Coborn Cancer Center Board Members

Nelson Adamson, MD
Radiation Oncology

Hani Alkhatib, MB, BCh
Hematology/Oncology

Ann Backes, RN, OCN
Director, Inpatient Oncology

Linda Chmielewski, RN, MSN
Vice President, Hospital Operations

Shawn Day, DO
Family Medicine

Marc Dvoracek, MD
Pathology

Dahila Elkadi, MB, BCh, PhD
Cancer Conference Coordinator, Medical Oncology

Joy Gustin, MS
Genetics

Ronald Hanson, MD
Otolaryngology

LaNae Harms-Okins, LSW, CFSW
Psychosocial Services Coordinator

Merryn Jolkovsky, MD
Palliative Care

Don Jurgens, MD
Clinical Research Coordinator, Hematology/Oncology

Girum Lemma, MD
Cancer Registry Quality Coordinator, Hematology/Oncology

Chad McMahon, MD
Diagnostic Radiology

Paul Mitchell, MD
Breast Care Committee Chair

Lori Pinke, MD
Urology

Nathan Reuter, MD
Surgical Oncology

Nicholas Reuter, MD, FACP
Cancer Liaison Physician

Juli Sanner, RN, OCN
Care Coordinator

Janet Sather, CTR, RHIA
Cancer Registry

Christian Schmidt, MD
General Surgery

Cathy Tieva, RN, PHA, OCN
Director, Radiation Oncology

Hilary Ufearo, MBBS
Chair, Cancer Care Center Board

Jane Vortherms, RN, BSN, MHA, OCN
Director, Outpatient Medical Oncology and Chemotherapy/Infusion Services

Mary Weis, APRN, CNS
Clinical Nurse Specialist

Sonya Wieber, MS, MBA
Cancer Program Director

Table of Contents

Cancer Registry Statistics ..................................................... 1
Welcome ........................................................................... 2-3
Mayo Clinic Cancer Care Network .................................................. 3
The burden is lighter when shared ............................................. 4-5
Diagnosis ................................................................................. 6
Genetics .................................................................................. 6
Center of Care ........................................................................... 7
Lymphoma .............................................................................. 8-9
Clinical Research ........................................................................ 8
Infusion Pharmacy ........................................................................ 10
Chemotherapy Infusion ................................................................. 11
Animal-Assisted Therapy ............................................................... 12
Palliative Care ........................................................................... 13
Psychosocial & Emotional Support ............................................. 13
Oncology Nursing ....................................................................... 14-15
Spiritual Care ............................................................................ 16
Survivorship Program ................................................................. 17
Family, Friends, Faith & Medicine ........................................... 18-19
Diffuse Large B-Cell Lymphoma Study ...................................... 20-21
Clinical Achievements .................................................................. 21
The Power of Philanthropy .......................................................... back cover
Cancer Registry Statistics

Our service area

St. Cloud Hospital is located in the heart of Central Minnesota. Its primary service area covers Stearns, Benton and Sherburne counties, with secondary service area extending to 23 counties across Central Minnesota.

Coborn Cancer Center provides comprehensive care and an extensive range of treatment options to support cancer patients and their families. We understand the importance of receiving quality cancer care and treatment close to home, and provide services in many Central Minnesota communities including St. Cloud, Monticello, Long Prairie, Melrose, Paynesville, Sauk Centre and Alexandria.

Coborn Cancer Center is a strong community supporter giving back more than $250,000 last year through education, prevention and early detection events. These events were held to meet the needs of our community and included events like the Relay for Life, Taste of Fall Harvest, various support groups and much more.

Array of services supporting cancer patients

Behavioral Health  Coborn Cancer Center  Medical Oncology
Breast Center  Gorecki Guest House  Outreach Oncology
Cancer Registry  Home Care Services  Palliative Care
Cancer Research  Hospice Services  Pharmacy
Center for Surgical Care  Hospitalist Program  Radiation Oncology
CentraCare Digestive Center  Imaging Services  Rehabilitation Services
CentraCare Family Health Center  Inpatient Oncology  Spiritual Care
CentraCare Wound Center  Internal Medicine  Survivorship Services
Chemotherapy and Infusion Services  Laboratory

