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### Cancer Registry Statistics

#### Our service area

Our service area, St. Cloud Hospital, is in the heart of Central Minnesota. Its service area extends to 12 counties across Central Minnesota with a primary service area covering Stearns, Benton and Sherburne counties.

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 have affiliate sites in many Central Minnesota communities including Alexandria, Glenwood, Little Falls, Long Prairie, Melrose, Monticello, Paynesville and Sauk Centre.

Coborn Cancer Center is a strong community supporter giving back through research, education, prevention and early detection events to meet the needs of our community. Last year, this included cancer research studies, Drive-Thru Colon Cancer Screening, prostate cancer screening night, education on the adverse effects of nicotine products and vaping with high school students, Relay for Life, support groups and much more.

#### Array of services supporting cancer patients

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#### Site Incidence Data Report for St. Cloud Hospital

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

<table>
<thead>
<tr>
<th>Site Incidence Data Report for St. Cloud Hospital</th>
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<tr>
<td>Data reflects cancer care given at St. Cloud Hospital, Coborn Cancer Center, CentraCare Surgery Center and the Alexandria Radiation Oncology Department.</td>
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<td><strong>ALL SITES</strong></td>
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Welcome

We are honored to lead our cancer program. Whether it’s visiting with providers and staff about their passion for patient care or supporting the implementation of new programs designed to enhance the quality of care and our patients’ experience, we are here to serve and find fulfillment in improving the health of every patient, every day. We invite you to celebrate with us our highlights of the year as detailed in our 32nd edition of the St. Cloud Hospital Cancer Report.

The CentraCare Health Foundation kicked off a campaign in 2015 to raise $3.2 million for our Coborn Healing Center with a $1 million lead gift from the Coborn Family Foundation. We broke ground in October 2017 on the 6,500 square foot space designed to serve as the connection place for survivorship services. These services will enhance our patients’ lives by offering a new dimension of cancer care. We are particularly excited to share in this experience with our employees who raised $845,000 through the Employee Campaign! What a strong message of support and generosity!

The mission of our new Coborn Healing Center is to provide an environment that empowers strength and resiliency for the cancer survivor. In the spirit of fulfilling our mission, we piloted our Oncology Rehabilitation Program which provides a wide range of therapies designed to help our patients build strength and endurance, regain independence, reduce stress and maintain the energy needed to participate in daily activities that are important to them. Our commitment to offering patients access to these resources can effectively enhance their life throughout the cancer experience.

(left to right)
Kurt Otto, MBA, Vice President Operations, Specialty Division
Hilary Ufearo, MBBS, Physician Section Director, Oncology
Thomas Schrup, MD, Physician Vice President, Specialty Division
Sonya Wieber, MS, MBA, Section Director, Oncology
Our program has received tremendous support from CentraCare Health as we made the decision to pursue an integrated treatment delivery and planning platform across our radiation oncology service line. We look forward to offering this new technology which will allow us to partner with neurosurgery and offer stereotactic radiosurgery for patients with certain brain/CNS cancers and stereotactic body radiation therapy for patients with certain liver, lung and pancreatic cancers.

We are also pleased to share our growing involvement in the community. As a cancer care team, we have a responsibility to provide education to our community about cancer screening and prevention. Through a partnership with the Digestive Center and Laboratory Services, we offer the Drive-Thru Colon Cancer Screening in March. Our goal is to increase awareness of colon cancer in the region and encourage preventative screening options through CentraCare Health. We partnered with Adult and Pediatric Urology to offer a prostate screening night in Fall 2017 and expect this will be an annual event.

Our collaborations with medical professionals in the primary care and specialty care settings continue to grow as our outreach expands within the community. We share and delight in the role we play in fulfilling the mission and vision of CentraCare Health.

Sincerely,

Sonya Wieber, MS, MBA
Section Director, Oncology

Hilary Ufearo, MBBS
Physician Section Director, Oncology Hematology/Oncology

Thomas Schrup, MD
Physician Vice President, Specialty Division

Kurt Otto, MBA
Vice President Operations, Specialty Division

Inpatient Oncology

Leukemia is the name for a group of cancers starting in the bone marrow where blood cells are made. When people have leukemia, the bone marrow produces blood cells that do not function correctly. People with leukemia often need to come to the hospital for care.

Inpatient Oncology at St. Cloud Hospital works closely with the oncologists and Coborn Cancer Center staff. The Inpatient Oncology care team includes specialty-trained RNs (registered nurses), patient care assistants, RN case managers, social workers, dietitian, pharmacists, chaplains and volunteers. The team works together to provide patient- and family-centered holistic care, including integrative therapies, such as aromatherapy or animal-assisted therapy and cookies baked fresh on the unit by volunteers twice a week. Family and friends play a vital role and there are no restricted visiting hours. Visitors are welcome to stay at the Gorecki Guest House conveniently located next to St. Cloud Hospital.
The Ultimate Silver Lining

Chris Pelletier, age 28, from Maple Lake, was electrocuted in a work accident in November 2015 after working eight years as a power lineman. Little did he know this life-threatening accident would actually save his life.

