients in the primary care physician's office and following through scheduled appointments with specialties such as radiology, surgery and medical and radiation oncology.

In addition to the care coordinators, each Coborn Cancer Center medical and radiation oncologist has a practice nurse. These registered nurses are experienced in oncology and work with the physician, care coordinators, chemotherapy infusion nurses and radiation staff to address patient

needs especially referrals, education and side-effect management.

The care coordinators and practice nurses follow patients across the continuum of care to assure patient and family needs are met and questions are answered.



Amy Stolt, RN, gastrointestinal care coordinator;
Juli Sanner, RN, OCN, CBCN, breast care coordinator;
and Debbie Corrigan, RN, OCN, lung care coordinator.



Linda Barthelemy, BSN, RN, OCN, is a practice nurse who works with Donald Jurgens, MD, to coordinate care for patients and their families.

Pathology and Laboratory

Behind the scenes for every cancer patient, St. Cloud Pathologists and CentraCare Laboratory Services help guide the diagnosis and management decisions being made. Laboratory Services at St. Cloud Hospital operates 24 hours a day, seven days a week performing more than 1.6 million tests annually. There are 124 laboratory staff, all with specialized education and certification, to assure clinical competency. Once a tissue specimen is obtained by the surgeon, radiologist or other physician, it is sent to the laboratory. The pathologist then examines the specimen with the naked eye and a microscope before rendering a diagnosis and describing the lesion.

In 1985, a typical breast cancer pathology diagnostic report might read "Left Breast, Mastectomy: Invasive Ductal Adenocarcinoma, Grade 2 of 3". This was done with microscope slides and the same staining techniques developed in the 1870s. Currently, pathologists continue to use the same hematoxylin and eosin stain for the vast majority of diagnostic decisions, but they provide much more information with this same simple tool. Today, a typical breast cancer pathology report will include a measurement of how fast the cells are multiplying, how large the tumor is, whether cancer has invaded blood vessels and many other details. In the age of rapidly increasing health care costs, we have been able to vastly expand the information we provide without significantly increasing cost.

In addition, pathologists are beginning to provide "personalized medicine." This means that our field is moving beyond mere diagnosis to include information that can predict whether a patient's tumor will respond to specific therapies or whether it may be related to an inherited form of cancer. Estrogen receptor testing in breast cancer and CD20 testing in lymphoma may be the most well known examples of this development, but similar changes are happening for other forms of cancer. All of these changes provide information used by oncologists to help decide the best individualized treatment for cancer.



Marc Dvoracek, MD
St. Cloud Pathologists



**Cindy Johnson,
MS, MLS(ASCP)^{CM}**
*Director,
Laboratory Operations,
CentraCare Laboratory Services*



High-quality laboratory testing, led by a team of six pathologists, is provided to St. Cloud Hospital and many area clinics.

At St. Cloud Hospital, the pathologist also helps manage the general laboratory and ensure safe blood transfusions and accurate blood tests. Eighty percent of medical decisions are influenced by laboratory results. The overall goal of the pathologists and the laboratory is to ensure these results are accurate and reliable and the Coborn Cancer Center continues to have access to the most up-to-date testing and diagnostic methods.

“There has been progressive knowledge about the nature of cancer and we now use tumor markers and genomics to help manage our patients.”

– Nicholas Reuter, MD
Coborn Cancer Center



Genetics

Recent discoveries in cancer research have improved our understanding of cancer biology and recognized the importance of genetic factors in the development of cancer.

Hereditary predispositions may cause as many as one in 10 cancer cases. In addition, 20 percent of breast cancer and 30 percent of colon cancer cases are believed to be family clusters. The most important thing an individual can do to help assess their cancer risk is to **know their family history**.



Joy Gustin, MS

*Certified Genetic Counselor,
CentraCare Clinic*

CentraCare Clinic has a Familial Cancer Clinic that serves as a resource and information center for individuals and families with concerns about genetic risk of cancer and for health care providers treating cancer patients. The genetics team consists of David Tilstra, MD, a medical geneticist and Joy Gustin, MS, and Amber Peterson, MS, genetic counselors.

Unwrapping the intricacies of risk, based on genetic alterations and family history, is a task that requires professional guidance. Genetic counselors are specially trained advanced practice health care professionals with skills in medical genetics and counseling. The genetic counselor is trained to offer evidence-based information and support. CentraCare is the only clinic that offers this service in Central Minnesota. The clinic sees more than

140 individuals each year in consultation. Genetics is an essential part of the multidisciplinary services of our cancer program in St. Cloud.



Imaging

Historically, imaging (use of X-ray, CT, MRI, ultrasound and PET) has played an integral part in the screening, diagnosis and staging of cancer. In more recent years, interventional radiology has become equally important in the management and treatment of cancer. Interventional radiology procedures offered at St. Cloud Hospital for cancer patients include image-guided biopsy (to obtain samples for pathologic testing), trans-catheter chemotherapy embolization (delivering chemotherapy directly to a tumor) and image-guided fluid aspiration. In addition, St. Cloud Hospital radiologists place venous access devices (i.e. peripheral inserted central catheters and implanted ports). The nuclear medicine department



**Mary Super,
RT, (R)(CV)**

*Director, Imaging Services,
St. Cloud Hospital*

“One of the most noteworthy changes in the last 25 years has been the evolution of multimodality therapy with better integration of diagnostic and treatment specialists.”

*– Scot Hutton, MD
CentraCare Digestive Center*

technologists have dedicated training on the Siemens Biograph 16-slice PET/CT scanner. Nuclear medicine is useful for diagnosing cancer and cancer invasion, especially to bone. Nuclear medicine collaborates with radiation oncologists to offer cancer treatments including Zevalin (a monoclonal radiotherapy antibody) treatment for lymphoma and Quadramet (sometimes used to relieve pain when cancer has invaded the bone).

There are 19 board-certified radiologists at St. Cloud Hospital and CentraCare Health Plaza. Radiologists review images quickly and turnaround time is usually the same day. For easy access, dedicated work stations are located in the Coborn Cancer Center for medical and radiation oncologists to view images. Since imaging is such a vital component of the multidisciplinary care of a cancer patient, there is an imaging scheduler stationed in the cancer center to simplify the scheduling process for patients. More than 200,000 imaging activities are performed each year by the Imaging department.



Ongoing investment in state-of-the-art equipment and caring, skilled professionals allow St. Cloud Hospital to maintain its position as a patient-focused, technologically advanced facility. Pictured above are Hoang Nguyen, MD and Angie Ferris, film associate.



Michael Rogan, MD, and other radiologists with Regional Diagnostic Radiology, allow St. Cloud Hospital to provide complete interpretation services to physicians throughout Central Minnesota.