Site Incidence Data Report for St. Cloud Hospital

The data below reflects the cancer care given at St. Cloud Hospital, Coborn Cancer Center and Alexandria Radiation Oncology.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL SITES</td>
<td>1536</td>
<td>1601</td>
<td>1528</td>
<td>1579</td>
<td>1557</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>35</td>
<td>49</td>
<td>50</td>
<td>43</td>
<td>56</td>
</tr>
<tr>
<td>Lip and Oral Cavity</td>
<td>14</td>
<td>11</td>
<td>14</td>
<td>13</td>
<td>20</td>
</tr>
<tr>
<td>Pharynx</td>
<td>10</td>
<td>21</td>
<td>19</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Nasal/Paranasal Cavity</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Salivary Glands</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Larynx</td>
<td>9</td>
<td>11</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Other Head and Neck</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Digestive System</td>
<td>259</td>
<td>253</td>
<td>250</td>
<td>293</td>
<td>283</td>
</tr>
<tr>
<td>Esophagus</td>
<td>15</td>
<td>15</td>
<td>13</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Stomach</td>
<td>25</td>
<td>21</td>
<td>13</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Colon*</td>
<td>85</td>
<td>87</td>
<td>80</td>
<td>101</td>
<td>83</td>
</tr>
<tr>
<td>Rectum, Rectosigmoid</td>
<td>51</td>
<td>41</td>
<td>39</td>
<td>52</td>
<td>38</td>
</tr>
<tr>
<td>Anus/Anal Canal</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Liver</td>
<td>8</td>
<td>12</td>
<td>12</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>Pancreas</td>
<td>43</td>
<td>44</td>
<td>64</td>
<td>69</td>
<td>70</td>
</tr>
<tr>
<td>Other Digestive</td>
<td>28</td>
<td>30</td>
<td>24</td>
<td>21</td>
<td>31</td>
</tr>
<tr>
<td>Respiratory System</td>
<td>210</td>
<td>220</td>
<td>243</td>
<td>224</td>
<td>224</td>
</tr>
<tr>
<td>Lung/Bronchus</td>
<td>206</td>
<td>214</td>
<td>239</td>
<td>221</td>
<td>219</td>
</tr>
<tr>
<td>Other Respiratory</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Blood and Bone Marrow</td>
<td>164</td>
<td>159</td>
<td>184</td>
<td>164</td>
<td>144</td>
</tr>
<tr>
<td>Leukemia</td>
<td>45</td>
<td>47</td>
<td>52</td>
<td>32</td>
<td>51</td>
</tr>
<tr>
<td>Multiple Myeloma</td>
<td>20</td>
<td>25</td>
<td>29</td>
<td>33</td>
<td>21</td>
</tr>
<tr>
<td>Other Hematopoietic</td>
<td>28</td>
<td>16</td>
<td>25</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>Hodgkin Disease</td>
<td>12</td>
<td>5</td>
<td>11</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Non-Hodgkin Lymphoma</td>
<td>59</td>
<td>66</td>
<td>67</td>
<td>68</td>
<td>53</td>
</tr>
<tr>
<td>Bone</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Connective/Soft Tissue</td>
<td>14</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Skin</td>
<td>42</td>
<td>35</td>
<td>41</td>
<td>42</td>
<td>32</td>
</tr>
<tr>
<td>Melanoma</td>
<td>41</td>
<td>34</td>
<td>37</td>
<td>40</td>
<td>29</td>
</tr>
<tr>
<td>Other skin</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Breast</td>
<td>259</td>
<td>290</td>
<td>265</td>
<td>312</td>
<td>276</td>
</tr>
<tr>
<td>Female Genital</td>
<td>67</td>
<td>60</td>
<td>53</td>
<td>56</td>
<td>70</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>40</td>
<td>38</td>
<td>33</td>
<td>27</td>
<td>46</td>
</tr>
<tr>
<td>Ovary</td>
<td>17</td>
<td>14</td>
<td>10</td>
<td>24</td>
<td>17</td>
</tr>
<tr>
<td>Vulva</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other Female Genital</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Male Genital</td>
<td>226</td>
<td>279</td>
<td>175</td>
<td>172</td>
<td>164</td>
</tr>
<tr>
<td>Prostate</td>
<td>218</td>
<td>271</td>
<td>163</td>
<td>155</td>
<td>155</td>
</tr>
<tr>
<td>Testis</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Other Male Genital</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Urinary System</td>
<td>124</td>
<td>129</td>
<td>117</td>
<td>141</td>
<td>168</td>
</tr>
<tr>
<td>Bladder</td>
<td>53</td>
<td>59</td>
<td>55</td>
<td>61</td>
<td>83</td>
</tr>
<tr>
<td>Kidney/Renal</td>
<td>66</td>
<td>66</td>
<td>56</td>
<td>73</td>
<td>78</td>
</tr>
<tr>
<td>Other Urinary</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Brain and CNS</td>
<td>54</td>
<td>50</td>
<td>68</td>
<td>45</td>
<td>54</td>
</tr>
<tr>
<td>Brain (Benign)</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Brain (Malignant)</td>
<td>28</td>
<td>35</td>
<td>28</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Other Brain and CNS</td>
<td>24</td>
<td>14</td>
<td>38</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Endocrine</td>
<td>51</td>
<td>53</td>
<td>49</td>
<td>56</td>
<td>43</td>
</tr>
<tr>
<td>Thyroid</td>
<td>37</td>
<td>45</td>
<td>45</td>
<td>42</td>
<td>35</td>
</tr>
<tr>
<td>Other Endocrine</td>
<td>16</td>
<td>8</td>
<td>4</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>16</td>
<td>15</td>
<td>14</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Other/Ill-defined Sites</td>
<td>10</td>
<td>3</td>
<td>11</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

* As of 2011, the cancer registry no longer collected high grade dysplasia cases of the colon and rectum. To provide a more accurate comparison of the data, the 2009 and 2010 data has been adjusted to exclude those cases.

29th Annual Cancer Report | Coborn Cancer Center 1
Welcome to the 29th edition of the St. Cloud Hospital cancer report. Each year, we strive to raise the bar and remain focused on what is ahead of us. Understanding our past propels us forward to think about how we bring an exceptional cancer care program to an even higher standard. As we considered the needs of our patients and community, we wanted an integrated approach to supplement the established clinical expertise of our providers and staff. We began this year by introducing Spiritual Care at the Coborn Cancer Center. Recognizing the role spiritual support can have in a patient’s cancer journey allows for healing. Additionally, Barbara Carver, PhD, and Elizabeth Sikes, MD, follow patients onsite for emotional support through behavioral health services.

This year we were pleased to implement the Breast Clinic which is a specialized clinic for breast cancer survivors who have completed treatment and are on surveillance. The goal of the Breast Clinic is to reduce visits to the cancer center for surveillance and conduct inter-departmental visits to provide more comprehensive, cost-effective care to our patients. Operated in the department of Medical Oncology, care is provided daily by both medical and radiation oncology providers.

Integration initiatives across CentraCare Health in the delivery of cancer services are underway. Our primary goal is to assure consistent, standard-of-practice oncology care. Patients can have confidence in the collaboration between our care teams; using national benchmark data to assure the highest level of clinical quality. Our work continues as telehealth is on the horizon in the upcoming year which will bring patients closer to their providers without leaving their communities.

Planning for the future not only encompasses the programmatic aspect, but the physical layout in which these services are provided. Amidst a year of transition, we also committed...
to focusing on our patients’ experience by embarking upon a renovation project to improve wayfinding and provide a comfortable waiting area for our patients and their families.

Each year, the Cancer Care Center Board determines the focus of the annual report to the community and regional providers. The focus of this year’s report is lymphoma and is only one of several hundred cancers diagnosed and treated in the cancer program each year. Hodgkin and non-hodgkin lymphoma comprise less than four percent of all cancer cases in the country. Since lymphatic tissue is present in many parts of the body, its uniqueness stems from the ability to start and spread to almost any part of the body.

You will find the layout and material in this report to be a summary of the exemplary professional practices and outcomes demonstrated by our cancer program with a selection of personal and touching stories. We also encourage and welcome you to visit centracare.com to view other disease site-specific programs.

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

Sincerely,

Sonya Wieber, MS, MBA
Cancer Program Director

As part of the cancer care network, Coborn Cancer Center physicians have access to Mayo Clinic’s evidence-based protocols, clinical care guidelines and reference materials, as well as eConsults, which give our physicians the ability to connect with a Mayo expert to get input on specific questions as they care for their patients. Our selection as a Mayo Clinic Cancer Care Network member was based on a rigorous set of quality and service criteria.

