Welcome

Welcome to the 26th edition of the St. Cloud Hospital cancer report. Each year, the Cancer Care Center Board determines the focus of its annual report to the community and regional providers. For this year’s report, we selected the topic of breast cancer.

For the last 15 years, Coborn Cancer Center has led hundreds of initiatives focused on enhancing quality for persons with breast cancer. We have benefited in our efforts through highly engaged and committed women; women who have helped define the outcomes they need throughout their cancer journey. Thankfully, these women want to use their experience to make this journey better for those who have not yet heard the words “you have breast cancer.” We wish to thank everyone who has shared their experiences with us. The material in this report is a summary of the exemplary professional practices demonstrated by the St. Cloud program.

Breast cancer is one of several hundred cancers diagnosed and treated within the cancer program each year. Through conversations with patients and families, we know the programs in place for breast cancer also are critical for any person journeying through this process. Thus, we have expanded our cancer services to include holistic comprehensive programs, available for all patients and families. These programs include having registered nurse care coordinators for breast, lung, gastrointestinal and women’s cancers. We welcome you to visit our Web site at www.centracare.com to view other disease site-specific programs.

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This past year, Coborn Cancer Center joined the Mayo Clinic Cancer Care Network as the first cancer network member in the United States. The Mayo Clinic Care Network is an access network of like-minded organizations, sharing a common commitment to continually improve the delivery of health care in local communities through high-quality, data-driven and evidence-based care.

On behalf of the Cancer Care Center Board, we hope you find this report informative.

Jo Zwilling, RN, MBA  
Director, Cancer Care Services

Nicholas F. Reuter, MD  
Medical Director, Medical Oncology

Breast Care Committee Chair Letter

The Cancer Care Center Board has an established multidisciplinary Breast Care Committee designed to implement national standards for the care of persons diagnosed with breast disease or breast cancer in this region. This group of professionals meets quarterly and has structured a performance improvement evaluation process around Commission on Cancer Breast Care Standards. This committee has made cutting-edge changes for prevention/education, diagnosis, treatment options and survivorship care. One of the indicators of a great program is the continual focus on quality, respect for all disciplines and an overall focus on the patient and family experience. I am truly honored to be chair of this committee and for the collaborative efforts that have advanced our breast cancer program.

Sincerely,

Christian Schmidt, MD  
Breast Care Committee Chair

Breast Care Committee

Rose Bankers, OTR  
Rehabilitation

Jody Bolton Smith, MD  
Radiology

Marc Dvoracek, MD  
Pathology

Evelyn Erickson, MD  
Plastic Surgery

Pam Haake, RT, (R)(M)  
Breast Center

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Oncology

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Care Coordinator

Janet Sather, CTR  
Cancer Registry

Christian Schmidt, MD  
Chair, Breast Care Committee, General Surgery

Melissa Shankey, CTR  
Cancer Registry

Mary Super  
Director, Imaging Services

Roxanne Wilson, RN  
Director, Community Cancer Programs
Breast Services at a Glance

Coborn Cancer Center is dedicated to providing holistic support and services for patients and families across the continuum of breast care.

Diagnostic Services
- Diagnostic Radiology (PET, CT, RSGI, MRI)
- Laboratory Pathology
- Breast Center (Digital Mammography, Stereotactic Needle Biopsy, Breast Ultrasound, Breast Needle Localization)
- Mobile Mammography
- Sage Program
- Dedicated Breast Radiologists
- Breast Care Coordinators
- Weekly Breast Tumor Conferences

Prevention and Education
- Education/Community Events
- Free Screenings
- Smoking Cessation Program
- Fitness & Wellness Programs
- Prevention Trials

Coborn Cancer Center Mission
“To provide quality, comprehensive services for cancer prevention, diagnosis and treatment that is known and respected throughout Minnesota.”