While seeing his doctor following the accident, they found he had acute promyelocytic leukemia — he had no signs or symptoms of the disease. “The most challenging thing for me was how much my life changed after being diagnosed at age 26,” Chris said. “After recently getting married and settling into our home, dealing with cancer every day was something I never expected to happen to me.”

Chris began chemotherapy immediately and completed his last session in August 2016. “My wife and I like to go camping and fishing in Canada as much as we can in the summer,” he said. “On my last day of treatment, we literally brought the boat and camping supplies with us, parking them in the lot during chemotherapy. After I finished, we headed straight for the Canadian border!”

Chris feels very grateful for the love and support he received from his family and wife, Sarah, who has been a nurse at CentraCare Health since 2011. During treatment, Sarah worked in the Emergency Trauma Center and after treatment transitioned to Coborn Cancer Center.

“After going through this experience, I really wanted to help others on their cancer journey the way we had been helped, especially those in the young adult population,” Sarah shared. “Working at Coborn Cancer Center has been the most rewarding work of my life. Oncology patients and their families are the most kind and thankful people. Those that I’ve cared for and worked with have touched my life in unexplainable ways.”

Chris is also thankful for the personalized care he received. “The crew at Coborn Cancer Center was top-notch,” he said. “They have the best mix of nurses, nursing assistants and volunteers. You can really tell that everyone enjoys the work they do and that makes a huge difference to us patients. In total, I had more than 100 chemo treatments and they always made us feel welcome. By the time I finished up treatment, we really felt like family. Dr. Jurgens has been such a great oncologist. He’s so knowledgeable and easy to get along with. During my treatment and now at my follow-up visits, I always know I’m getting the best care.”

Future hopes and dreams for Chris are to remain cancer-free and to start building a family with his wife, Sarah. He’s learned a lot and stated, “Life is short, never take anything for granted. This unexpected journey has really helped us put what’s important in life first, and to not sweat the small stuff.”
Chris and Sarah Pelletier enjoying one of their favorite pastimes with their dog, Hank.
Types of Leukemia

Leukemia is a cancer of the blood cells starting in the bone marrow. Bone marrow is the tissue within the bones where blood cells are made. In leukemia, the young blood cells within the bone marrow become abnormal and grow out of control. These cells then crowd out the healthy cells causing a person to have symptoms. These symptoms may mimic the flu or other common illnesses. The most common symptoms include fever, shortness of breath, increased bruising, bleeding, weakness or feeling tired, and weight loss or loss of appetite.

Leukemia represents just 3.5 percent of all new cases of cancer in the United States. It is estimated that there will be 60,300 new cases in 2018. There are an estimated 405,000 people currently living with leukemia in the United States. It is most common in adults over the age of 65 and is more common in males. Other risk factors, include exposure to previous cancer treatments, smoking, other blood disorders, or certain genetic disorders. There are no current standards for screening patients for leukemia and there is no specific information about prevention of leukemia.

There are many different types of leukemia. Leukemia can be classified as being chronic, meaning slow growing, or classified as acute, meaning fast growing.
The main types of leukemia include:

**Chronic Lymphocytic Leukemia (CLL)**
CLL is the most common type of leukemia in adults. This type of leukemia impacts a group of white blood cells called lymphocytes. CLL can be slow growing which requires no immediate treatment, or it can be faster growing which would require treatment right away.

**Chronic Myelogenous Leukemia (CML)**
CML is a less common type of leukemia which is named, “myelogenous” after the type of cell that is impacted. It can also be called chronic myeloid leukemia. Since this type of leukemia is slow growing, it is possible to have it for months to years without knowing it. Evidence shows that treatment, which is most often a daily oral drug, is most successful when it is started early. With advancements in treatment, people are living longer without complications with CML.

**Acute Lymphocytic Leukemia (ALL)**
Although ALL can occur at any age, it is well known for being the most common type of cancer that impacts children. This type of leukemia impacts the group of white blood cells called lymphocytes and progresses rapidly. Over the last several decades, there have been advances in the treatment of ALL which has dramatically improved survival rates.

**Acute Myelogenous Leukemia (AML)**
Acute Myelogenous Leukemia, also referred to as acute myeloid leukemia, is when the DNA of a young stem cell within the bone marrow is damaged. This damaged cell becomes a leukemic blast and will not grow to be a fully functioning red cell, white cell or platelet as it should. Instead, the leukemic blast will not only function improperly, but it will also grow and block the production of normal cells. AML is the most common type of acute leukemia in adults and will progress quickly if not treated.