Patients and their families can be assured that Coborn Cancer Center shares with Mayo Clinic a commitment to continually improve all aspects of health care. While some patients still will need to travel for highly specialized care, the primary goal of the network is to help people gain the benefits of Mayo Clinic expertise while receiving care closer to home.

The fight against cancer is stronger.

Coborn Cancer Center already is a regional cancer center of the highest quality with program certification of commendation and outstanding achievement by the American College of Surgeons Commission on Cancer. Mayo Clinic is a National Cancer Institute-designated cancer center, committed to serving patients and collaborating across the full spectrum of cancer research, from basic biology to treatment.

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

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.
Aaron Rosenberger, 43, is no stranger to emergencies. Two decades of service as a 911 operator and EMT can strengthen the nerves, but suddenly the emergency at hand was his own. Stage II Hodgkin’s lymphoma — treatable with chemotherapy and possibly radiation.

Aaron and his wife, Michelle, maintained a degree of normalcy throughout Aaron’s treatment by continuing to work and prioritize family time with their two young sons, Noah and Evan. Although their story begins with fear of the unknown, Aaron and Michelle’s experience of trust, healing and support reverberates through the St. Cloud cancer community even now.

Diagnosis: No jokes
Reality hit on April Fools’ Day 2009. Everyday illness could account for the dizzy spells, coughing and night sweats, but the unusual lump near Aaron’s collarbone raised a question. His family doctor attributed the swelling to a cold and “angry lymph nodes.” They would follow up in a month to gauge for changes.

However, late April brought a new sense of urgency as the swelling increased and symptoms persisted. Michelle — then a cardiac nurse — rushed Aaron to St. Cloud Hospital’s emergency room. A concerning assessment prompted a CAT scan, followed by an anxious three-hour wait. When staff finally gathered around Aaron and Michelle to share their suspicions, the news was overwhelming. The scans suggested lymphoma and required immediate action.

“They had already called ahead to Dr. Jurgens in oncology and made an appointment with a surgeon,” Aaron recalled. “The waiting was brutal, but in hindsight we know they were taking care of all these steps for us so we could just hit the ground running.”

For Aaron, it’s a blur. Michelle remembers it best, “Everything began within a week. That’s how quickly it happened.”

Treatment: Hit the ground running
Aaron saw a surgeon the day after his ER visit, and the following Monday, Don Jurgens, MD, performed a bone marrow biopsy at Coborn Cancer Center. Later that day, Aaron, Michelle and Dr. Jurgens sat down to discuss diagnosis, staging and next steps.

After two months of chemotherapy, Aaron was in complete radiographic remission. Still Aaron and Michelle trusted the treatment plan, and Aaron proceeded to receive the recommended six months of chemotherapy.
“The chemo nurses are outstanding, and Linda (Dr. Jurgens’ practice nurse) made sure I knew I could always call her,” Aaron said. “And I’m thinking, ‘Wow, how many people does she say that to? How many calls does she get a day?’ Everything was just seamless.”

Despite the compassion shown by staff, chemotherapy can’t discriminate the bad cells from the good. In month five, Aaron began experiencing intolerable side effects, prompting Dr. Jurgens to cease chemotherapy and set “plan B” in motion — radiation therapy, daily for two weeks.

“You’ve just got to trust that everything they’re telling you is going to work because it’s all you got,” Aaron said. “I never once felt we were steered wrong or that we were inconveniencing anybody, and that was immensely comforting.”

Aaron cleared the five-year cancer-free hurdle in Fall 2014. He’s down to just one appointment per year, but the journey left a lasting impression.

**Life after cancer: It goes on**

Toward the end of Aaron’s treatment, Michelle applied to fill an open RN position at Coborn Cancer Center. She got the job, and she’s in good company. Many of her coworkers understand what it feels like when cancer hits too close to home.

Aaron and Michelle stay connected through Coborn Cancer Center and encourage patients to reach out to survivors, especially post-treatment. They seek out opportunities to give and receive support alongside patients, survivors and caregivers alike through community forums like Relay for Life.

“You feel so well-supported in this structure that the Cancer Center has in place,” Michelle said. Aaron chimed in, “But once you don’t need to schedule life around treatment anymore, there’s this gaping hole. You’ve got to fill it with something.”

This year, Michelle serves as co-chair of Relay For Life of Greater St. Cloud Survivor & Caregiver Committee. Aaron finds opportunities to mentor coworkers impacted by cancer and recommends resources that he and Michelle find worthwhile.

“It’s a very private thing that you’re experiencing and you can share your story as you want, but accept the help that’s given to you,” Aaron urged. “If people are offering to mow your lawn, watch your kids, bring you groceries or listen and validate, don’t overthink it. Just take it.”

Though cancer care can be scary and unpredictable, one thing is certain — it doesn’t need to be lonely. As with many of life’s trials, the burden is lighter when shared.

“It’s a very private thing that you’re experiencing and you can share your story as you want, but accept the help that’s given to you …”

- Aaron Rosenberger

Michelle, Evan, Noah and Aaron Rosenberger enjoy each other’s company on a beautiful day.
Diagnosis

A diagnosis of cancer is life changing and very serious. Family practice providers play an important role in identifying and reducing risk factors for cancer such as lymphoma, and often are the first to recognize and refer patients for appropriate diagnosis and treatment. Patients with worrisome symptoms may need blood tests, a computer tomography (CT) scan, or endoscopic ultrasound. If tests reveal abnormalities, a referral is made to the oncologist who may perform a diagnostic bone marrow aspiration and biopsy. This process involves the removal of a small sample of bone marrow fluid and/or a small amount of bone through a needle which is sent on to a pathologist.

Pathology results are key in determining optimal treatment for cancer, and experience in reviewing biopsy and surgical specimens is an essential part of determining the most effective treatment options and providing an accurate prognosis. CentraCare Health is served by seven pathologists who are nationally certified in anatomic and clinical pathology, including many with additional subspecialty training in surgical pathology and cytopathology. They perform evaluation of bone marrow biopsies to confirm the presence of lymphoma cells. They also evaluate surgical resection specimens to confirm the presence of tumors, determine the exact type of tumor (classification and grade), and evaluate the extent of tumor burden (stage) in conjunction with available clinical, radiologic and endoscopic examination data. These findings form the cornerstone in determining further cancer therapy, which is personalized to each patient by the oncologist and the rest of the comprehensive cancer care team.