Surgery

Continuing its longstanding commitment to the highest quality oncology surgical care, the Center for Surgical Care at St. Cloud Hospital serves as a vital component in providing comprehensive cancer care. At the core of the Center for Surgical Care rests caring, compassionate and highly skilled staff and surgeons supported by state-of-the-art technology and world-class surgical suites. On a daily basis, staff — many of whom hold the highest level of certification available in their line of work — provide support to our surgeons. Throughout the year, more than 100 physicians turn to St. Cloud Hospital for their surgical needs, performing nearly 14,000 surgeries in our 18 operating rooms. Our surgeons, with their years of experience and advanced training, provide surgical treatments covering the full spectrum of cancer care.



Christopher Boelter, MD, Adult & Pediatric Urology, frequently performs prostatectomy procedures at St. Cloud Hospital using the da Vinci Si® surgical system.



Phil Luitjens

*Director,
Perioperative Services,
St. Cloud Hospital*

On a daily basis, the Center for Surgical Care utilizes the world's most advanced technologies ranging from implantable devices to microbiologics. We offer cutting-edge treatment modalities such as the da Vinci Si® robot for performing robotic prostate, bladder and kidney procedures, and new surgical microscopes, neuro ultrasound, and image-guided surgical systems such as Medtronic's S7 Stealth Station® for the resection of complex brain tumors. Our minimally invasive surgery capabilities allow surgeons to perform complex procedures through smaller incisions, resulting in less blood loss and a shorter length-of-stay postoperatively. Additional technologies such as cryo and microwave ablation, as well as brachytherapy, allow our surgeons to treat cancerous areas without harming the healthy tissue around it — again, allowing patients to recover faster than if they had more invasive treatment.

In the spring of 2012, the Center for Surgical Care will open 10 new surgical suites. These rooms will incorporate the latest in operating room design and technology and significantly enhance operating room access and the quality of care and service. Each room will contain advanced video conferencing capabilities, allowing the surgical team to consult with experts — whether just across town or on the other side of the world. The rooms also will feature advanced HEPA filtration allowing ultra-clean air to flow into the room, further reducing the risk of infection. Additionally, given each room's size, they are easily adaptable to fit new technology.

Caring, compassionate and highly skilled hands, state-of-the-art technology and world-class surgical suites — each of these are contributing factors in the Center for Surgical Care becoming a nationally recognized leader and the number one choice for patients requiring surgical oncology care.

"The most significant change in cancer care in the past 25 years has been the significant technology advances in surgery (robotics) and the expanding options for treating cancer with radiation and chemotherapy with fewer side effects."

*— Ronald Hanson, MD
St. Cloud Ear, Nose
& Throat Clinic*

Medical Oncology and Hematology

Medical oncology and hematology at Coborn Cancer Center provides specialty treatment for patients with cancer and blood disorders. Cancer challenges patients and their families in many ways. We strive to ease the burdens of this difficult experience with a dynamic treatment team, dedicated to providing patients with individualized, innovative care.

One of the most significant changes in St. Cloud occurred when medical oncology and radiation oncology joined together at the Coborn Cancer Center in 2001 to provide comprehensive cancer services in one location. The cancer center has developed into a nationally recognized program with more than 37,000 patient visits to the Coborn Cancer Center annually.

In 2010, we welcomed three new physicians who are board certified in medical oncology and hematology. *(See facing page, far right.)* We also have two highly qualified and experienced nurse practitioners working in the clinic to assist in the day-to-day management of our patients. In addition to our ever-growing oncology and hematology practice in St. Cloud, our physicians continue to provide outreach to seven rural communities in Central Minnesota.

Several new physicians have joined the medical staff at St. Cloud Hospital bringing additional oncology expertise to our community. This has increased cancer care options in St. Cloud to include new and more complex diagnostic procedures, surgical approaches, treatments and palliative care.

To monitor the quality of our cancer care, we continuously review compliance with cancer management recommendations by the National Comprehensive Cancer Network (NCCN). We have a high degree of compliance with the guidelines. These guidelines ensure patients receive the same quality care in St. Cloud as they would receive at any major academic medical center.

Cancer research is one of the most important components of a comprehensive cancer program. Recognizing the need to continually improve the quality of care and treatment for cancer patients, we have participated in clinical research with the North Central Cancer Treatment Group (NCCTG) for more than 30 years.

NCCTG is a national clinical research group sponsored by the National Cancer Institute (NCI), which is comprised of a network of nearly 400 community-based cancer treatment clinics in the United States and Canada that work with Mayo Clinic. To develop and conduct more efficient clinical research studies, the NCCTG has announced plans to merge with the American College of Surgeons Oncology Group (ACOSOG) and the Cancer and Leukemia Group B (CALGB). The three groups will create one



Donald Jurgens, MD
*Chair, Hematology &
Medical Oncology,
Coborn Cancer Center*



Girum Lemma, MD, is one of the medical oncologists at Coborn Cancer Center who has specialized knowledge of all aspects in the management and treatment of cancer.

integrated, cooperative group called the Alliance. The vision for Alliance is to reduce the impact of cancer on people by uniting a broad community of scientists and clinicians from many disciplines, committed to discovering, validating and communicating effective strategies for the prevention and treatment of cancer. Coborn Cancer Center looks forward to the changes and will continue affiliation with Alliance to bring clinical trials to our patients.

The Coborn Cancer Center team has expanded to improve access to quality cancer care with the addition of three new physicians specializing in medical oncology and hematology.



Cheryl Kelly, CRA; Stacy Veches, RN, OCN; and Donald Jurgens, MD, principal investigator are part of the research department.

Our research department, led by Donald Jurgens, MD, has more than 50 studies open at any one time offering additional treatment and support options to eligible

patients. Having a robust cancer research department in a community cancer program requires a strong leadership commitment both in time and financial support. Of even greater importance is the belief of our physicians that being involved in cancer research keeps their skills and knowledge on the cutting edge of cancer care and treatment.

Dahlia Elkadi, MD, MSC, PhD, received her medical degree and completed an oncology/hematology residency at Cairo University in Cairo, Egypt. She also obtained a PhD in stem cell transplantation for hematologic malignancies at Cairo University. Dr. Elkadi did further transplant training at Essen University in Germany before relocating to the United States to complete her internal medicine residency at the University of Minnesota. She worked four years as an internist with Allina Hospital in Plymouth, Minn. before completing an oncology/hematology fellowship at Montefiore Medical Center in Bronx, N.Y.



Girum Lemma, MD, received his medical degree from Gondar College of Medical Sciences at Addis Ababa University in Ethiopia. He then completed an internal medicine residency, an oncology and hematology fellowship and a clinical pharmacology fellowship at Indiana University School of Medicine. He is a member of the American Society for Clinical Pharmacology and Therapeutics, the American College of Physicians and the American Society of Clinical Oncology.



Hilary Ufearo, MD, received his medical degree at the University of Nigeria. He then completed his internal medicine residency and an oncology and hematology fellowship at Howard University Hospital in Washington, D.C. He is a member of the American Society of Hematology, the American Society of Clinical Oncology and the American Medical Association.