Integrative Services
- Enhancement Program
- Yoga
- Art Therapy
- Psychology Services
- Mindfulness-Based Stress Reduction
- Visual Therapy
- Licensed Oncology Social Worker
- Registered Dietician
- Oncology Certified Pharmacists
- Music

Survivorship Care Program
- Genetic Counseling
- Palliative Care
- Rehabilitation Services
- Support Groups
- Volunteer Services
- Spiritual Care Program
- Lymphedema Program
- Care Coordination Services
- Cancer Registry
- Financial Advocacy/Support

Treatment
- Interventional Radiology
- Medical Oncology
- Nuclear Medicine
- Outpatient Infusion
- Pain Management
- Radiation Oncology
- Partial Breast Irradiation
- Biotherapy Targeted Treatment
- Dedicated Breast Surgeons
- Reconstructive Surgeons
- Surgical Oncologists
- Clinical Research Trials
Prevention & Screening Programs

Routine screenings and early detection reduce disease progression and afford the best hope for a cure. Coborn Cancer Center and the St. Cloud Hospital Breast Center dedicate many resources toward prevention and screening programs. We are committed to improving health by participating in community events and spreading the word about the importance of breast self-exams, routine mammograms and research.

- **Mobile mammography:** A fully equipped mammography vehicle brings mammograms and breast care to women in outlying areas, as well as women who are unable to receive their care at CentraCare Health Plaza. Mobile services are provided at approximately a dozen sites.

- **The Sage Program:** As a community service, the Breast Center works in conjunction with the Minnesota Department of Health and the Sage Program to provide mammograms at no charge to women who do not have insurance or are underinsured.

Women diagnosed with breast cancer at an early stage have a better overall prognosis. Comparing stage at diagnosis with state and national data assists to evaluate our program’s effectiveness of screening and early detection programs. Table 1 shows St. Cloud Hospital’s stage at diagnosis and is similar to data submitted to the National Cancer Data Base.

### Table 1

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The Breast Center

The St. Cloud Hospital Breast Center offers a full range of services including routine screenings, assessments, diagnostic work-ups and education designed and coordinated by a team of health care specialists. Diagnostic services include: digital mammography, Image Checker, ultrasound, ultrasound guided biopsy, stereotactic biopsy, surgical biopsy, sentinel lymph node biopsy and breast magnetic resonance imaging (MRI).

The Breast Center is committed to the highest quality of care. This is evident through:

- Completing an annual federal accreditation by the Mammography Quality Standards Act (MQSA).
- Receiving designation as a Breast Center of Excellence by the American College of Radiology (ACR). This includes accreditation in mammography, breast ultrasound, stereotactic breast biopsy and ultrasound breast biopsy.
- Having staff of unsurpassed quality, including radiologists, technologists and sonographers who are all board certified.
The pathology results of a patient’s breast cancer are of utmost importance in providing information about the characteristics of a cancer tumor to determine the course of treatment. Pathologists work closely with surgeons, oncologists and the rest of the health care team.

After a biopsy is performed, a small piece of breast tissue is brought to the laboratory where the pathologist examines if it is benign or malignant. By describing the tumor size, cell type, growth rate, margins, hormone (estrogen) receptor expression and other factors, the pathologist provides information which can be used to stage the cancer, predict how a tumor can be expected to behave as well as which treatment options may be best for a specific patient’s cancer diagnosis.

During surgery, a patient’s surgical specimen (lumpectomy or mastectomy) also is microscopically reviewed by the pathologist. Since the pathology laboratory is adjacent to the operating rooms at CentraCare Health Plaza and St. Cloud Hospital, the pathologist and surgeon are able to review each specimen together while the patient is still in surgery. Because of this in-procedure best practice communication, surgeons are able to preserve breast tissue and lymph nodes or remove more tissue, if needed. This team approach enables patients to receive a high level of cancer care while minimizing the need for additional surgeries.