This collaborative approach allows patients to receive a high level of care and minimize the need for additional procedures. By providing comprehensive diagnostic and consultative services, primary care physicians, pathologists and laboratory professionals provide accurate and timely information to patients and clinicians, so they can confidently determine the best course of cancer care.

Genetics

The causes of lymphoma are not well understood. Changes in DNA play a role but what triggers these changes is largely unknown. Most cases of lymphoma are not inherited in families. Rarely, lymphomas can cluster in families. Even in these rare cases, it is not clear whether genetics or environmental exposure, or a combination of the two, is the determining factor. Parents, siblings and children of patients with lymphoma have an increased chance of also developing lymphoma or other cancers including other hematological/blood cancers. Recognizing the rare families with inherited susceptibility to lymphoma is important, not only for the patient’s own medical management, but also for their family members. These individuals may be at high risk for other cancers and can be at risk for other diseases. There are a number of conditions and cancer syndromes that have been associated with increased risk for lymphoma. Most of these conditions are recognized in childhood because of other symptoms. These include:

- Autoimmune Lymphoproliferative syndrome
- Ataxia Telangiectasia
- Li-Fraumeni syndrome
- Constitutional Mismatch Repair Deficiency syndrome
- Bloom syndrome

Coborn Cancer Center has partnered with CentraCare Clinic’s Genetics department to provide comprehensive cancer genetics evaluations to individuals with personal and family history of cancer. The goal of this evaluation is to recognize individuals at a higher than average risk and to provide specific screening and risk reduction recommendations. Specifically, if a patient or family member has a family history of at least two first degree relatives (parent, sibling or offspring) diagnosed with a hematological cancer (lymphoma, leukemia, myeloma, etc.) a cancer genetics evaluation would be warranted. Individuals should consider a cancer genetics evaluation if:

- The cancer in their family occurred at an earlier age than is typical
- A family member has multiple unrelated cancers
- There are rare cancers in the family (male breast cancer)
- The cancer occurs in both members of paired organs (breast, kidney, ovaries, etc.)
- There are two or more close relatives who have had cancer
Lymphoma is the name for a group of blood cancers that start in the lymphatic system, or the lymph nodes and glands. The lymphatic system is part of the body’s immune system. This is the body’s defense against infection. Lymphoma is a type of blood cancer that occurs when the lymphocytes (white blood cells that protect the body from infection and disease) begin behaving abnormally. Abnormal lymphocytes may divide faster than normal cells or they may live longer than they are supposed to.

There are two main types of lymphomas:

Hodgkin Lymphoma (HL) – There are five types. This is an uncommon form of lymphoma. There are approximately three cases for every 100,000 people.

Non-Hodgkin Lymphoma (NHL) – There are more than 25 types, some of which are more common than others. There are nearly 20 cases for every 100,000 people.

Mary Weis, APRN, CNS, has created a treatment pathway for Diffuse Large B-Cell Lymphoma (DLBCL). DLBCL is the most common form of NHL, accounting for up to 30 percent of newly diagnosed cases in the United States. At Coborn Cancer Center, our oncologists follow national standards for the diagnosis, treatment and follow-up care for lymphoma.
Lymphoma

Regardless of the type of lymphoma, clinical presentation can range from a modest palpable lymph node to painful diffuse lymphadenopathy, splenomegaly and obscure blood counts. Likewise, depending on the specific pathology of the lymphoma, some patients may simply be managed by watchful monitoring while others require prompt treatment and inpatient chemotherapy.

Hodgkin Lymphoma (HL) is an uncommon cancer involving the lymph nodes and lymphatic system. Most patients are diagnosed between 15 and 30 years of age, followed by a second peak in adults aged 55 years and older. Though some patients are asymptomatic and the disease is found incidentally, others present with “B symptoms” such as fevers, night sweats, weight loss, lack of appetite and itchy skin. In 2015, an estimated 9,050 people will be diagnosed with HL in the United States and 1,150 people will die from the disease. Attributing to the advent of the Adriamycin Bleomycin Vinblastine Dacarbazine chemotherapy regimen in the 1970’s, Hodgkin Disease is now curable in at least 80 percent of patients.

The World Health Organization classification divides HL into two main types: Classic Hodgkin Lymphoma (CHL) and Nodular Lymphocyte-Predominant Hodgkin Lymphoma (NLPHL). CHL accounts for 95 percent of all HL cases. It is characterized by the presence of Reed-Sternberg cells. CHL can be further divided into four subtypes: nodular sclerosis CHL, mixed cellularity, lymphocyte-depleted CHL and lymphocyte-rich CHL. NLPHL accounts for five percent of all HL cases. Unlike CHL, it lacks the presence of Reed-Sternberg cells but is characterized by the presence of lymphocyte-predominant cells termed popcorn cells.

Staging for HL is based upon the Ann Arbor staging system with each stage (I-IV) further divided into A and B categories depending on the manifestation of systemic symptoms such as unexplained weight loss (>10 percent of body weight), unexplained fevers or drenching night sweats. Work-up includes a detailed H & P, CBC, CMP, ESR, LDH and a PET/CT scan. A routine bone marrow biopsy is not required if the PET/CT is negative. The PET/CT image is a valuable tool upon initial staging as well as evaluating the response to therapy.

Non-Hodgkin Lymphoma (NHL) is a diverse group of cancers originating in the B-lymphocytes, T-lymphocytes or natural killer cells. According to the Center for Disease Control, NHL is the seventh most common cancer in Minnesota. The average number of lymphoma cases in St. Cloud Hospital’s cancer registry is 63, which ranks as the sixth most common cancer. For the years 2008-2012, Minnesota tied with Iowa for the highest incidence rate in the nation. For these years, the age-adjusted incidence rate per 100,000 for these two states was 27 compared to the United States rate of 22.3. The Minnesota Cancer Surveillance System (MCSS) reports, “From 1988-2009, the incidence rate of NHL in Minnesota increased significantly by about one percent per year for each gender. The mortality rate increased significantly during the first decade of the period, and then decreased significantly by 4.4 percent each year among males and by 4.5 percent among females. These are similar to national trends. The recent sharp decline in mortality in the face of increasing incidence is thought to be due to improved treatment with monoclonal antibodies and radioimmunotherapy.” The National Cancer Institute’s Surveillance, Epidemiology and End Results Program reported that for the years 2005-2011 the five-year relative survival rate in the United States for all NHL stages combined was 70 percent. Similarly to HL, signs and symptoms of NHL include swollen painless nodes in the neck, axilla or groin, unexplained weight loss, fever, night sweats, shortness of breath, weakness and fatigue.