**Types of testing for leukemia:**
After a person is suspected of having AML, or any form of leukemia, they will be referred to a hematologist or medical oncologist as these providers specialize in the treatment of blood cancers. Tests will be ordered for the patient’s blood and bone marrow to confirm a diagnosis.

**The tests can include:**
- **Complete Blood Count:** This is a blood sample taken to test for the number of red blood cells, white blood cells and platelets circulating in the bloodstream.
- **Peripheral Blood Smear:** This is when blood is examined for blast cells (immature cells), white cells, platelets and to see the shape of cells.
- **Bone Marrow Test:** This is performed with a sample of bone marrow blood and a piece of bone most often taken from the hip bone. A pathologist reviews the samples for signs of AML which would include leukemic blast cells that are high in number.
- **Genomic Tests:** These tests can find specific genes, chromosome changes and genetic changes and mutations.

After test results confirm a diagnosis, the hematologist/medical oncologist can determine treatment options.
Leukemia Diagnosis

Primary care providers play a pivotal role in recognizing potential leukemia cases. It is advantageous they become familiar with the common clinical presentation of leukemia, perform initial diagnostic evaluations and screen those at a higher risk of developing the disease.

Risk for the development of leukemia includes exposure to radiation, petroleum products, chemotherapy treatment — especially anthracyclines and certain genetic conditions such as Down Syndrome.

The initial subjective manifestations of leukemia are largely nonspecific and often resemble a viral illness. General feelings of fatigue, lack of appetite and sometimes shortness of breath are common. Objective findings such as fever, weight loss and signs of bleeding, such as bruising, can also be seen. Depending on the extent of disease, some patients may also have enlarged lymph nodes as well as enlarged liver and enlarged spleen.

A complete blood count (CBC) with differential and platelets is imperative in the preliminary diagnostic phase to capture a diagnosis. Although all patients with leukemia are best served by a referral to a hematologist, it is essential that primary care providers communicate lab test results including immature cell (blast) count on the peripheral blood to help triage patients with suspected acute leukemia. Blast counts greater than five percent on the peripheral blood are especially concerning for an acute leukemic process; as such, this population of patients requires more prompt attention by a hematologist.

A total white blood cell count greater than 20,000 is often a potential leukemia concern when infection and medication have been ruled out as a source. In addition to a CBC, a peripheral blood smear is helpful to gain further information about the cell count and physical features.

The hematologist will determine if the leukemia concern is an acute versus chronic condition and then determine if it is of myelogenous or lymphocytic cell lineage.
Pathology for Leukemia

Making a formal, detailed, diagnosis of leukemia requires peripheral blood tests and a bone marrow biopsy and aspiration. Once the leukemia diagnosis is achieved, further genomic studies are completed to assist with treatment decisions by determining prognosis and risk. Depending on the results of the initial biopsy as well as symptoms of the patient, a spinal tap may be warranted to determine central nervous system involvement.

A hematologist examines the patient to determine whether the concern for leukemia exists, or if the abnormalities noted in blood work or the symptoms the patient presented with can be explained through another cause. For example, pancytopenia (low blood counts) and splenomegaly (enlarged spleen) might be the cause of a viral illness; this exemplifies the importance of communication between the patient and hematologist to determine if signs and symptoms fit the picture of leukemia. If the concern for leukemia persists, the hematologist will repeat a complete blood count with differential and platelets, obtain a blood smear and flow cytometry. Flow cytometry is a test on blood cells in which they singly pass (flow) through a light beam to gather information about the size, shape and characteristics of a cell — notably the presence of biomarkers on the surface of the cell. If an immature cell (blast) count is greater than five percent, there is a greater concern for acute leukemia or a potential chronic leukemia with a sudden severe change characterized by an increased number of immature cells (blast crisis). Regardless, a bone marrow biopsy and aspiration is usually indicated for any leukemia to further define whether the condition is acute versus chronic, and then determine if it is a myelogenous or lymphocytic lineage.

Fluorescence in situ hybridization (FISH)/cytogenetic analysis and immunophenotyping, a test that maps the genetic material in a person’s cells, may help more definitively diagnose leukemia. Cytogenetic studies are used to detect chromosomal changes. Genetic abnormalities are used to predict outcomes and response to chemotherapy drugs. For example, the translocation between chromosome 9 and 22, t(9;22), is prevalent in almost all cases of chronic myelogenous leukemia and sometimes in acute lymphocytic leukemia. As a result of this translocation, chromosome 22 is shorter and is coined the Philadelphia chromosome.

When the chromosomes and DNA swap, they form a new gene called the BCR-ABL gene. Immunophenotyping identifies particular types of cells and can differentiate whether cells are myeloid or lymphocytic. In the event of a condition within the lymphoid branch, immunophenotyping discovers whether the troublesome cells are T or B cells.