The treatment of cancer depends on the stage and extent of disease at the time of diagnosis. Treatment plans are developed through the collaborative efforts of various physician specialists and other professionals who bring their expertise to the cancer care team. One of the ways these practitioners communicate is through cancer conferences — weekly meetings where professionals prospectively review the options available for newly diagnosed breast cancer and high-risk benign breast disease patients. It promotes the understanding and use of evidence-based practice, standard-of-care guidelines, new approaches to treatment and open clinical trials which may benefit the patient. Breast Tumor Conference is facilitated by Barbi Kaplan-Frenkel, DO, medical director, radiation oncology and a breast care coordinator. Planning and collaborating prior to treatment is an example of a best practice focused on breast care.
In 1997, St. Cloud Hospital formed a task force to improve the coordination of breast cancer care for women in Central Minnesota. Based on patient feedback, the goals were to coordinate medical management for all patients; provide convenient, supportive and educational environments for patients and families; and develop a comprehensive program recognized for quality and excellence.

The task force accomplished these goals by:
- Improving average workup turnaround time from one month to one week;
- Hiring a breast cancer care coordinator (1998) and expanding this role in 2012 by hiring a second breast and women’s care coordinator (ovarian, cervical and uterine cancers);
- Implementing a physician-led breast care committee;
- Enhancing psychosocial services;
- Developing resources to help with a patient’s changing body image during treatment;
- Adding survivorship support groups;
- Coordinating annual breast cancer survivorship events with community members; and
- Increasing care options for the region by adding new technology and treatment options.

When breast cancer is diagnosed, patients often wonder “Why did this happen? What are my chances of developing another cancer? What does this mean for my family (daughters, sisters, etc.)?” A cancer genetics evaluation is important in helping answer these questions.

CentraCare’s Familial Cancer Clinic is designed to serve as a resource and informational center for individuals and families concerned about their genetic risk of cancer as well as for health care providers treating cancer patients. CentraCare Clinic employs the only genetic counselors in Central Minnesota.

Genetic counselors meet with patients to discuss the genetic history of family cancers. This information can help guide treatment and assess future risk for another cancer and/or risk for family members. This counseling can promote awareness, early detection and cancer prevention. Our counselors also discuss the emotional aspects associated with learning about one’s risk for cancer and the implications for their family members. This process helps the patient understand the medical, emotional and genetic aspects of their cancer so they can make more informed decisions.
“I am not a cookie cutter,” said Shelly Hudalla after being diagnosed with stage III breast cancer at an outside facility. “I always heard wonderful things about the Coborn Cancer Center. I knew I could go anywhere, but I chose Coborn Cancer Center.”

Shelly, 36, is from Eagle Bend and a wife and mother of three children. When she was referred to Coborn Cancer Center, she was connected with Juli Sanner, RN, breast care coordinator. “When I met Juli, I knew I made the right choice. Juli was confident and gave me the specialized care I needed — not just go through typical cycles.”

Within a short, five-day period, Shelly already had consulted with a breast surgeon, medical oncologist, had additional biopsies and imaging scans performed and was ready to start her treatment plan. On April 5, 2011, she started chemotherapy and completed 16 rounds over six months. This was followed by a double mastectomy performed in September by Maria Mallory, MD. Four weeks post surgery, she began a course of 28 radiation treatments prescribed by radiation oncologist, Barbi Kaplan-Frenkel, DO.

During this journey, Shelly’s aunt, Nancy, never missed an appointment. “We didn’t look at it as I was going through chemo. We saw it as an opportunity to be together, have lunch and do some shopping,” Shelly said. “After my first session of chemotherapy, I asked my nurse, Melissa Nagengast, ‘Now what should I do?’ She replied, ‘Go live life.’ I haven’t stopped since! My faith in God helped me realize there was more to my life yet to live.”

“If something good came from cancer, it was my experience with the Coborn Cancer Center. It was their professionalism, knowledge and compassion that kept me here — and alive. It takes an army to raise kids, and I think it takes an army of health care professionals to care for my health.”

“My medical oncologist at the Coborn Cancer Center, Dr. Lemma made it all about me, nobody else in the world existed.”