In the United States, B-cell lymphomas are diagnosed in 80 percent of people with 15-20 percent being T-cell lymphomas. Natural killer cell lymphomas are extremely rare. In 2015, an estimated 71,850 people will be diagnosed with NHL and approximately 19,790 people will die from the disease.

Clinical Research

Coborn Cancer Center offers a clinical trial research program as part of our commitment to advance the care of patients. Each new patient is screened and any potential trials are shared with their physician. Our research team includes certified registered nurses, clinical research associates and a physician investigator with extensive education in research methods, treatment options and patient rights. At any given time, we have approximately 40 clinical trials open for individuals with many types of cancer. Coborn Cancer Center is active in protocols set forth by the National Cancer Institute as well as industry driven trials. These protocols focus on offering new therapies, reducing side effects from treatment and improving quality of life. We are appreciative of those patients who participate in trials, as they often improve care for future patients.

8 Coborn Cancer Center | centracare.com
NHL is often subdivided into two categories: indolent NHL and aggressive NHL. Those within the indolent group include: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Leukemia (SLL), Follicular Lymphoma (FL), Marginal Zone Lymphoma (MZL) and Mucosa Associated Lymphoid Tissue (MALT). The necessity of treatment is based upon the following:

- Symptoms related to the lymphoma such as night sweats, fever, weight loss (B symptoms)
- Bulky adenopathy
- Low blood counts as a result of bone marrow infiltration by the lymphoma

The most common aggressive NHLs include: Mantle Cell Lymphoma (MCL), Diffuse Large B-Cell Lymphoma (DLBCL), Burkitt's Lymphoma (BL) and AIDS-related B-Cell Lymphoma. Unlike indolent NHLs, treatment is initiated regardless of the presences of symptoms. As mentioned, the subtypes of NHL are rather heterogeneous; not only in histology but in terms of behavior, treatment and prognosis. Some more latent NHL such as FL may never require treatment. On the other hand, aggressive NHL such as BL has an exceedingly rapid cell replication time and prompt treatment often is essential. Irrespective of the type of lymphoma (HL or NHL), chemotherapy is the mainstay of treatment; though in some cases, radiation therapy also plays a part. The majority of treatment takes place in the outpatient setting; however, some patients require inpatient treatment as a result of lengthy infusions and/or toxicity concerns.
The Infusion Pharmacy is located within the Coborn Cancer Center and provides pharmacy services to their patients. There are six clinical oncology pharmacists, including board-certified oncology pharmacists, who are an integral part of a comprehensive multidisciplinary cancer care team. Pharmacists work in conjunction with the medical oncologists to review all chemotherapy regimens for each patient. The pharmacists also collaborate with the clinical research team investigating new agents that show promise in cancer treatment.

Chemotherapy is the use of medication to destroy cancer cells and is a vital treatment option for patients with lymphoma. Because cancer cells replicate at a higher rate than normal cells, chemotherapy is an effective treatment as it destroys cancer cells at a faster rate than it does normal cells. Chemotherapy is powerful and does cause damage to healthy cells as it combats cancer cells, which in turn produces the side effects. Chemotherapy can be administered as an intravenous infusion, a subcutaneous or intramuscular injection, intrathecally or can be taken orally.

Additionally, the Infusion Pharmacy prepares immunotherapy, also called biologic therapy, which is a type of cancer treatment designed to boost the body’s natural defenses to fight the cancer. One type of immunotherapy involves the use of monoclonal antibodies that target a specific protein and do not affect cells without that protein. Because monoclonal antibodies are directed against cancer cells, they typically will not cause the same side effects as chemotherapy. A monoclonal antibody called rituximab is used to treat many different types of B-cell lymphoma. Patients with NHL may receive a regimen that includes a combination of chemotherapy and immunotherapy.

The Infusion Pharmacy team prepares chemotherapy and immunotherapy in a United States Pharmacopeia 797 compliant Clean Room. Specialized pharmacy technicians work with the clinical oncology pharmacists to ensure drug products are sterile, accurate, and labeled correctly. Chemotherapy and immunotherapy doses are based on the patient’s height, weight and unique conditions, and are therefore prepared on an individual basis at the time of treatment.

Patient education when beginning chemotherapy is an important component of the treatment plan. Pharmacists are part of the multidisciplinary team that provides this education. Patients receive information on their chemotherapy regimen, including how it is administered, possible side effects and how to help manage side effects.
Chemotherapy Infusion

Coborn Cancer Center understands the impact that a cancer diagnosis has on the lives of patients and families. The skilled and compassionate staff provide a holistic health care experience in a welcoming environment as patients receive individualized oncology care. At the forefront of this care model is treating a patient’s cancer, but the importance of getting to know individual patients is a priority as well.

A team of specialized nurses collaborate with medical oncologists to provide superior care to this unique subset of patients throughout the course of treatment. Patients and families are educated and closely monitored for side effects and for psychosocial wellbeing. Patients are encouraged to speak up, allowing the nursing team to better care for their needs and treat their symptoms with a multidisciplinary team approach.

The Chemotherapy Infusion department:

- Administers chemotherapy/biotherapy, blood products, hydration, antibiotics and other infusion services
- Manages venous access devices such as PICCs and implanted ports
- Oversees chemotherapy desensitization and intraperitoneal chemotherapy administration

The Coborn Cancer Center nursing staff take pride in the safe, efficient, quality care provided to patients. The Chemotherapy Infusion department is staffed with specially trained RNs, LPNs, nursing assistants, board-certified oncology pharmacists, a registered dietitian, social worker, volunteers and spiritual care staff to provide patients with the individualized care needed throughout their cancer journey. The RN nursing staff have completed the Oncology Nursing Society Chemotherapy and Biotherapy Certificate course and approximately 75 percent hold National Certification in Oncology Nursing (OCN), as oncology care is their passion. Approximately 85 percent of nursing staff members hold a bachelor's degree or higher in nursing.
In 2014, Coborn Cancer Center implemented volunteer-based Animal-Assisted Therapy to support the psychosocial needs of cancer patients. Specially-trained dogs are accompanied by their handlers and visit individual patients as they present for their treatment or appointments with their oncologist. The approach is simple, yet extremely effective, in providing comfort and relaxation to patients who oftentimes are very overwhelmed with their diagnosis. Additionally, the therapy has provided welcomed moments of reprieve to cancer center staff.