The analysis of chromosomes and genes is significant because it influences how the hematologist determines a plan of care — not just in the immediate phases of treatment, but in the overall trajectory of care. For instance, patients with acute myelogenous leukemia who may have unfavorable prognosis indicators, are more often advised to go forward with a stem cell transplant versus a patient who has more favorable findings.

When a doctor orders a blood test, he or she chooses from a list of chemical studies to be performed in a laboratory on the blood sample. These lab tests can provide important clues about what’s going on inside the body.

If a doctor suspects cancer, he or she may test the blood to:
• Count red cells, white cells and platelets
• Detect biomarkers that may indicate cancer
• Examine various chemicals that can indicate how other parts of the body are functioning
Acute Myeloid Leukemia Medications Approved

For the first time in 40 years, four new medications were approved in 2017, bringing advancements to the treatment of acute myeloid leukemia (AML).

Gemtuzumab ozogamicin (Mylotarg®) is approved for adults with newly diagnosed CD33 positive AML. Gemtuzumab ozogamicin is a targeted therapy consisting of a monoclonal antibody linked to a chemotherapy drug. The antibody attaches to the CD33 protein found on most AML cells then acts like a homing signal, bringing the chemotherapy drug to the leukemia cells, where it will enter and kill it during cell division. Gemtuzumab ozogamicin can be used alone or along with chemotherapy as part of the treatment for AML. It is given as an infusion into a vein.

Midostaurin (Rydapt®) is approved for adult patients with AML characterized by a mutation in the FMS-like tyrosine kinase 3 (FLT3) gene. This gene helps cells make a protein to help them grow. About one in three patients with AML have this FLT mutation. This drug can be used along with certain chemotherapy drugs to treat these patients. Midostaurin is taken orally.

Enasidenib (Idhafi®) is approved for adults with AML whose tumors have mutations in the IDH2 gene and whose disease has returned after previous treatment or did not respond to standard treatments. It helps leukemia cells mature into more normal cells. An estimated 10 to 15 percent of adults with AML have cancer-causing IDH2 mutations. Enasidenib is taken by mouth.

Cytarabine-daunorubicin CPS-351 (Vyxeos®) is approved for adults with AML with myelodysplasia related changes and newly diagnosed AML that develops after treatment for another type of cancer. It is a liposomal-encapsulated formulation of cytarabine and daunorubicin, which are standard treatment options for treating AML. It is given as an infusion into the vein.

New medications given at Coborn Cancer Center and St. Cloud Hospital go through a rigorous approval process involving oncologists, pharmacy, nursing, leadership and the St. Cloud Hospital Pharmacy and Therapeutics Committee. This process ensures all new medications are evaluated for efficacy and toxicity, and proper staff education is completed before the medications are given.
Bone Marrow Transplants

For patients diagnosed with blood cancers, leukemias, lymphomas, sickle cell disease and many other blood disorders, a unique and life-saving treatment option is a bone marrow transplant. Bone marrow is the soft, sponge-like tissue inside our long bones. The marrow contains blood stem cells which produce the white blood cells, red blood cells and platelets. These cells are needed for the body to thrive and function properly.

Bone marrow transplants offer life-saving hope to patients with blood cancers by replacing the unhealthy bone marrow with healthy marrow. Patients may receive a bone marrow transplant after completing a course of chemotherapy. Bone marrow transplants can be autologous (using the patient’s own blood-forming cells), or allogeneic (utilizing the blood-forming cells donated by another person). A third and newer type of bone marrow transplant is a haploidential transplant, which uses a partial bone marrow match.

If a patient seeks a bone marrow transplant as part of treatment, the oncologist will refer patients to a bone marrow transplant facility. When there is a need to use the national bone marrow registry, assistance is provided by a patient navigator from the registry. Nurses will assist with patient’s needs, such as administering the chemotherapy before a transplant or educating the patient and family on the transplant process and recovery period. Bone marrow transplants are a life-changing event. Many oncology team members are on the bone marrow registry and hope for the chance to “Be The Match!”

Clinical Research

The Coborn Cancer Center clinical research department’s primary responsibility is to open clinical trials, screen and enroll patients to study, along with entering the study data for each research study. The research department is currently participating in a registry study for chronic lymphocytic leukemia (CLL) which is a common form of adult leukemia. The purpose of the registry is to collect data on type of treatment chosen by the physician, patient characteristics, health care resource utilization and clinical outcomes. By gathering information, the registry will be able to determine treatment patterns for patients with CLL.