Radiation Oncology

The past 25 years have yielded many important advancements in the field of radiation therapy. These advancements are all due to the highly advanced technology that has been developed through the years. The most significant changes have been in the way we now image, plan and treat our patients.

In the 1970s computers were introduced into radiation treatment. Along with CT, MRI and PET scans, computer planning allows us to precisely target tumors. Imaging uses multiple slice CT scanning and three to four dimensional views to provide faster and clearer images providing the physician a better picture of the patient's tumor. Physicians can easily view images on the computer in "real time" eliminating the need for X-ray films that were used in the past. All of these changes reduce the pre-treatment time and allow for more accurate treatment preparation.

The equipment used to deliver radiation also has improved. High dose radiation (HDR) and stereotactic treatments deliver the radiation dose directly to the tumor sparing healthy tissue. The treatment plan is integrated into the machinery used to deliver the treatment and allows the treatment team to make changes easily and immediately.

Patient outcomes have improved with all of these changes. Patients spend less time having radiation treatment and side effects have decreased. Radiation is now used to treat more tumors that previously would have been inaccessible — all in an effort to provide treatment that improves quality of life and increases survival rates.

St. Cloud Hospital's radiation department is located at the Coborn Cancer Center. The department houses two state-of-the-art linear accelerators with the capacity to treat more than 65 patients per day. Several specialty services are offered for eligible patients including HDR for breast, gynecologic, lung and sarcoma cancers; Prostate Seed Implants (PSI) and stereotactic radiotherapy for certain brain cancers. In addition to radiation treatment, all appropriate patients are offered the opportunity to participate in available clinical research studies through our affiliation with the Radiation Therapy Oncology Group (RTOG).

Radiation therapy treatment today requires an integrated team of highly skilled professionals. In addition to our experienced radiation oncology physicians, the team in St. Cloud includes medical physicists and dosimetrists, certified radiation therapists and registered nurses all supported by ancillary staff to manage appointments and schedules.



Derek Peterson, RN, BC
*Director, Radiation Oncology,
Coborn Cancer Center*

"With the technology available at Coborn Cancer Center, we are able to provide the same state-of-the-art treatments that are available at any academic medical center."

— *Barbi Kaplan-Frenkel, DO*
Coborn Cancer Center



In addition to radiation offered at the Coborn Cancer Center, CentraCare offers radiation at two rural sites in Central Minnesota, Alexandria and Monticello. Both sites have state-of-the-art linear accelerators with the capacity to treat approximately 35 patients per day and are staffed by experienced radiation teams. Barbi Kaplan-Frenkel, DO, provides medical oversight for CentraCare radiation programs and serves as the principal investigator for RTOG clinical trials.

We consistently provide our patients with nationally accepted, safe, high-quality radiation treatment. Coborn Cancer Center's radiation department is one of only three radiation programs accredited by the American College of Radiology (ACR) in the state of Minnesota.

For a complete description of the various treatment options and open clinical trials, visit www.centracare.com and search for clinical trials.

Barbi Kaplan-Frenkel, DO, medical director, radiation oncology, stands beside the Varian 21EX linear accelerator which allows radiation oncologists to treat several tumors with precise accuracy using Intensity Modulated Radiation Therapy (IMRT).

Infusion Center

The Coborn Cancer Center has a 35-chair infusion center. A diverse population is served including cancer patients undergoing chemotherapy or biotherapy/immunotherapy and patients with acute or chronic conditions requiring iron, blood or blood products, intravenous antibiotics or frequent medication injections.



**Jane Vortherms,
MHA, RN, OCN**

*Director, Chemotherapy
& Oncology Clinic,
Coborn Cancer Center*

The goal is to provide quality, compassionate, patient-centered care in a comfortable and convenient location. Care in the infusion center is holistic, taking care of the whole person by addressing physical, emotional, spiritual and educational needs.

The infusion center is staffed with four nursing assistants and 17 registered nurses with 71 percent of nurses earning national certification in oncology and infusion nursing. Staff complete the Oncology Nursing Society's Chemotherapy and Biotherapy Course and annual peer review competency checks to ensure safe administration of chemotherapy and treatment of hypersensitivity reactions.

Infusion center nurses have been involved in various evidence-based practice projects over the past year including hypersensitivity management, chemotherapy desensitization, distress management and the implementation of an acuity-based staffing model. The projects have significant impact on quality of care to achieve patient safety with optimal outcomes.

"The biggest strength of the Coborn Cancer Center is the many dedicated physicians, nurses, administration and staff that support it."

*– Nicholas Reuter, MD
Coborn Cancer Center*

Inpatient Oncology

St. Cloud Hospital is a Magnet-designated facility. Magnet is an international award that recognizes excellence in nursing. The hospital has a 36-bed oncology unit. Staff includes 48 registered nurses averaging more than nine years of oncology experience.



Cathy Tieva,
BA, RN, PHN, OCN
Department Director,
Inpatient Oncology,
St. Cloud Hospital

All nurses administering chemotherapy have successfully completed the Oncology Nursing Society (ONS) Chemotherapy and Biotherapy Course. More than half the nurses have achieved national oncology certification. We believe specialization is important to provide safe, high-quality care and a superior patient experience. Patients have access to specialty staff such as case managers, dietitians, social workers, care coordinators, spiritual care and clinical nurse specialists.

Nurses use evidence-based practice (EBP) to guide and improve patient care. Current EBP projects include: management of cancer fatigue, prevention of mouth sores, fall prevention, staff rounding to improve communication and patient safety and follow-up phone calls after discharge. In 2012, the oncology unit will

move to a new location within the hospital doubling the number of private rooms. We are proud of the close collaboration between the inpatient and outpatient services to assure patient care is coordinated across the care continuum.



Keri Heroux, RN, OCN, inpatient oncology unit, helped implement St. Cloud Hospital medication barcode scanning in October 2010. Medication barcode scanning increases patient safety by reducing the risk for errors when administering medications to patients.



To better serve cancer patients, the new addition at St. Cloud Hospital will provide a state-of-the-art ICU for critically ill patients, new surgery suites equipped with the latest technology and additional private rooms to give patients privacy during their stay.

St. Cloud Hospital CENTRACARE Health System

- Founded in 1886 by Sisters of the Order of St. Benedict
- 489 licensed beds
- 4,380 full and part-time employees
- 1,202 (adult and junior) volunteers
- 12-county service area population of 690,000
- St. Cloud metro area population of 130,000
- Average length of service for RNs is 11 years
- Magnet® designation for excellence in nursing granted by the American Nurses Credentialing Center since 2004
- Named #1 Best Place to Work by the Minneapolis/St. Paul Business Journal: 2009-2011



Breast Center

According to the Minnesota Cancer Facts and Figures 2011 report, there are approximately 3,520 women and 30 men diagnosed with invasive breast cancer each year in Minnesota. St. Cloud Hospital has a dedicated breast center where specialized staff provides comprehensive

screening and diagnostic care. The Breast Center staff work closely with referring physicians and utilizes leading edge techniques such as full-field digital mammography and minimally invasive diagnostic/treatment options. Breast Center services also are offered via our mobile mammography unit at 11 Central Minnesota sites, serving more than 2,500 women annually.