Rafe, a Sheltie, along with handler, Carol, and Bailey, a Poodle, along with handler, Theresa, are very popular in the Coborn Cancer Center with patients, families and staff alike. They walk the unit stopping first to make small talk and then to offer a soothing interaction. Many patients welcome the animals to sit with them, and typically the animal can be found cuddled up in the lap of the patient by the end of the visit. Nursing staff notice a sense of ease and calmness with patients when the animals are present. They provide a means for the patient to speak to their emotional needs and relax during stressful and uncomfortable times.

The furry conversation starters are always on a leash and receive plenty of breaks and rewards for good behavior. The animals and handlers are trained to provide companionship to those who are suffering and find a sense of accomplishment and happiness doing their work. They recognize and take pride in the fact that their presence can greatly enhance the lives of the patients and staff.

**Rafe, Sheltie**

*Animal-Assisted Therapy dog, Coborn Cancer Center*
Palliative Care

Many times patients and families find themselves overwhelmed by the impact a cancer diagnosis has on their function and quality of life. The dedicated professionals that are part of the Palliative Care team at St. Cloud Hospital facilitate the patient’s journey with cancer by helping them address fears, define goals and manage symptoms. Palliative Care is a medical specialty that focuses on the physical, emotional and spiritual needs of people with serious illness. This care can take place at the same time as other treatments, and at any time during a serious illness. Newer techniques for pain control such as endoscopic guided nerve blocks or methadone, a unique pain medication regimen and many other options are identified for certain patients and those with severe pain.

Consultations for cancer patients are arranged to take place within the Coborn Cancer Center as a point of convenience. Care is provided in a holistic manner that addresses the needs of the patient and their family even beyond their medical needs, and includes advanced care planning. Helping patients define their life’s purpose and contemplate their personal legacy is an act of compassion and an integral part of a comprehensive cancer care program.

Psychosocial & Emotional Support

Facing cancer requires emotional strength, courage and support. As part of the comprehensive cancer care program, Coborn Cancer Center works closely with St. Cloud Hospital Behavioral Health to provide access to support and resources which strengthen coping skills and boost resilience for those facing cancer. Behavioral health staff members work with patients and families to deal with this very complex and emotional life change. Anxiety and depression can set in and through an innovative distress screening program, patients are connected with the health professionals they need. Once referred, patients meet with a counselor and identify their individual needs and develop a unique support plan they are comfortable with. Other helpful services include family and couples therapy, cognitive behavior therapy, relaxation and mindfulness training.

In addition to these services, the Survivorship Program offers many options for emotional support. Mindfulness Meditation, yoga classes and onsite family and patient support groups are available. In addition, the services of an onsite social worker are available to address the financial stresses and daily living barriers that can come about due to a cancer diagnosis.
Why do oncology nurses become certified?

- 88 percent of nurses agreed that certification enhances confidence in clinical abilities
- 97 percent of nurses say certification provides personal satisfaction
- 90 percent of nurse managers prefer hiring certified nurse’s over non-certified nurses when all other factors were equal

Some nurses are encouraged by others to seek certification. Others get certified for a sense of personal accomplishment. The motivation doesn’t matter. Certification proves the RN has mastered a broad body of oncology nursing knowledge.

*Basic certification is available in adult and pediatric oncology. Role-specific advanced certification is available for adult oncology nurse practitioners and clinical nurse specialists. Specialty certification is offered in breast care.*
Oncology Nurses in the Spotlight

Awards & Recognitions

Daisy Award
Siri Konz, RN, BSN, OCN, Medical Oncology Clinic

Lifetime Achievement Award in Evidence-Based Practice or Nursing Research
Mary Weis, RN, MSN, APRN-BC, CNOR, CRNFA, Cancer Survivorship Program

Next Generation Achievement Award in Evidence-Based Practice or Nursing Research
Judy Jensen, RN, BSN, Cancer Research

Outstanding Achievement in the Application of Evidence-Based Practice
Katie Schulz, MS, RN, OCN, CHPN, Inpatient Medical Oncology

Outstanding Achievement in Mentorship
Joy Plamann, RN, BSN, MBA, BC, Inpatient Medical Oncology

Outstanding Achievement in Use of Evidence in Nursing Management
Jane Vortherms, RN, BSN, MHA, OCN, Medical Oncology Clinic and Chemotherapy/Infusion Services

Exemplary Professional Practice – Evidence-Based Practice

Inpatient Medical Oncology RN Mentor Program

As part of the ongoing commitment to quality care, every new graduate nurse will be given the opportunity to have a trained registered nurse mentor for at least one year as they begin their work on the inpatient medical oncology unit at St. Cloud Hospital. The new nurse completes two pre-mentorship assessments, and proceeds to work with their mentor and the department educator as they grow in their role and increase their responsibilities on the unit. At minimum, formal meetings take place quarterly along with monthly informal meetings between the nurse, unit educator and mentor to ensure confidence with the unit’s processes and protocols. Upon completion of the mentorship, an evaluation is completed by both the mentor and nurse to share opportunities for growth of this program.

Distress Screening

At Coborn Cancer Center, a project to implement distress screening started in 2013, per a 2012 recommendation from the Commission on Cancer (CoC) that patients with cancer be offered screening for distress a minimum of one time per patient at a pivotal medical visit. Led by a psychologist and oncology social worker and later a nursing doctoral student, a multidisciplinary team was established to analyze the current process, review current literature and select a tool which would best meet the needs of both the patients and staff. Frequency of completing a distress screen was tested and patient feedback obtained.