A CLL treatment trial is also being conducted using a possible new treatment: acalabrutinib. This three-arm study examines utilizing acalabrutinib alone and in combination with Federal Drug Administration approved CLL treatments to determine safety and efficacy for this new drug. To advance cancer care, research studies are the pathway to moving treatments toward becoming standard of care.
(clockwise around the table)
Hilary Ufearo, MBBS, Physician Section Director, Oncology
Jennifer Bjork, BSN, RN, Case Manager, Care Management
Ann Backes, MSN, RN, OCN, Director of Inpatient Oncology
Erin Mordan, BSN, RN, Care Coordinator, Care Management
Amy Bianchi, BSN, RN, OCN, Infusion Center
Melinda Jennings, BSN, RN, OCN, Educator, Inpatient Oncology
We are always looking to provide the best care possible to patients and families. We do this by continually looking at how we do things and comparing it to new research and guidelines. Recently, we had the opportunity to bring together Dr. Ufearo and staff from St. Cloud Hospital Inpatient Oncology and Coborn Cancer Center to focus on improving care of the patient with acute leukemia. The team attended a Quality Leadership Academy which provided the team with new knowledge, tools and skills to improve processes and, ultimately, make patient care better. The goal was to improve care, quality and service experience of the patient with acute leukemia by enhancing communication between team members and ensuring standard treatment in lab ordering and antibiotic use.

The team began by reviewing the lab ordering process when acute leukemia is suspected. Adjustments were made to make the process more efficient while ensuring all the correct labs are ordered to avoid delays.

Then, the team worked with a pharmacist who specializes in medications to treat infections. The team reviewed the most recent guidelines and studies to ensure the right antimicrobials are started when chemotherapy is ordered. Antimicrobials are medications given to prevent bacterial, fungal or viral infections. Because patients with acute leukemia have an elevated risk for infection, it was important the right antimicrobials were used consistently during treatment to reduce the risk of infection. In February, adjustments were made within the electronic health record, so the recommended antibiotics were ordered at the same time as chemotherapy.

The team recognized the best patient care is provided by a team of health care providers who collaborate and communicate well. To enhance timely communication amongst members of the inpatient health care team for all oncology patients, Dr. Ufearo piloted, “State of the Unit.” During State of the Unit, the oncologist provides a plan of care update to other members of the team, including the charge RN, RN case manager, and pharmacist. The team also brings questions and concerns to the Oncologist to address.

In July 2017, a retrospective review of all patients who were treated at St. Cloud Hospital for acute myeloid leukemia (AML) from January 2016 to July 2017 was led by Dr. Ufearo and Ann Backes, MSN, RN, OCN. The review was to ensure compliance with new National Cancer Care Network’s (NCCN) guidelines for the treatment of AML and preventative antimicrobials.

The 2017 NCCN guidelines for AML indicated standard treatment of intravenous chemotherapy agents cytarabine with idarubicin or daunorubicin. Additionally, a new pill, midostaurin, for patients with a specific genetic mutation, is recommended after intravenous chemotherapy. The outcome of the review was patients received the appropriate medications with a very small variation in idarubicin dosing.

The review also indicated all patients received the appropriate antimicrobials ordered but start date varied prior to the February 2017 adjustments. After these adjustments, all patients had the recommended antimicrobials started on day one of treatment.

The results of the study were reviewed with the medical oncology/hematology providers and the Cancer Center Board in Fall 2017. Recommendations were to adjust one of the chemotherapy protocols so patients consistently received the NCCN recommended dosing of idarubicin. There was also support to continue with the antimicrobial order changes made in February to ensure compliance. These recommendations were approved and implemented.
Oncology Nursing

St. Cloud Hospital demonstrates commitment to providing the highest quality of care to patients with cancer throughout the health and illness continuum by hiring certified nurses, supporting nurses in attaining and maintaining certification, rewarding nurses who become certified and informing patients and the public about the certification status of their nurses.

In partnership with Coborn Cancer Center, oncology care also is provided at regional sites in Central Minnesota under the direction of our medical and radiation oncologists. These sites include Alexandria, Glenwood, Little Falls, Long Prairie, Melrose, Monticello, Paynesville and Sauk Centre.

Why do oncology nurses become certified?

Oncology nursing certification is a formal recognition of specialized knowledge, skills and experience. Oncology nursing certification validates nurses have met stringent requirements for knowledge and experience, and are qualified to provide competent oncology care. Certification in oncology nursing is also recommended by the Association of Community Cancer Centers’ Cancer Program Guidelines, the American College of Radiation Oncology, the National Accreditation Program for Breast Centers and the Commission on Cancer Program Standards. Certification also factors into recognition granted by the American Nurses Credentialing Center’s Magnet Recognition Program.