— Shelly Hudalla

Shelly Hudalla
Eagle Bend, breast cancer survivor
Breast Cancer – A Family Affair

Family theorist Carl Whitaker states, “There are no individuals in this world, just fragments of families.” Cancer imposes challenges not only for the person diagnosed with breast cancer but for their family members. Survivorship includes finding the resources to meet the unique challenges faced every day by patients and their families living with cancer. Through our cancer Survivorship Network, we offer access to information and services to enhance quality of life across the continuum of care. We work to meet the unique needs of each patient/family by offering education for all ages, support groups, parenting support, outreach services, survivorship clinics, counseling services, library resources and palliative care consultation.

In 2012, the Minnesota Hospital Association awarded its Innovation of the Year Award to Coborn Cancer Center’s survivorship program. An example supporting this award is a collaboration with the Angel Foundation to offer a program to support parents, grandparents and children (ages 3-18) in coping with the impact of cancer on their lives. Through the support of the CentraCare Health Foundation and the Jurgens Family Fund, Coborn Cancer Center also offers family psychosocial support by integrating Stephanie Hern, a University of Minnesota Medical Family Therapy Doctoral student into our support network. By offering psychosocial support in the form of family therapy, the needs of breast cancer patients are extended to the whole person — beyond physical care to include mental, spiritual and interpersonal needs.

“Breast cancer care is seamless due to the Breast Cancer Coordinators — true patient advocates. Our patients receive the best care available.”

— Christian Schmidt, MD
CentraCare Clinic

Innovation of the Year in Patient Care
CentraCare Cancer Center
St. Cloud Hospital

2012 MHA Awards

2012 MHA Awards

Innovation of the Year
in Patient Care
CentraCare Cancer Center
St. Cloud Hospital
Surgeons are committed to innovation and quality in the treatment of breast cancer. From the time of diagnosis through treatment of breast cancer, surgeons work to provide a coordinated approach to individualized care. A key link to this coordination is the involvement of a breast and women’s care coordinator. The care coordinator is able to provide information early in the diagnosis, allowing the patient and their family time to absorb the diagnosis, form questions and learn about options. This process reduces anxiety and improves the patient’s long-term decision-making processes which often start with surgical options, including lumpectomy or mastectomy, with or without reconstruction.

Women who undergo a breast-altering surgery increasingly consider breast-reconstruction surgery done by a plastic surgeon. If reconstruction is performed at the time of surgery, the general surgeon will work closely with the plastic surgeon to coordinate the procedures, improving the patient’s care and outcomes. Surgical options at St. Cloud Hospital include: reconstruction with implants, autologous (own tissue) reconstruction and reconstruction using the patient’s tissue with an implant. A more recent option for breast reconstruction is the deep inferior epigastric perforator (DIEP) flap. This procedure uses abdominal tissue (autologous) for the breast reconstruction but does not sacrifice an abdominal muscle. Our cancer program is fortunate to have a microsurgeon from Midsota Plastic Surgeons. His expertise and experience with the DIEP flap procedure benefits patients throughout the Midwest.

Lymphedema Program

By Rose Bankers, OTR, CLT and Sara Ellis, PT, CLT

Lymphedema can be a complication from breast cancer treatment. It is mild to severe swelling that can occur in the arm, trunk or breast. It can develop at any time after surgery, even years later, and can be triggered by sunburn, heavy lifting, infection or increased pressure on the affected arm. Early detection and treatment is important to minimize chronic problems.

The Lymphedema Program is available through the St. Cloud Hospital Rehabilitation Center, adjacent to the Coborn Cancer Center. Staff members, including a Lymphology Association of North America-certified therapist, work collaboratively with the patient’s health care provider to offer post-operative rehabilitation that includes range-of-motion and progressive strengthening of the upper body. Treatment also includes risk reduction education and when needed, manual lymph drainage and compression bandaging or a compression garment. This program is designed to improve long-term quality of life.