In 2014, processes were finalized and focused staff education was completed. Current results reflect over 96 percent of patients had a distress screening completed. For distress scores greater than six, 75 percent of patients were assessed for suicide ideation. For patients not expressing suicide ideation, 86 percent of nurses offered an intervention, up from 66 percent before the education was provided (9-month timeframe between two data points). The majority of patients who had a distress score greater than six were found to be before an office visit where test results would be discussed. This project will continue over the next year with a special focus on patients with a distress score greater than six.

"Oncology nurses have the privilege of being a part of a person’s life when they are most vulnerable.”
- Siri Konz, RN, BSN, OCN Medical Oncology
At St. Cloud Hospital, spiritual care staff members assist the comprehensive cancer care team to collaboratively minister to the patient and family, caring for the whole person, body, mind and spirit. The primary focus of this service is to honor a person’s spiritual and emotional well-being. There are special challenges when a person receives a potentially life-threatening diagnosis such as cancer. During these difficult times, the spiritual care staff works with patients and families to create meaning based on their beliefs, and find hope and encouragement amidst their suffering.

Fear of the unknown, concern for family members and hesitancy to share with loved ones are often part of one’s experience. Anger at God may accompany a diagnosis and many questions may be asked, some of which do not have answers. Being present with the patient and honoring his or her experience can be helpful. Prayer, meditation, centering exercises and quiet reflection may bring peace. Additionally, spiritual care staff may suggest the patient or family member find a spiritual guide or allow nature, writing and music to nourish the soul. Caring family members help their loved one tremendously, but family also needs a listening presence.

In 2014, a new support group, Food for the Soul, was introduced in the Coborn Cancer Center as a means for patients and family members to connect with the resources they need and continue to improve themselves spiritually. This group meets monthly and offers a place to share experiences and gain the skills necessary to cope with the struggles that a cancer journey can bring.

The spiritual care staff consists of Catholic priests, Protestant pastors, Catholic sisters and lay chaplains who visit patients and respond to referrals from patients, nurses, physicians and other staff. The majority of staff are certified through either the National Association of Catholic Chaplains or the Association of Professional Chaplains.

Spiritual care volunteers are assigned throughout the hospital to visit patients and offer spiritual support, prayer and Holy Communion daily to patients and family members.
Survivorship Program

Coborn Cancer Center strives to respond to the needs of patients and members of the patient's support network from the day of diagnosis through an innovative and responsive Survivorship Program. Access to health professionals and resources to assist with the physical, emotional and psychosocial needs of those affected by cancer are part of this holistic approach to cancer care. Services are designed for the unique concerns of those living with a cancer diagnosis as well as those focused on wellness and long-term symptom management after treatment. Cancer care through this program ensures a high quality and unique care plan for every patient.

Cancer center team members that are part of the Survivorship Program include:

- Spiritual Care Liaisons
- Advanced Practice Providers
- Clinical Dietitian
- Site Specific RN Care Coordinators
- Oncology Social Worker
- Palliative Care Providers
- Behavioral Health Providers

An integral part of the cancer journey is the management of the physical and emotional long-term side effects that may come about due to cancer treatment. Coborn Cancer Center advanced practice providers strive to meet with each patient to develop a unique survivorship care plan at the end of treatment to support these needs. At this distinctive office visit, a written summary of the cancer treatment received, recommendations for a healthy lifestyle and the plan for future testing and follow-up care is reviewed with the patient. Disease-specific characteristics and evidence-based resources also are presented and discussed with the patient with the goal of health and wellness in mind. Patients appreciate the opportunity to take a closer look at what they can do to manage stress, and implement healthy changes such as a tobacco cessation program. Many patients experience changes in their emotional state and the fear of recurrence is common. The survivorship visit and survivorship care plan provide a means to begin to understand their risks and plan for a healthy vibrant future.
On St. Cloud Hospital’s inpatient oncology unit, Shannon Getty, 45, usually combats cancer in scrubs and sterile gloves. But in December 2013, a blood cancer diagnosis knocked her to the other side of the care spectrum — from charge nurse to patient.

After unsettling CAT scans in the emergency room revealed lesions in the spleen and enlarged lymph nodes, Shannon wasted little time. She sought second opinions until she landed in the care of Coborn Cancer Center’s Hilary Ufearo, MBBS.

In collaboration with Gastroenterologist Mark Virtue, MD, and specialists from Mayo Clinic, Dr. Ufearo worked to determine the source of Shannon’s swollen abdominal lymph nodes and slightly elevated LDH. Mantle cell lymphoma — a form of cancer Shannon had never before encountered in her nursing practice.

After a year of exercise, clean eating and good health, Shannon started high-dose chemotherapy to treat this rare form of non-Hodgkin’s lymphoma (NHL). Most frequently diagnosed in men over age 60, mantle cell lymphoma cases constitute just six percent of all documented NHL cases in the nation.

It’s no cliché, Shannon said, “Cancer truly does not discriminate.” Shannon’s six months of chemotherapy were marked by emergency hospital stays, neutropenic fevers and, most importantly, an outpouring of support from friends, peers, her church community and some unexpected places.

“I probably only cried two or three times during this whole process,” Shannon said. “And one of them was because the love shown by those around me was just so overwhelming.”

When Shannon arrived with her best friend, Beth, and husband, Kerry, on Jan. 6 for cycle one of chemotherapy, she found her treatment room adorned with gifts, cards and “Shannon’s personal recycling bin” — an inside joke among those “on the unit.” Beth had decorated a poster board with Shannon’s favorite pictures and Bible verses, and coworkers contributed another board upon which visitors could write words of encouragement. A handmade quilt covered the bed. On a few occasions, Cathy Tieva — then Shannon’s director — invited staff and the hospital chaplain to pray at the bedside.

Shannon learned firsthand that cancer can feel isolating and compromise the body, mind and spirit, but for her, gestures of care took many forms — some validating and comforting, many edible and others monetary.

Church members, coworkers and neighbors brought meals daily, and Beth created an account on TakeThemAMeal.com so contributing cooks could deliver meals on a schedule.

“From Dec. 27 on, we did not cook at our house till the end of May,” Shannon said. “We’d leave a cooler out on the porch so I could recover and not feel like I had to entertain guests.”

During inpatient stays, Shannon enjoyed sit-down dinners in the inpatient oncology unit’s family kitchen. “I was admitted with another fever when three of my brothers flew in from out-of-state,” Shannon said. “They picked up takeout at Famous Dave’s and we were able to eat supper together right there.”