(Natural text extracted from the Oncology Nursing Certification Corporation at oncc.org.)
Why do oncology nurses need to complete specialty training?
It is important for nurses to have the fundamental knowledge for administration of chemotherapy and caring for the radiation oncology patients. Once a nurse completes the specialty training program, they have the minimum knowledge needed to care for oncology patients undergoing treatment.

Oncology Nurses in the Spotlight

Awards & Recognitions

Daisy Award 2017
Brittany Myers, RN, Inpatient Oncology
Dana Olson, BSN, RN, OCN, Radiation Oncology

March of Dimes Nurse of the Year Finalist 2017
Ann Backes, MSN, RN, OCN, Director of Inpatient Oncology
Judy Jensen, BSN, RN, CCRP, OCN, Infusion Center

Level IV Clinical Ladder
Judy Jensen, BSN, RN, OCN, Infusion Center
Jill Libbesmeier, BSN, RN, OCN, Inpatient Oncology
Melissa Nagengast, BSN, RN, OCN, Infusion Center
Janelle Thoreson, BSN, RN, OCN, Medical Oncology Clinic

Innovative/Evidence Based Practice - Young Adults with Cancer

Being diagnosed with cancer at any age is life changing. However, being diagnosed with cancer as a young adult presents a unique set of challenges. Issues such as preserving fertility, arranging child care or balancing work and treatment can be especially difficult.

At Coborn Cancer Center, we take pride in delivering individualized cancer care that meets all our patient’s needs. Using an interdisciplinary team approach, we designed an innovative web page for patients aged 18 to 40. Since this patient population is more inclined to utilize technology, the web page has a variety of resources available at the click of a button.

Resources include, but are not limited to:

- Links to national organizations dedicated solely to the care of young adult cancer patients
- Links to provide support related to health care concerns uniquely impacting young adult cancer patients (fertility, healthy habits, money and insurance, research, side effects, work and school)

With the addition of this web page, young adult men and women have the opportunity to explore additional resources available to them even prior to undergoing their first cancer treatments. Also, as they journey through the roller-coaster of emotions and symptoms brought on by oncologic illness, they will know they are not alone.

In fact, each year approximately 70,000 adolescents and young adults between 18 and 40 are diagnosed with cancer in the United States. Since cancer care systems can often be designed for either older adults or young children, we wanted to ensure that all age groups have access to age-appropriate, evidenced-based care. For more information, please visit centracare.com > Services > Cancer Care > Young Adults with Cancer.

“Oncology nursing isn’t a job — it’s who we are. It’s an honor and a privilege to care for patients and families on their cancer journey.”

- Dana Olson, BSN, RN, OCN, Radiation Oncology, Coborn Cancer Center
Coborn Healing Center

CentraCare Health deepened its commitment to cancer patients, opening the Coborn Healing Center in August 2018. The vision for the Coborn Healing Center started a decade ago. The concept is part of a trend across Minnesota and the United States to provide services to help cancer survivors facing a new reality by supporting the whole patient — mind, body and spirit. These services run the gamut from screening and diagnosis to managing side effects during treatment to remission and surveillance. While other cancer programs have some of these services available, we have these available in a dedicated space thanks to the generous support of our community and CentraCare Health employees.

Coborn Healing Center has been carefully planned with those living with cancer and their caregivers in mind. Outside, a bridge leads to the entrance. It’s an important symbol representing a person’s journey as they cross over into a new phase of survivorship. Meandering under the symbolic bridge is a dry bed of river rocks leading to a boulder that has been transformed into a water feature. On the other end of the building is a reflection garden featuring a stone walking path in the form of an infinity symbol to represent that a cancer journey is ongoing. This place of hope and healing is designed to be a reflective and peaceful place to enjoy the calm that nature brings. Guests are invited to relax, reflect and renew their spirit in the serene healing garden.

The theme of calmness, nature and peace continues throughout the interior design. Even the room names convey the healing theme: Hope, Inspire, Imagine, Tranquility, Serenity, Refresh, Energize, Discovery and Ambition.

These feelings reflect the programming and services available including:

Cancer Screening & Prevention: Screening increases the chances of detecting certain cancers early, when they might be easier to treat. We offer community education and screening events for a variety of cancers such as colon, melanoma, prostate, human papilloma virus, kidney and lung.
**Energize:** Movement classes help take patients from active treatment to an active lifestyle. Learning and practicing yoga, tai chi and classes like Stretch, Strength and Balance have many benefits and help with a variety of side effects.

**Enhancement Program:** Cosmetologists fit and style wigs, hats and scarves for Coborn Cancer Center patients who lose their hair during treatment. This program is offered at no cost due to generous donations through the CentraCare Health Foundation. The Refresh room is also a place to get fitted for post-surgical garments, including prosthetic bras and camisoles for people who have lumpectomies or mastectomies.