**Juli Sanner,
RN, OCN, CBCN**

*Breast Care Coordinator,
Coborn Cancer Center*

All imaging is interpreted by board-certified radiologists with many years of experience and a special interest in breast health. Breast Center radiologists provide interventional procedures including stereotactic or ultrasound-guided breast biopsy, localization of lesion and/or sentinel node injection prior to surgery. All patients receiving a cancer diagnosis are referred to the breast care coordinator, a certified breast care nurse, for education, support and assistance with referrals for treatment. The majority of breast cancer cases are reviewed at a weekly multi-disciplinary conference designed to identify the best treatment plan for patients.



Rehabilitation

St. Cloud Hospital Rehabilitation Center plays an important role in the comprehensive care of patients undergoing cancer treatment. Often, these patients face secondary complications such as lymphedema, swallowing difficulty, balance disturbance, weakness/fatigue, de-conditioning, pain, neuropathy, urinary incontinence and cognitive and memory challenges. The Rehabilitation Center, located at the CentraCare Health Plaza, includes physical, occupational and speech therapy services. It offers family-centered, individualized and specialized care to address all of the above complications. Specialty programs include: the Balance and Dizziness Program, the Neck and Back Program, Lymphedema Clinic and Women's Health Physical Therapy.



Steve Sperl, PT

*Director, Outpatient Physical,
Occupational and
Speech Therapy,
St. Cloud Hospital*

There are 23 staff members specially trained and certified to work with adult rehabilitation. Those specialists include physical therapists (13), physical therapist assistants (4), occupational therapists (3), a certified occupational therapy assistant and speech language pathologists (3). In addition, Pediatric Rehabilitation works collaboratively with St. Cloud Hospital Pediatric Short Stay and the Infusion Unit to provide outreach care for pediatric cancer patients.

The rehabilitation team is committed to improving the function of each patient so they can live as independently as possible.

Survivorship and Support Services

Coborn Cancer Center offers comprehensive cancer care through the integration of multidisciplinary programs, up-to-date technology, holistic approaches, patient and family support services and community health education. We believe patients and caregivers cope better with the diagnosis and treatment of cancer when support services and ongoing education are provided as a part of their care.

Community Outreach

Coborn Cancer Center provides screening and prevention health information and programs to the community. Through partnerships with community, regional and national organizations, we offer early detection and screening programs, clinical research trials, professional speakers, community outreach events, oncology physician



Drive-Thru
Colon Cancer
Screening

outreach, educational materials and survivorship celebrations. In 2011, Coborn Cancer Center partnered with Lily Oncology to offer an art show featuring local and national artists to increase awareness of the importance of supporting the psychosocial response to cancer.

Community partnerships have resulted in free cancer screenings, including a drive-through colon cancer screening and Melanoma Monday.

Coborn Cancer Center and the St. Cloud Hospital Women & Children's Center collaborated with the St. Cloud River Bats to feature a "Take Me Out to the Ball Game" event celebrating families continuing to thrive during the cancer journey.



Coborn Cancer Center offers a comfortable, relaxed environment where patients and families can use the resource library.

Resource Library

Coborn Cancer Center has numerous computer programs, books and pamphlets on cancer prevention, diagnosis, treatment and survivorship. The Resource Library, funded by the Bauerly Families and the Montana Dakota Utility Resource Foundation, is a place for patients and families to find up-to-date cancer information as they move through therapy and beyond treatment.

Nutrition

Recognizing the importance of good nutrition during and after cancer treatment, St. Cloud Hospital and Coborn Cancer Center have full-time nationally certified dietitians who work with cancer patients. These dietitians focus on nutritional support to prevent complications during treatment. CentraCare also offers the LIFE (Lifestyle, Food and Exercise) program inviting community members to participate in nutritional activities to learn how to achieve long-term health lifestyle changes to prevent cancer and enhance overall well being.



Tristina Brown, MS, RD, CSO, Registered Dietitian, Coborn Cancer Center and Shana Vold, RD, CSO, Registered Dietitian, St. Cloud Hospital Inpatient Oncology Unit.



LaNae Harms-Okins,
LSW, CFSW
Social Worker,
Coborn Cancer Center

Social Work

A licensed social worker with understanding of patient and family psychosocial and financial needs is located in the Coborn Cancer Center. The social worker collaborates with patients and families to address needs through consultation and referrals for finances, support systems and daily living barriers.

Emotional and Spiritual Care

The Coborn Cancer Center is a leader in understanding and implementing holistic treatment programs with access to: RN care coordinators, support groups, mindfulness meditation, art therapy, yoga, spiritual care and behavioral health for individual and family counseling. In 2011, in collaboration with the University of Minnesota (U of M) and supported by the Dr. Gerald and Karen Jurgens Cancer Survivor Fund, we accepted a marriage and family therapy psychologist doctoral intern to provide additional patient and family support. A registered nurse with Coborn Cancer Center, who is a U of M Doctor of Nursing practice student, received funding from the J. P. Barnes Daisy Foundation to further develop and implement a distress screening and referral process to meet patient's unique needs.

Oncology Clinical Nurse Specialist

The oncology clinical nurse specialist (CNS) is a nurse with a graduate degree in nursing and specialized clinical expertise in oncology. As an expert clinician and patient advocate, the CNS is available to assist in the coordination and delivery of complex nursing care for problems associated with a cancer diagnosis and treatment in both the inpatient and outpatient setting. In addition, the CNS provides education and guidance for cancer care nurses and allied health staff assuring that cancer care follows professional standards to optimize outcomes. The Coborn Cancer Center CNS works to streamline and improve communication between sites of care i.e. inpatient, outpatient and regional providers.



Mary K. Weis,
RN, MSN, ACNS-BC
Clinical Nurse Specialist,
Coborn Cancer Center



Sandy Johnson,
RN, APRN-BC, AOCNS

Special Recognition

In 2003, Sandy Johnson joined Coborn Cancer Center as our first Clinical Nurse Specialist. Her specialized knowledge in clinical oncology nursing practice has been instrumental in advancing the cancer program. Sandy has led the planning and organization for this 25th annual publication. We are forever grateful for Sandy's leadership and commitment to providing nationally recognized top-decile cancer services and wish her well in her retirement.

Survivorship Care Plan

Unfortunately, cancer treatments may leave the survivor with long-term effects. The Coborn Cancer Center, as part of a national movement, is developing a formalized survivorship care plan. The plan will summarize potential late effects based on disease and treatment, recommendations for a healthy lifestyle and outline a plan for follow-up care. Taking care of the survivor is an important component of a comprehensive cancer program.