Sara Ellis, PT, CLT, helps patients suffering from lymphedema after a breast cancer diagnosis.
Clinical Trials

Coborn Cancer Center offers a clinical trial research program as part of our commitment to advance the care of cancer patients. Our research team includes certified registered nurses, clinical research associates and physician investigators who have detailed education in research methods, treatment options and patient rights. Patients on clinical trials receive the usual standard-of-care as well as:

- Treatment trials that test new treatments, combinations of drugs, ways to deliver treatment, or approaches to surgery or radiation.
- Prevention trials that look for better ways to reduce the risk of cancer in people who have never had it or to prevent the cancer from recurring or coming back. These approaches may include medications, vitamins, vaccines, or lifestyle changes.
- Control trials that deal with evaluation and may involve managing the side effects of cancer and its treatment. These trials may include such things as pain management, fatigue, psychological impact of the disease and ways to improve comfort and quality of life.

In 2010, the Institute of Medicine directed that the National Cancer Institute (NCI) clinical trials cooperative program strengthen and streamline operations. The North Central Cancer Treatment Group (NCCTG) (which Coborn Cancer Center has been a member of since 1978) agreed to merge with the two cooperative groups, Cancer and Leukemia Group B (CALGB) and American College of Surgeons Oncology Group (ACOSOG), to form a group called the Alliance. Coborn Cancer Center is active in this change process. The Coborn Cancer Center also is a member of the Radiation Therapy Oncology Group (RTOG) that specializes in radiation-focused clinical trials.

The Cancer Research Department at the Coborn Cancer Center opens new clinical trials on a regular basis. Contact the research staff at (320) 229-4907, ext. 70826 for information on studies that may be open and available to treat, control or prevent cancer. A sample of cancer research trials currently open to enrollment at the Coborn Cancer Center is listed on our Web site at www.centracare.com, search “cancer clinical trials.”

The majority of women diagnosed with breast cancer do not have a known risk factor.

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“Strength of the St. Cloud Hospital cancer program is its strong affiliation with clinical trial cooperative programs, offering cancer physicians and patients the opportunity to participate in research.”

— Nicholas Reuter, MD
Coborn Cancer Center
After an early stage diagnosis of breast cancer at age 74, Carole Ahrens-Haag had surgery and completed radiation and chemotherapy treatment. Carole’s radiation oncologist, Barbi Kaplan-Frenkel, DO, determined she was a candidate for a clinical trial.

“They did a good job explaining the trial and giving me the option to participate. The process was so easy that I don’t even think about being part of a trial,” Carole said.

Cancer clinical trials are research studies that focus on people diagnosed with cancer. The goal of these studies is to find better ways to treat, diagnose and prevent cancer so people can live better and longer.

The purpose of the trial in which Carole is enrolled is to see if partial breast irradiation is as good or better than whole breast irradiation in keeping cancer from recurring in the breast. “I would definitely recommend clinical trials to other patients,” Carole said. “If they can improve care for future cancer patients, why not?”

“You have to put your faith in the treatment you’re getting and the people taking care of you. I had a lot of good support from my family and doctors.”

– Carole Ahrens-Haag

Carole Ahrens-Haag
Eden Valley, breast cancer survivor
Two years ago at age 45, Karla discovered a lump in her breast and scheduled an appointment to see her provider. A mammogram, ultrasound and biopsy ensued. Then came the diagnosis — invasive ductal carcinoma, a common form of breast cancer.

“After accepting my diagnosis, I found peace with the thought of God sending me on this journey. I didn’t know why, but I felt I had to help others and it was through this first hand experience that I would be able to do that,” Karla said.

After meeting with her care coordinator and being presented with an option to join a clinical study of a new drug for breast cancer treatment, she discussed the option with her medical oncologist, Donald Jurgens, MD, her husband and sister. Karla decided to participate. “My sister was a huge part of the decision making,” Karla said. “She’s been my cheerleader through this whole thing.”

Karla’s clinical trial determines if adding a different targeted therapy, Lapatinib (Tykerb®), to standard treatment of chemotherapy and targeted therapy for early stage HER2-positive breast cancer will prevent a breast cancer recurrence. As the clinical study progressed, new findings emerged from the trial suggesting Karla receive additional treatments per a different arm of the study. As a result, this change was incorporated into her plan and she underwent an additional year of chemotherapy.