By February, Shannon’s coworkers had spread word of a bake sale benefit throughout St. Cloud Hospital — from lab, to pharmacy, to the
float nurse pool and beyond. Her coworkers teamed up and ordered lime green lymphoma-awareness bracelets, and staff made handcrafted cards, jewelry, scarves and pins to sell alongside baked goods. On Valentine’s Day weekend, they sold them and later presented Shannon with a substantial check.

“I see those lime green ribbons pinned on my coworkers’ stethoscopes to this day,” Shannon said. “I can never see lime green and not think of my diagnosis and all that came of it.”

Shannon still receives treatment every other month and will complete maintenance therapy in March 2016. She got her first post-chemotherapy haircut this past summer — just in time for her son’s wedding. She’s back to full time nursing, but the journey from caregiver, to patient and back adds a new layer of empathy.

“I probably only cried two or three times during this whole process, and one of them was because the love shown by those around me was just so overwhelming.”
- Shannon Getty

when you get your port placed” or “Yes, bone marrow biopsies are painful!” Shannon said. “My hope is that they can see how well I’m doing and be encouraged.”

But the key, Shannon believes, is seeking connection — to friends, to family, to God and those He sends to help and heal.

“I shared my fears with Dr. Ufearo early on. He listened awhile and then sat down on my bed to pray with me,” Shannon said. “I knew God would get me where I needed to be and who I needed to be with. Trust is key, and for me, keeping faith is always No. 1.”
Diffuse Large B-Cell Lymphoma Study

In 2014, Don Jurgens, MD, and Mary Weis, APRN, CNS, completed a study on Diffuse Large B-Cell Lymphoma (DLBCL) to assess our compliance with patients being evaluated and treated according to Evidence-Based National Treatment guidelines (standard 4.6). One quality improvement study also must be identified by the Cancer Care Center Board. As part of the Evidence-Based National Treatment guideline review, it was identified to assess compliance with the recommended changes (standard 4.8). A study was completed to look at the work-up, treatment given and follow-up prescribed for DLBCL.

A retrospective review of 20 patients treated at Coborn Cancer Center in 2012 was completed. The tools used in the evaluation included a pathway based on a Mayo Clinic care process model and the National Cancer Care Network (NCCN) guidelines. The following information demonstrates our compliance with the national standards.

Work-Up: There was a slight variation in providers completing all elements listed in national guidelines as part of a comprehensive work-up. The three areas of variation included completion of the lactic acid dehydrogenase (LDH) and calculating the international prognostic indicator (IPI). One procedure recommended on potential lymphoma patients is a bone marrow aspiration. Approximately 50 percent of patients had a unilateral bone marrow aspiration; no patients had a bilateral bone marrow aspiration completed. However, 100 percent of patients did have the pathology needed for a confirmative diagnosis (Graph 1).

Treatment: Compliance with recommended treatments, including administration of Rituaximab, Cyclophosphamide, Doxorubicin, Vincristine and Prednisone (RCHOP), plus or minus radiation therapy, demonstrated 100 percent compliance inclusive of all stages (Graph 2).

Follow-up: The recommended national guidelines for follow-up care were completed 100 percent of the time. There were more frequent follow-up visits and radiographic images based on patient specific indications. Follow-up testing of the LDH was inconsistently completed, ranging from 18 to 27 percent (Graph 3). All other follow-up testing was completed according to national guidelines (Graph 4).

Recommendations: The results of the evaluation were reviewed with the medical oncology/hematology providers and the Cancer Care Center Board. The recommendations to further improve our compliance include documentation of performance status, B-symptoms and calculation of IPI on work-up to be completed. The bone marrow aspiration is to be completed on all clinical stage I and stage II non-bulky patients. The LDH is to be completed on all diagnostic work-up and after two to four cycles and at completion of therapy on all stage II bulky, stage II and stage IV patients. In 2015, a clinical pathway based on NCCN guidelines and the Mayo Clinic DLCBL care process was developed and is part of the
electronic medical record order set for the providers to use. The intent of a clinical pathway is to ensure consistency in practice. This study will be repeated for the timeframe of Sept. 1, 2015 through Aug. 31, 2016 to assess compliance with recommended changes and measure patient care quality and outcomes.

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. St. Cloud Hospital has been Magnet-designated since 2004.

Commission on Cancer Certificate of Accreditation with Commendation
In 2013, 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.

Oncology program named among nationwide top 100
St. Cloud Hospital was named on Becker’s Hospital Review 2014 list of “100 Hospitals and Health Systems with Great Oncology Programs.” Becker’s analyzed data from reputable sources, including U.S. News & World Report, CareChex, Truven Health Analytics, the National Cancer Institute, the American College of Surgeons and the American Nurses Credentialing Center.

Coborn Cancer Center is committed to leading the way in quality and seeks ways to improve through the use of technology and industry best practice standards.
That singular moment — when one receives a cancer diagnosis — changes everything. It impacts the patient, it impacts their family and their community.

As our patients move through therapy and transition back to work and home, the Coborn Cancer Center’s Survivorship Program is designed to help our patients and their families find the spiritual, psychological, social and physical resources and support they need.

The Survivorship Program — including spiritual care resources, health and wellness focused survivorship visits, care coordination, support groups, enhancement program, and many more — is made possible by the support we receive from you. Your generosity ensures that our patients receive the care and support they need throughout their cancer journey.

The CentraCare Health Foundation is now working to help the Coborn Cancer Center bring to life the Survivorship Center. Built entirely through generous donations, the Survivorship Center will serve as the cornerstone to our survivorship initiatives, and bring them all under one roof.

When a community comes together, great things happen.

Thank you for your continued and generous support of the Coborn Cancer Center and the Survivorship Program. We hope you’ll join us as we bring to life the vision of the Survivorship Center — a place where hope and support come together to make a difference in the lives of all cancer survivors.

Your philanthropy matters

No matter the size of the gift, the impact you have on the lives of patients is immeasurable. The comprehensive care team is committed to providing patient- and family-centered care. With your continued support and generosity, we stand stronger in our fight against cancer. Our patients, staff and physicians extend our utmost gratitude to all of our benefactors.

For a complete list of cancer-related funds or information on how you can make a gift toward the Survivorship Center, please call 320-240-2810 or visit centracare.com/foundation.