Wound Care and Treatment

CentraCare Wound Center, a service of St. Cloud Hospital, offers advanced treatment options for cancer patients. Managing wounds in cancer survivors may be complicated by the disease and/or the treatments such as radiation therapy. Radiation, frequently used for local-regional control of disease following surgical resection, may cause negative healing effects due to local tissue and vascular damage. Chemotherapy/biotherapy, used to treat disease, may have detrimental effects on rapidly dividing cells thus impeding the healing process. At CentraCare Wound Center, wound care specialists may utilize advanced dressings and bio-skin applications to heal a cancer patient's chronic wound. The Wound Center also specializes in use of hyperbaric oxygen therapy (HBOT). HBOT re-oxygenates damaged tissue to promote

natural healing and can be used pre- and post-operatively to prevent osteoradionecrosis, wound infection and healing failure.

Treatment plans are custom designed for each individual to successfully advance the healing process and improve patients' quality of life. The care team is led by Denise Larson, DO, medical director, and a panel of five physicians from the community who have undergone special wound care and hyperbaric medicine training.



Heather Gartzke, MHA
Director,
CentraCare Wound Center,
a service of St. Cloud Hospital



"Our specialized team provides healing programs tailored specifically for cancer patients. We are proud of our greater than 95 percent healing rate and our ability to improve healing and the quality of life for patients."

*– Heather Gartzke, MHA
CentraCare Wound Center*

By using hyperbaric oxygen therapy, Denise Larson, DO, helps cancer patients who may experience osteoradionecrosis (a problem with bone healing) as a result of their treatment.

Palliative Care

The goal of palliative care is to prevent and relieve suffering and provide the best quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies. It is an important part of the multi-disciplinary care for cancer patients.

The palliative care team includes nurses, social workers and chaplains and is led by Merryn Jolkovsky, MD. Focus is on physical problems such as nausea, shortness of breath, fatigue, pain, immobility and depression; as well as spiritual, moral and personal dignity issues. Palliative care is available to patients at St. Cloud Hospital through consultations with inpatient palliative care. In



Merryn Jolkovsky, MD
Medical Director,
Palliative Care,
St. Cloud Hospital

January 2012, Dr. Jolkovsky will begin outpatient consultations at Coborn Cancer Center.

In 2010, more than 400 inpatients were evaluated and cared for. Of the patients seen April-June 2011:

- 70 percent presented with pain control issues and experienced an average decrease in pain score of 2.96 (scale of 1-10);
- 57 percent presented with dyspnea (shortness of breath) and experienced an average decrease in symptom score of 2.6 (scale of 1-10); and
- 53 percent presented with anxiety and experienced an average decrease in symptom score of 3.22 (scale of 1-10).



Hospice

St. Cloud Hospital hospice provides quality, compassionate care to individuals and their families at the end of life. Hospice care involves a team-orientated approach of specialized medical care, pain management and emotional and spiritual support tailored to the patient's wishes. Emotional and spiritual support also is extended to the family and loved ones. The hospice team includes the patient's attending physician, the medical director, nurses, social workers, a chaplain, home health aides and volunteers. Hospice isn't a place, it is a type of care that focuses on living as fully as possible up until the end



Gail Olson, MBA, ACHCE
Director,
Home Care and Hospice,
St. Cloud Hospital

of life. St. Cloud Hospital hospice has been providing this care in any setting that the patient calls home (private home, skilled nursing facility, hospice house, assisted living, etc.) for 30 years. St. Cloud Hospital hospice has had the privilege of providing more than 16,000 days of service to 400 patients in the past year.

A focus on Gastrointestinal Cancers

Colorectal Cancer

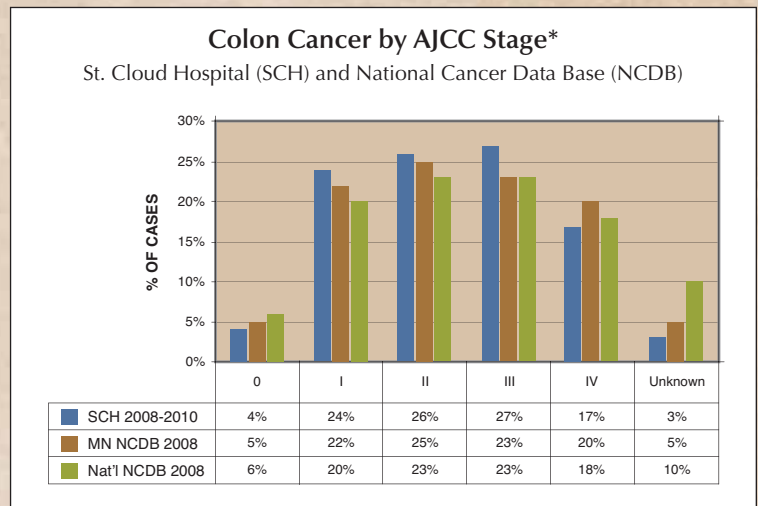
Colon and rectal cancer together is the fourth most commonly diagnosed cancer at St. Cloud Hospital. According to the Minnesota Cancer Facts and Figures 2011, from 2003 to 2007, 845 Minnesotans died of colon and rectal cancer each year. Colorectal cancer accounted for a higher death rate than breast and prostate cancer, in part from the fact that only 49 percent of colorectal cancers in Minnesota are diagnosed at an early stage when they can be more successfully treated. (Tables 1 and 2).



Mark Virtue, MD
Gastroenterologist,
CentraCare Digestive Center

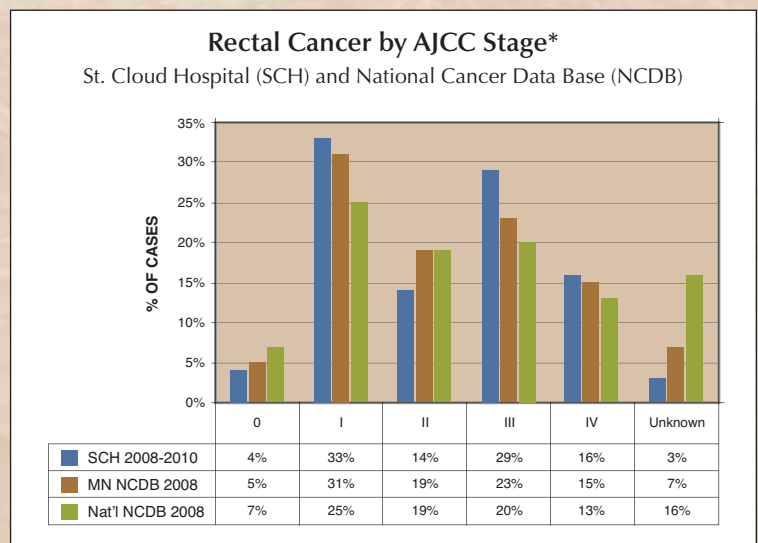
Stage at diagnosis for 2008-2010 colon and rectal cases at St. Cloud Hospital compares favorably with state and national findings. Stage at diagnosis for colorectal cancer is impacted by aggressive screening. Early stage colorectal cancer does not usually have symptoms; therefore, it is highly recommended adults age 50 and older be screened for colon and rectal cancer, even if they have no symptoms. Although there is more than one way to screen for colon and rectal cancer, the most effective method is colonoscopy which allows visualization of the entire colon and ability to find and remove precancerous polyps. Screening rates for colon and rectal cancer are improving with only 49 percent of Minnesotans having a sigmoidoscopy or colonoscopy in 1999 compared to 71 percent in 2008 (Minnesota Cancer Facts and Figures 2011). There are a number of screening and education programs available in our community including

