

2008

Cancer Report 2008

Coborn Cancer Center

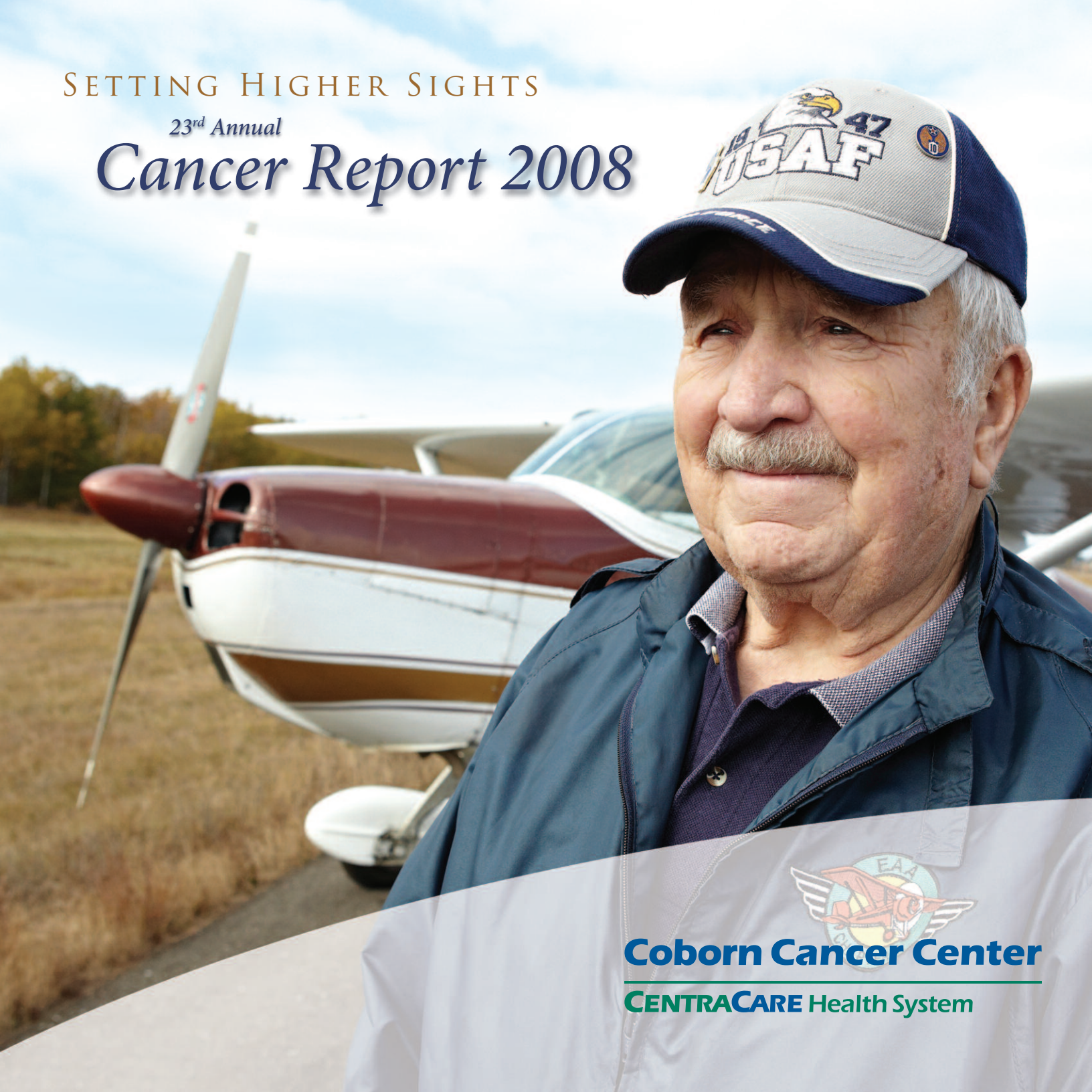
Follow this and additional works at: <https://digitalcommons.centracare.com/annual-cancer-report>

 Part of the [Organizational Communication Commons](#)

SETTING HIGHER SIGHTS

23rd Annual

Cancer Report 2008



Coborn Cancer Center

CENTRACARE Health System

Then...

With the first publication of the cancer report in 1986, the cancer committee sought to provide the 120 physicians on the medical staff of St. Cloud Hospital an overview of the local scope and capabilities in diagnosis and treatment of cancer from 1976 through 1986. At this time, most cancer treatment, including surgery and limited chemotherapy, was provided to inpatients, and radiation oncology was vastly different. The cover for this report, pictured to the right, likely interested only a few physicians as it pictured a microscopic cancer cell.