“Does a person just stay with the present standard of care treatment or move forward with a medication they believe may work even better?” Karla asked. “I believe participating in this clinical trial was part of my journey to help other people. It’s also reassuring to know the Coborn Cancer Center is going to keep a close eye on me for many years.”
The cancer program strives to monitor care through nationally regarded quality improvement and outcome measures. Benchmarks from the Commission on Cancer’s (CoC) National Cancer Data Base (NCDB), Cancer Program Practice Profile Reports (CP3R), and the National Accreditation Program for Breast Centers (NAPBC) standards are used for assessment.

Comparing survival rates is one outcome measure used. As can be seen in Table 2, the five-year survival rate of breast cancer at St. Cloud Hospital (SCH) compares favorably with national data from the Commission on Cancer’s NCDB.

A diagnosis of early stage breast cancer offers a variety of treatment options beginning with surgery — mastectomy versus breast-conserving surgery. Research shows women with early stage breast cancer treated with breast-conserving surgery plus radiation therapy were as likely to be alive and disease-free 20 years later as women treated with mastectomy. Of women with Stage I-II breast cancer treated surgically at St. Cloud Hospital, 56 percent had breast-conserving surgery. This compares well with Minnesota and national statistics (Table 3).

The CoC provides its accredited cancer programs with comparison data from its CP3R database. Nationally, three accountability measures are available for breast cancer. In these three measures, data from St. Cloud Hospital is compared to data submitted from 20 cancer programs in Minnesota and 1,394 cancer programs nationally.

Table 2

Observed 5-Year Breast Cancer Survival Rates All Stages Combined
St. Cloud Hospital (SCH) and National Cancer Data Base for 2003 to 2005

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<thead>
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©2012 National Cancer Data Base/Commission on Cancer (CoC). Data provided by the CoC as of 09/11/2012.

Table 3

Breast Conserving Surgery vs Mastectomy AJCC Stage I and II Cases
St. Cloud Hospital* (SCH) and National Cancer Data Base

<table>
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<th>SCH: 2010 to 2011</th>
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<td>% of Cases</td>
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<tr>
<td>Breast Conserving Surgery</td>
<td>58%</td>
<td>64%</td>
<td>60%</td>
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<tr>
<td>Mastectomy</td>
<td>44%</td>
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* SCH Cases: Only patients receiving surgery at St. Cloud Hospital

©2012 National Cancer Data Base/Commission on Cancer (CoC).
As seen in all three measures, St. Cloud Hospital’s performance rates exceed the Minnesota and national rates. The first measure, *Radiation therapy is administered within one year (365 days) of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer (BCS/RT)*, is shown in Table 4.

The second measure, *Combination chemotherapy is considered or administered within four months (120 days) of diagnosis for women under 70 with AJCC T1c N0 M0 or Stage II or III hormone receptor negative breast cancer (MAC)*, is shown in Table 5.

The third measure, *Tamoxifen or third generation aromatase inhibitor is considered or administered within one year (365 days) of diagnosis for women with AJCC T1c N0 M0 or Stage II or III hormone receptor positive breast cancer (HT)*, is shown in Table 6.

The Breast Care Committee also monitors care through measures including breast conservation surgery versus mastectomy rates, sentinel lymph node biopsy rates, needle core biopsy rates and reconstructive surgery rates. We use National Comprehensive Care Network (NCCN) guidelines to measure appropriate genetic referrals and chemotherapy regimens. Evidence-based standards are key to quality programming.
The St. Cloud Hospital cancer registry collects and completes required reports about cancer cases that are diagnosed and/or initially treated (analytic cases) at St. Cloud Hospital, Coborn Cancer Center and CentraCare Radiation Oncology at Douglas County Hospital in Alexandria. The information collected by the cancer registrars goes beyond the initial cancer diagnosis and includes a complete abstract of the patient’s disease from diagnosis to end of life. Data collected by the registry is submitted to the Minnesota Cancer Surveillance System and the Commission on Cancer’s (CoC’s) National Cancer Data Base (NCDB). The St. Cloud Hospital registry collected information on 1,586 new cases for 2011 (Table 7). These cases, added to the 15,445 cases already in the registry database, increases the total number of cases in the registry to 17,031. This data contributes to an overall understanding of cancer incidence and outcomes.