Table 1



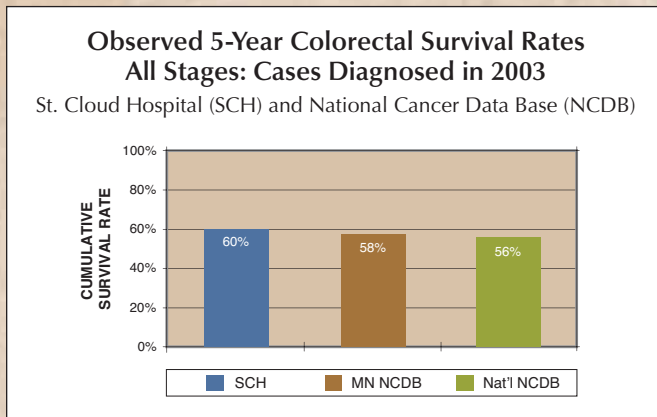
* AJCC Stage (American Joint Committee on Cancer), 6th edition, Collaborative Stage Derived
©2011 National Cancer Data Base, Commission on Cancer

Table 2



* AJCC Stage (American Joint Committee on Cancer), 6th edition, Collaborative Stage Derived
©2011 National Cancer Data Base, Commission on Cancer

Table 3



©2011 National Cancer Data Base, Commission on Cancer

highest risk factor. As our aging population increases, it will be even more important to encourage screening and lifestyle changes focused on prevention. Additional modifiable risk factors include: obesity, physical inactivity, a diet high in red or processed meat, alcohol consumption, long-term smoking and possibly inadequate intake of fruits and vegetables (Cancer Facts & Figures 2011). A genetic counselor is available at CentraCare Clinic to do a risk assessment for people who suspect they have a personal or family history of polyps or colorectal cancer.

the Coborn Cancer Center drive through colon cancer screening that takes place each March. The purpose of this event is to increase community awareness and participation in colorectal screening initiatives. So far, more than 650 people have participated in the screening in the past three years.

Cancer Registry data is used to monitor survival rates as an outcome measure for quality care. Five-year survival rates for colorectal patients treated at St. Cloud Hospital compare favorably with Minnesota and national survival rates, as seen in [Table 3](#).

More than 90 percent of colorectal cases are diagnosed in individuals over 50 years of age, making age the



“Cancer is never the same, it is different for every person. With GI comprising nearly 10 different cancers, and the magnitude of different treatments and specialties involved, the role of the RN care coordinator is crucial in helping patients understand and navigate their complex journey.”

– Amy Stolt, RN
Coborn Cancer Center

Disease specific registered nurse care coordinators, like Amy Stolt, RN, work with patients, primary care providers, oncologists and other specialists to help with questions, education and support throughout the cancer journey.

A focus on Gastrointestinal Cancers continued

Esophageal Cancer

Esophageal cancer is a rare cancer with only 15-20 cases diagnosed in St. Cloud each year. There are no early symptoms or signs of esophageal cancer. Late signs and symptoms include difficulty swallowing, losing weight without trying, chest pain and fatigue. There is no routine screening test to detect early esophageal cancer. People with Barrett's esophagus may be advised to have an endoscopic examination and biopsies on a regular basis.

Esophageal Cancer risk factors

- Age (between 45 and 70)
- Gender (men are 3-4 times more likely than women)
- Race (black are twice as likely to develop squamous cell type)
- Tobacco use
- Barrett's esophagus
- Obesity

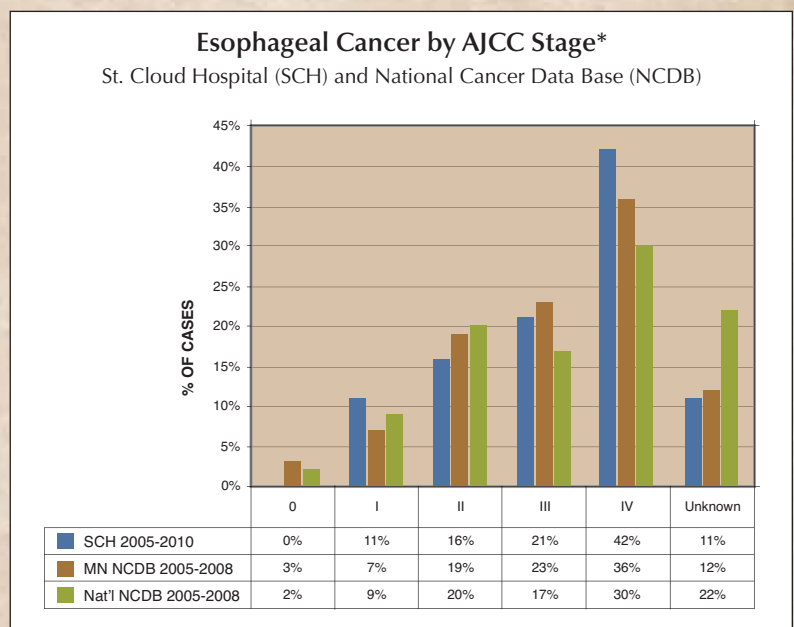
Because there are no early symptoms and no effective screening method to detect esophageal cancer in an early stage, the majority of cases are diagnosed at a late stage (III or IV), see **Table 4**. This is true for cases diagnosed and/or treated at St. Cloud Hospital and in Comprehensive Community Cancer Programs throughout Minnesota and nationally.

Treatment for esophageal cancer can be very complex, requiring a multitude of specialists and a great deal of coordination and support for the patient and family. At St. Cloud Hospital, there is a multidisciplinary team approach including gastroenterologists, radiologists, pathologists, surgeons, medical and radiation oncologists, palliative care, registered nurse GI care coordinator and oncology dietitians that work together to provide the diagnosis, staging work up and individualized treatment plan.

The ability to effectively treat GI cancer depends on dedicated primary care providers that aggressively screen their patients for early stage disease and specialists and technology available that can accurately stage and treat the disease. St. Cloud Hospital provides the following services, technology and treatment for GI cancers:

- **KRAS testing** – the presence of a KRAS genetic mutation in a colorectal cancer tumor cell is predictive of a poor response to two biotherapy drugs used to treat metastatic colorectal cancer (panitumumab and

Table 4



* AJCC = American Joint Committee on Cancer. SCH staging is AJCC Collaborative Stage derived, 6th ed.
 ** NCDB data is taken from CoC designated Comprehensive Community Cancer Centers data
 ©2011 National Cancer Data Base, Commission on Cancer

cetuximab). If the patient is found to have KRAS mutation, the physician can individualize their treatment plan to exclude the drugs that would be ineffective.