**Expressive Arts:** A certified art therapist works with groups and individuals to use art as a healthy outlet for expressing feelings and decreasing anxiety. The Imagine room is available during open art studio time for guests to explore and create art independently at their own pace.

**Healthy Living:** Health care professionals lead classes on side effect management, wellness, stress reduction techniques and other healthful habits.

**Interactive Kitchen:** An oncology registered dietitian teaches the basics of healthful eating in an interactive kitchen. Participants make recipes and learn the benefits of a nutritious diet.

**Integrative Therapy:** Qualified integrative health practitioners develop an individualized plan to promote a holistic healing process. Integrative therapies support the body’s natural ability to heal and promote balance in mind, body and spirit. Integrative therapies offered include aromatherapy, acupuncture, acupressure, hand massage and Healing Touch.

**Support Groups:** Group members share their individual experiences, offer emotional comfort and moral support in a friendly and compassionate environment. They may also offer practical advice and tips to help others living with cancer.

Coborn Healing Center serves as the connection place for programs nurturing an environment that empowers strength and resiliency for those living with cancer, their loved ones and caregivers.
Bringing Beauty Home

While visiting Coborn Healing Center or Coborn Cancer Center, you will find serene outdoor landscape photography adorning many of the walls. Many are surprised to discover most of these scenic photos were taken and donated by Don Jurgens, MD.

Dr. Jurgens was always interested in photography and decided in 2010 to jump in with both feet. He bought a decent camera and signed up for a professional instruction course at Yosemite National Park through the Ansel Adams Gallery. It was a week of intense hands-on instruction and supervision to ensure he developed good habits. He has returned for three more courses to train with the same professional, Michael Frye. Most of his techniques were learned in Yosemite, but he also attended a workshop on Lake Superior and read several books. According to Dr. Jurgens, “Having a hobby of any sort helps with resilience, but the photography is a nice bonus to capture moments from my travels near and far.”

His favorites are displayed in his office at Coborn Cancer Center; one is a black and white of Machu Picchu, “Early morning our first day and the clouds were just receding from the mountains all around and from Machu Picchu itself. There was a solitary tree in the grounds of the ruins that I noticed and captured as it was coming out of the clouds.” The other is from a trip to New Zealand on the North Island, a place called Wai-O-Tapu Thermal Wonderland, “It was a sulfur hot spring with bright orange minerals deposited in the water and had steam coming off that was very cool. The picture does not capture the horrible smell and uncomfortable heat from where I was standing taking the picture, but I am still taken back there when I see it.”

Dr. Jurgens hopes his photos are relaxing to view, “Most of us can benefit from aids to help us relax so I hope my photos assist patients in that regard.”
Laughter is the Best Medicine

After enjoying an abundant life filled with all of his favorite things from fishing and golf, to shooting pool every week, Richard Kierzek, age 81, from Sauk Rapids, had to readjust. Rich went from leading a busy lifestyle to having prostate-specific antigen (PSA) levels as high as 78 and dealing with prostate cancer. Over time the cancer spread to his bones and spine causing an extreme amount of pain, no longer allowing him to walk on his own.

Fortunately, with radiation and chemotherapy treatment to shrink the tumors, alongside physical therapy, Rich’s pain levels have nearly subsided and his PSA levels have decreased down into the 20’s. Even though much of the physical pain is gone, the mental pain from adjusting to a whole new lifestyle of dependence, confinement and lack of mobility has been the most challenging for Rich.

This past Christmas when his spirits were low, his daughter handed him one last wrapped package. Inside was a playful little kitten that the family named “Kemo”. With the help of his supportive family, faith and his new four-legged friend, Rich was able to climb out of his depression and laugh again. Kemo has been the best distraction and therapy, transforming Rich’s mood and helping alleviate pain.

“It’s true what they say ... laughter IS the best medicine,” said Rich.

From the warm and welcoming greeter, to the schedulers and doctors, Rich’s experience with Coborn Cancer Center fell nothing short of great. “Every morning I arrived, Matthew was out with the wheelchair ready to load me up. The schedulers and my doctors were all so nice, helpful and friendly,” he said. Rich is looking forward to visiting the new Coborn Healing Center and checking out the services they have to offer for managing symptoms and staying comfortable. His one piece of advice he shared, “Make sure you get your PSA levels checked. I had no symptoms. If I wouldn’t have had the PSA level test at my annual physical, they would’ve never caught it.”
Cytarabine is a drug used to treat acute leukemia. A possible side effect, or toxicity of cytarabine is that it can cause neurotoxicity in up to 10 percent of patients who receive it. Neurotoxicity is damage to the brain or nervous system. Symptoms of neurotoxicity include walking and balance difficulties, changes in fine motor skills (such as buttoning clothing), memory loss, numbness/tingling in fingers/toes and/or seizures.