The number of analytic cancer cases for 2011 increased by 4.5 percent from 2010. The most frequently occurring cancers continue to be breast, prostate, lung, colon/rectum, malignant lymphoma, followed by kidney and bladder. These cancers made up 69 percent of all St. Cloud Hospital cancer cases in 2011.

Maintaining lifelong follow-up of cancer patients is an important role of the registry. Currently, the five-year follow-up rate for all living cancer patients entered into the registry database since 2000 is 97.5 percent which exceeds the CoC’s requirement of 90 percent. Following patients throughout their life span is vital to understanding the outcomes of treatment and provides accurate survival information.

An integral role of the St. Cloud Hospital cancer registry is to provide information to monitor quality outcome measures such as volume, survival and adherence to clinical practice guidelines. In addition, the registry provides data for breast and colorectal cancer quality measures developed by the CoC. The registry’s data meets quality standards (accuracy and timeliness) set by the CoC and the NCDB to meet standards for an accredited cancer program. More than 1,500 cancer programs submit data to the NCDB, which reflects the diagnosis and treatment of more than 70 percent of the newly diagnosed cancer cases in the United States. This reflects our commitment to using data to improve prevention and treatment of cancer.

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<th>Site Incidence Data Report at St. Cloud Hospital</th>
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<td>Corpus Uteri</td>
</tr>
<tr>
<td>Ovary</td>
</tr>
<tr>
<td>Vagina</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Male Genital</td>
</tr>
<tr>
<td>Prostate</td>
</tr>
<tr>
<td>Testis</td>
</tr>
<tr>
<td>Other Male Genital</td>
</tr>
<tr>
<td>Urinary</td>
</tr>
<tr>
<td>Bladder</td>
</tr>
<tr>
<td>Kidney/Renal Pelvis</td>
</tr>
<tr>
<td>Other Urinary</td>
</tr>
<tr>
<td>Brain and CNS</td>
</tr>
<tr>
<td>Brain (Benign)</td>
</tr>
<tr>
<td>Brain (Malignant)</td>
</tr>
<tr>
<td>Other Brain and CNS</td>
</tr>
<tr>
<td>Endocrine</td>
</tr>
<tr>
<td>Thyroid</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Unknown Primary</td>
</tr>
<tr>
<td>Other/II-defined Sites</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
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</table>

*As of 2011, the cancer registry no longer entered high grade dysplasia cases of the colon or rectum into the registry. To provide more accurate comparison data, the 2009 and 2010 data has been adjusted to exclude those cases as well.
CentraCare Health System’s Coborn Cancer Center is the first program in the United States to become a member of the Mayo Clinic Cancer Care Network.

Mayo Clinic’s selection of Coborn Cancer Center was based on a rigorous set of quality and service criteria. Coborn Cancer Center physicians have increased access to Mayo Clinic’s disease management protocols, clinical care guidelines and reference materials, as well as eConsults. These consultations allow physicians to get input on specific questions from Mayo subspecialists in planning care.

This makes Coborn Cancer Centers’ program even stronger.

“As a physician who trained at Mayo, I am excited the Mayo Clinic Cancer Care Network will give me and my Coborn Cancer Center colleagues access to resources that can mean additional peace of mind for our patients.”

– Donald Jurgens, MD
Coborn Cancer Center

Patients and their families can be assured that Coborn Cancer Center and Mayo Clinic share a commitment to continually improve delivery of cancer care through the use of high-quality, data-driven, evidence-based care. Some patients may still travel for highly specialized care, such as transplants, but the goal is to share expertise across systems to help patients gain the benefits of Mayo Clinic expertise while receiving care closer to home.