- **Endoscopic Ultrasound (EUS)** – to evaluate esophageal and rectal cancers. In 2010, St. Cloud Hospital began offering EUS, a nonsurgical method that allows visualization of abnormalities in the GI wall and in nearby organs and tissues. EUS can detect the location of the mass, the size of the tumor, the depth of the tumor, as well as the presence of suspicious lymph nodes or spread to organs. Any suspicious spots can be biopsied to determine if they contain tumor cells. Biopsies obtained during the procedure are interpreted at the time of the procedure and preliminary results are given to the patient on the day of the procedure.
- **Endorectal Ultrasound (ERUS)** – is used when diagnosing rectal cancer to determine stage and size of the tumor and can be used after radiation but prior to surgery to reevaluate the tumor and develop the surgical plan.
- **Targeted therapy** – is designed to interfere with a cancer cell's ability to grow and progress. Many clinical trials today are looking for new targeted therapies to treat cancer. The physician may use these drugs (such as panitumumab and cetuximab) alone or in combination with chemotherapy.
- **Pre-operative chemotherapy and/or radiation** – used before surgery, especially if the tumor is large or in a particularly difficult place to remove, can decrease the tumor size and allow the surgeon to better preserve the GI function.
- **Radiofrequency Ablation (RFA)** – uses an alternating radiofrequency electrical current to destroy small tumors in the liver. This can be done during open surgery, laparoscopy or percutaneously (through the skin) by an interventional radiologist and/or a surgeon specialized in this procedure. Eligibility for this procedure depends on the location and number of liver lesions present.
- **Transarterial Chemotherapy Embolization (TACE)** – involves administration of chemotherapy directly to a liver tumor. The chemotherapy targets the tumor while sparing the patient many side effects of traditional chemotherapy. Eligibility depends again on the location, number and size of liver lesions.
- **Advanced surgical techniques** – used in treatment of GI cancers from minimally invasive (laparoscopy), to complex procedures, that provide the best possible patient outcomes. These procedures require the expertise of experienced professionals using a team approach to care.



Mark Virtue, MD, brings subspecialty gastroenterology care to cancer patients in our region. Pictured with Valerie Lauermann, RN.

A focus on Gastrointestinal Cancers continued

- **Clinical trials** – investigating the newest surgical, medical and radiation oncology procedures for GI cancer to advance the knowledge and treatment for GI cancer.
- **Enterstomal nurses** – available prior to surgery to assist in the planning, education and support for patients needing an ostomy placement, thus assuring patient satisfaction and best outcomes.

Considering the robust breadth of GI cancer treatment options, we have added several highly skilled specialty physicians to the care team. The addition of a registered nurse GI cancer care coordinator in 2010 solidified the team approach and enhanced the coordination of care. The coordinator works alongside the multiple specialists needed to obtain the diagnostic and workup required to develop an individualized treatment plan.

There always has been, and remains, a strong commitment by St. Cloud Hospital and the specialty physicians in St. Cloud to provide exceptional GI cancer care. This commitment continues with an expectation that our GI cancer program will grow and expand to meet the needs of our community and referring providers.



Collaborating specialists, such as Albert Hammond, MD, gastroenterologist, help coordinate the best treatment for patients. Pictured with Pam Silbernick, RN.



Kenneth and Tracy Kellen visit Pigeon Falls near the Minnesota/Ontario border. (Far right) The Kellens are shown with the baby goats born during Kenneth's cancer treatment.

Throughout the past 25 years, the growth of the cancer program — with over 1,500 newly diagnosed patients annually — has attracted highly specialized physicians providing the most advanced treatments for complex cancer patients. State-of-the-art technology, facilities and skilled support staff are vital in achieving the best possible patient outcome.

Big-city treatment ... hometown support



Two hours west of the Coborn Cancer Center at CentraCare Health Plaza, the Kellen family's 550-acre farm is home to 100 dairy cows, dozens of chickens, goats and horses. Kenneth and his wife, Tracy, never expected that their pastoral life in Beardsley would be impacted by cancer.

In December 2010, Kenneth, 40, had difficulty swallowing so he made an appointment with his local physician for an evaluation. After an endoscopy, Kenneth was diagnosed with esophageal cancer. Kenneth was evaluated at the Mayo Clinic but wanted his care closer to his family and his farm.

"We decided to transfer my treatment to Coborn Cancer Center as the communication and treatment was excellent and I am closer to my family's and friends' support," Kenneth said. "Dr. Nathan Reuter was easy to talk to and understand. His treatment plan was consistent with Mayo. I felt like I was part of the planning process."

To shrink his tumor, Kenneth started six weeks of chemotherapy and 28 radiation treatments on April 15. In June, Kenneth had Ivor-Lewis esophagectomy surgery to remove part of his esophagus and the top part of his stomach.

The esophagus and stomach then were

reconnected. Dr. Reuter, a surgical oncologist, is specially trained in this procedure.

As the care coordinator for gastroenterology cancer patients, Amy Stolt, RN, helped Kenneth coordinate his appointments and treatments. Amy also provided emotional support and education.



"I grew up in St. Cloud and wanted to come back and practice medicine here. I enjoy working with patients and families from this area. It is an honor."

– Nathan Reuter, MD
Coborn Cancer Center

"Every time we left the Coborn Cancer Center, Tracy and I knew exactly what was going on and my appointments were arranged," Kenneth said. "Good communication and caring as well as skill are part of what is important for treatment. We feel we made a great decision."

Registry Activity Report

The cancer registry has accurately collected and reported vital information about cancer cases diagnosed and/or initially treated at St. Cloud Hospital for 25 years. The number of analytic cases recorded by registry has steadily increased (Table 5) and in 2010 again reached more than 1,500 cases (Table 6). This increase is due to St. Cloud Hospital's commitment to providing state-of-the-art technology, comprehensive support services and increasing population in our 12-county service area. The registry follows patients entered into the cancer registry for their lifetime. Presently, the registry is following

10,264 cases. The current follow-up rate of all living cancer patients is 96.3 percent, which exceeds the CoC's requirement of 80 percent. The information obtained from registry data has been instrumental in continuing to monitor the quality of care delivered in our community, Minnesota and nationwide. For details on quality cancer monitoring, visit www.centracare.com.

"A strength of the Coborn Cancer Center is continued growth of the program and the referral practice to include all specialties."