There are different types of acute leukemia. Figure 1 illustrates that acute myeloid leukemia is the most common type of acute leukemia.

Registered nurses at St. Cloud Hospital Inpatient Oncology are trained to assess for neurotoxicity in patients receiving cytarabine for acute leukemia. In 2016, Tara Hinnenkamp, RN, Inpatient Oncology, identified the assessment to detect neurotoxicity could be more comprehensive based on recent research findings. With the support of Hilary Ufearo, MBBS, medical oncologist, and Kathleen Rieke, MD, neurologist, and Ann Backes, MSN, RN, OCN, director of Inpatient Oncology, Tara implemented improvements to detect neurotoxicity as soon as the first symptom presents.

The tool created is called a “cerebellar assessment”. This is an in-depth assessment designed to identify any neurologic changes, including very small changes that may not be noticed by the patient. The assessment is performed every 12 hours and prior to additional administration of cytarabine.

Acute leukemia is most common in patients over 60 years of age. Figure 2 illustrates the increase in incidence of older adults having this disease as well. It also shows that acute myeloid leukemia is more prevalent than acute lymphocytic leukemia, which is more common in children.
Components of the Cerebellar Assessment completed by the RN include:

- **Gail (Walking) Observation:** Patient walks heel to toe for 10 feet or runs their heel down their shin.

- **Hand Writing:** Patient signs their name.

- **Orientation and Level of Consciousness:** Patient states their name, location and date of birth as well as what is going on.

- **Motor Strength:** Patient displays strength in all arms and legs.

- **Point-to-Point Testing:** Patient uses their index finger and repeatedly touches RN’s index finger, then touches their own nose. RN slowly moves their finger as assessment is performed.

- **Romberg:** Patient stands with feet together and eyes closed for five to 10 seconds.

- **Rapid Alternating Hand Movements:** Patient pats hands on thighs in a rhythmic motion as fast as possible for five to 10 seconds.

After performing this assessment, the RN will evaluate the results and compare to past assessments. If changes are found, the medical oncologist will be immediately notified to determine if it was safe for the patient to continue receiving cytarabine.

Patient safety is the number one priority when supporting patients with acute leukemia. RNs are leaders in identifying how we can continue to improve care to this patient population.

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, shared decision-making, access to leading cancer providers, research and clinical trials and continued adoption of new technologies, services and programming.

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.

**Cancer Center receives three-year approval with Commendation, Achievement Award**

In 2016, 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.

This award recognizes cancer programs that strive for excellence in demonstrating compliance with the Commission on Cancer standards and are committed to ensuring comprehensive, high-quality cancer care. Coborn Cancer Center is the only cancer program in Minnesota to achieve this designation for four consecutive surveys.
Thriving through cancer

“What do you do?”

An innocent question that is asked in conversations nearly every day. The answers usually define exactly what we do: “I’m a welder.” “I’m a mom.” “I’m a teacher.” “I’m a bus driver.” “I’m a nurse.” “I’m a businessman.” “I’m a grandpa.”

How does the conversation change when we hear the word “cancer”? Do you stop being a welder, a mom, a teacher, a bus driver, a nurse, a businessman or a grandpa?

Coborn Cancer Center providers, nurses and other professionals know a cancer diagnosis can change your life, but it cannot define your life.

Community support helps make a difference. Last year, over $320,000 donor dollars helped patients through various programs not supported through any conventional revenue stream.

These programs include:

- **Care Coordination**: Nurses who provide a link between patients and their professional care team. Offering education, support and resources for patients and families to make informed choices.

- **Cancer Research**: 2,432 patients were enrolled in clinical trials from 1978 to 2017. Currently there are 40 clinical trials for patients to enroll in. The research department is currently following 202 patients.

- **Enhancement Program**: Provide patients with 1:1 consultation with licensed cosmetologist for fitting of a wig, hat and accessories.

- **Screening and Prevention**: Sponsor speakers, education and cancer screening events for patients, caregivers and community members.

- **Integrative Therapies**: Provide holistic, healing therapies (acupuncture, Healing Touch, etc.) to relieve side effects such as nausea, pain and anxiety.

- **Scalp Cooling**: Provides scholarships for the Paxman scalp cooling system to help eligible cancer patients retain their hair during chemotherapy.

These programs, along with others, let cancer patients know they are not alone. Gifts to the Coborn Cancer Center can help them reclaim some sense of self and enable them to exclaim, “I’m a welder and a cancer survivor.” “I’m a teacher and a cancer survivor.” “I’m a nurse and a cancer survivor.” “I’m a bus driver and a cancer survivor.” “I’m a mom and a cancer survivor.” “I’m a grandpa and a cancer survivor.”

Your gift matters. No matter the size of the gift, the impact you have on the lives of our patients is immeasurable. Thank you for your continued support of our patients and their families.