CentraCare has enjoyed a longstanding working and referral relationship with Mayo Clinic, including research programs for patients interested in cancer-based clinical trials.

Coborn Cancer Center was not acquired or merged with Mayo Clinic, but remains an independent, community-based program that is part of CentraCare Health System.

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. He reviews registry data quality.
There’s an old African proverb that states, “It takes a whole village…” and when it comes to the fight against cancer, it is stronger because of the kindness and selfless generosity of individuals and businesses in our 12-county service area.

Generous support of CentraCare Health Foundation cancer funds has made a difference in the lives of patients. The Halos & Hope Fund continues to provide financial assistance for non-medical essentials to individuals undergoing treatment for breast cancer; Aunt Leona’s Fund provides for the initial bra/prosthesis post-surgery; and, the Enhancement Program (Greatest Needs Fund) supplies new wigs and a variety of head covers for survivors.

Providing patient- and family-centered care is the ultimate objective. Survivors are at the heart of everything we do. As we look to the future, philanthropy will continue to play a key role in:

- Ensuring an endowment to fund disease site-specific registered nurse care coordinators;
- Providing funding to support holistic programs — support groups, art therapy, marriage/family therapy, mindfulness-based meditation, cancer retreats, educational classes and other offerings for patients and their families;
- Helping fund new equipment and technology; and
- Ensuring ongoing funding for the greatest needs of all patients.

The fight against cancer is not over, but it is stronger because of philanthropy. With generous support, CentraCare Health System can continue to deliver on the promise of our vision to become the leader in Minnesota for quality, safety, service and value. Our patients, staff and physicians extend our utmost gratitude to our benefactors.

For a complete list of individual benefactors and cancer-named funds, visit www.centracare.com/foundation. For more information, call (320) 240-2810.
Clinical Achievements

Coborn Cancer Center is nationally recognized for its dedication to quality. Our professionals are committed to providing patients with exceptional outcomes based on: adherence to best practice standards; multidisciplinary coordination of care with primary care providers; shared decision-making; access to leading cancer providers; research and clinical trials; and continued adoption of new technologies, services and programming to support the journey from cancer patient to cancer survivor.

Some examples of our recognized quality include:

- **St. Cloud Hospital Magnet Designation:** Magnet designation is the highest international recognition for excellence in the provision of nursing services, quality patient care and innovation in professional nursing practice. As of September 2012, St. Cloud Hospital is one of 390 hospitals in the United States, and one of 395 Magnet hospitals in the world. About 6.7 percent of all United States hospitals are Magnet, and fewer than 3 percent have achieved Magnet designation followed by redesignation.

- **Commission on Cancer Certificate of Accreditation with Commendation:** In 2010, Coborn Cancer Center received a three-year approval with Commendation and an Outstanding Achievement Award as a Community Hospital Comprehensive Cancer Program from the American College of Surgeons Commission on Cancer.

- **American College of Radiology:** The three CentraCare Radiation Oncology programs are among only five centers in Minnesota to hold a three-year accreditation from the American College of Radiology. The accreditation is designed to promote quality patient programming. As part of the accreditation process, a survey panel of board-certified radiation oncologists and medical physicists from accredited centers in the United States evaluates our sites against rigorous national accreditation standards.

- **Mayo Clinic Cancer Care Network:** Members are selected based on clinical excellence, patient care and quality criteria. Coborn Cancer Center is the first cancer center in the United States accepted into this network. The network collaboration allows both entities to share innovation, clinical expertise and education.
THE FIGHT AGAINST CANCER JUST GOT STRONGER

As the first member of the Mayo Clinic Cancer Care Network, the region’s leading cancer center is now stronger than ever.

Through our enhanced relationship, Coborn Cancer Center and Mayo Clinic are sharing new tools, knowledge and expertise—providing patients the best cancer care closer to home.

Coborn Cancer Center and Mayo Clinic – trusted names taking the fight against cancer to a new level in Central Minnesota.