– Shawn McGee, MD
Adult & Pediatric Urology

Table 5

25 Years of Growth
St. Cloud Hospital Cancer Registry
1986 to 2010

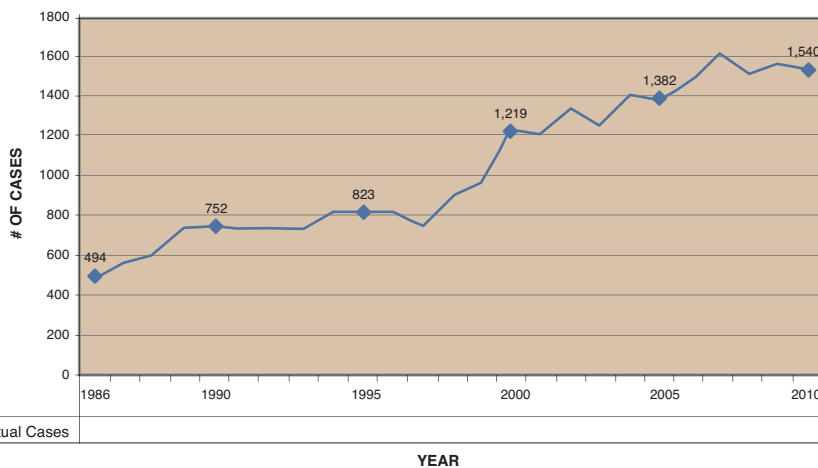


Table 6

Site Incidence Data Report
at St. Cloud Hospital

ALL SITES	2008	2009	2010
Head and Neck	33	35	35
Lip and Oral Cavity	11	6	14
Pharynx	11	13	10
Nasal Cavity/Paranasal Sinuses	1	1	1
Salivary Glands	2	4	0
Larynx	8	10	9
Other Head and Neck	0	1	1
Digestive System	266	253	286
Esophagus	11	20	15
Stomach	22	13	25
Colon	139	111	110
Rectum, Rectosigmoid	45	51	55
Anus/Anal Canal	2	4	4
Liver & Bile Ducts	6	7	7
Pancreas	24	30	42
Other Digestive	17	17	28
Respiratory System	185	211	210
Lung/Bronchus	183	208	206
Other Respiratory	2	3	4
Hematopoietic/Lymphoid	160	159	154
Leukemia	33	30	36
Multiple Myeloma	18	27	20
Other Hematopoietic	30	12	26
Hodgkin Lymphoma	12	15	12
Non-Hodgkin Lymphoma	67	75	60
Bone	2	0	3
Connective Tissue	4	9	15
Skin	34	32	41
Melanoma	32	31	41
Other skin	2	1	0
Breast	259	306	259
Female Genital	51	55	62
Cervix Uteri	4	7	3
Corpus Uteri	30	31	38
Ovary	14	16	15
Vulva	1	1	1
Other	2	0	5
Male Genital	248	254	225
Prostate	237	236	217
Testis	11	13	7
Other Male Genital	0	5	1
Urinary	140	126	124
Bladder	70	64	53
Kidney/Renal Pelvis	66	56	66
Other Urinary	4	6	5
Brain and CNS	51	56	50
Brain (Benign)	1	1	2
Brain (Malignant)	25	32	27
Other Brain and CNS	25	23	21
Endocrine	51	50	50
Thyroid	40	41	37
Other	11	9	13
Unknown Primary	24	19	16
Other/Ill-defined Sites	7	5	10
TOTAL	1515	1570	1540

Generosity

For more than 25 years, individuals and businesses in our 12-county service area have joined together to support the various cancer funds of the CentraCare Health Foundation.

Whether it's helping fund early detection initiatives, patient education, survivorship services or care coordination, the power of a community comes to life through your individual gift. Big or small, each gift made makes an enormous difference.

Through your generous support, we can deliver on our promise to provide patient- and family-centered care. The patients, staff and physicians extend our utmost gratitude to our benefactors.

Cancer Named Funds

Almeda Ella Pollish Fund
Aunt Leona Fund
Breast Cancer Greatest Needs Fund
Cancer Survivorship Network Fund
Carl & Marilyn Savage Fund
Coborn Cancer Center Endowment Fund
Coborn Cancer Center Greatest Needs Fund
Craig & Lynn Dahl Fund
Dr. Gerald & Karen Jurgens Cancer Survivor Fund
Dr. Harold E. Windschitl Cancer Research Fund
Dr. Nicholas & Bernice Reuter Fund
Greater Minnesota Fight For A Cure
Hank & Dee Coppock Fund
Harold & Carole Groustra Cancer Center Fund
Hind Site Fund
Jean Kershner Lung Cancer Fund
John & Nancy Frobenius Breast Cancer Fund
Kristine Cunningham Rose Memorial Fund
Pat Opatz Cancer Research Fund
Pediatric Cancer Greatest Needs Fund
Quinlivan & Hughes Fund
Surviving with Style Fund

For a complete list of individual benefactors, visit www.centracare.com/foundation/benefactors.html.
For more information, call (320) 240-2810.

Healing comforts

After retirement in 1981, Harold and Carole Groustra of St. Cloud spent most of their time traveling together. In 17 years, they visited more than 20 countries and many parts of the United States.

Unfortunately, all of their traveling came to an abrupt stop in January 2008 when Carole started to experience pain on her right side. A scan identified a spot on her lung and a biopsy confirmed lung, pelvic and brain cancer. Carole received four different types of chemotherapy and faced many difficult side effects.



In memory of his wife, Carole, Harold Groustra's donation purchased laptops for chemotherapy rooms.

After 55 years of marriage, on Sept. 16, 2010, Carole passed away. In Carole's memory, Harold donated money for laptop computers and chemotherapy

chairs that feature heat and massage during treatment.

"Cancer treatment can be tiring and emotional," Harold said. "I hope these computers will give patients something to do to pass the time."

"The ongoing support in the community at a very foundational level is important. By supporting the cancer program we are taking care of our neighbors."

– Alan Tims, MD
Central Minnesota Surgeons

Harold passed away on Sept. 22, 2011. Coborn Cancer Center appreciates his kindness and donations to help others.

Coborn Cancer Center

CENTRACARE Health System

1900 CentraCare Circle | St. Cloud, MN 56303
www.centracare.com | (320) 229-4907

Non-profit
organization
U.S. POSTAGE
PAID
St. Cloud, MN
Permit No. 389



Recognizing the 25th Annual Cancer Report

Coborn Cancer Center provides multifaceted services to our community. We are recognized as the coordination hub for comprehensive community and outreach cancer programs and activities. The management and operation of these services requires collaboration with nearly every specialty and physician provider in our network. Our vision, “to be the leader in Minnesota for quality, safety, service and value,” is the driving force behind all we do to deliver outstanding cancer care and provide services to meet the ongoing needs of our community.



**Craig Broman,
MHA, FACHE**
*President,
St. Cloud Hospital*



**Terry Pladson, MD,
MBA, FACPE**
*President/CEO,
CentraCare Health System*

We have much to celebrate with this 25th annual edition of the cancer report. Cancer survival has dramatically improved over the past 25 years. The Coborn Cancer Center provides compassionate and holistic care of the highest quality, and hope for the many families and friends of patients undergoing treatment for cancer.

With state-of-the-art treatment and participation in research studies, patients can be assured they will get the best possible care close to home. We extend our sincere thanks and appreciation to all staff for these outstanding accomplishments.