The first report included a focus study of breast cancer cases from 1976 to 1986 and highlighted the availability of mammography in early detection of breast cancer. In 1976, a total of 33 new breast cancers were diagnosed at St. Cloud Hospital. Only three (8.8%) of these breast cases were discovered by mammography, and radical mastectomy was the preferred surgical procedure for treatment.



The first publication of the Cancer Report in 1986

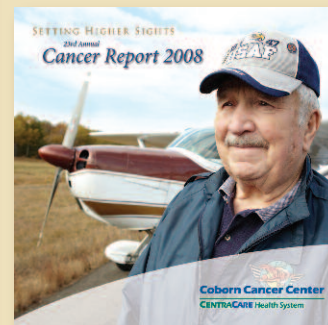
Now...

The purpose of publishing an annual cancer report continues to be the provision of an overview of cancer programming available in St. Cloud. The St. Cloud Hospital cancer registry annually tracks treatment and follow-up data on more than 17,400 analytic cancer cases diagnosed between 1994 and 2008. Treatment information is continually monitored to assure quality data capture thus allowing side-by-side comparison of screening, diagnosis and treatment modalities provided locally to what's available at any other accredited cancer program in the United States.

Close partnerships between patients and their providers drive health care decisions today. In addition, cancer care today requires a close communicative relationship with the many highly skilled specialty and subspecialty physicians located in our community and throughout Central Minnesota. Thus, the annual cancer report is intended to reach a broad audience with more than 3,100 copies printed and is available on the CentraCare Web site for access by literally anyone, anywhere.

Consumers use multiple resources to select a center for their cancer treatment. Their decision is made by considering local physician expertise by cancer disease site, availability of advanced treatments, cutting edge technology, local access to progressive research and highly skilled, sensitive, compassionate staff. In addition, survivors seek support programs that meet their long-term needs as they live a changed life post-cancer.

This annual report provides to the region an ongoing communication vehicle of our cancer programming and capabilities. As an example, this year's cancer focus studies — **prostate, kidney and bladder** — demonstrate national benchmark findings and outcomes because of the close collaborative work and commitment of the urology team at Adult and Pediatric Urology, St. Cloud Hospital and Coborn Cancer Center.



The 23rd annual publication of the Cancer Report 2008

Breast Cancer Now — Quite a Change from 1976

- 412 physicians on active and associate medical staff at St. Cloud Hospital.
- 263 new breast cancers diagnosed in 2008.
- More than 60% of new cancers were found by mammogram which generally results in the discovery of cancer at earlier stages leading to better outcomes.
- The availability of sentinel node biopsy minimizes lymph node dissection.
- Only a minority of women require a modified radical mastectomy.
- Breast cancer diagnosis and treatment options are multifaceted including screening with digital mammography, treatment with high dose radiation, and use of biotherapy agents for cancer prevention. Also, a full range of breast surgical options are available along with advanced reconstructive capabilities. (Visit www.centracare.com for more details.)

What will never change

- **Our commitment** to providing our community with a cancer program of the highest quality with technologically advanced capabilities, centered around patient-focused care principles.
- **Our dedication** to partnerships with regional providers and academic medical centers to ensure cutting edge capabilities at a local level.
- **Our appreciation** in being able to work with the many caring and committed health care providers in Central Minnesota who daily demonstrate their care and concern for those seeking their services. All too often we don't take the time to thank you for your commitment to this cancer program.
- **Our gratitude** to the many patients, locally and nationwide who have participated in clinical trials that have advanced knowledge of effective cancer treatments.
- **Our appreciation** to the hundreds of employees in all our clinics and hospitals who routinely go "above and beyond" to support our patients and their families.
- **Our gratitude** to the Cancer Care Board members who annually donate hundreds of hours to oversee and ensure that the broadest scope of cancer services remain available locally.



Jo Zwilling, RN, MBA
Cancer Program Director



Nicholas F. Reuter, MD, FACP
Cancer Medical Director

Coborn Cancer Center is proud to be a department of St. Cloud Hospital and is equally proud to provide the same high-quality care that St. Cloud Hospital has been so highly awarded for.

St. Cloud Hospital's national recognition includes:

- Magnet Award for Excellence in Nursing (2004-2008, 2009-2013)
- Thomson Reuters Top 100 Hospital (1993, 1994, 1999, 2005-2008)
- An "America's Best Hospital" *U.S. News & World Report* (2005-2008)



Roger Carlson,
prostate cancer survivor,
with his Harley Davidson
Electra Glide®

“It didn’t slow me down.”

Roger’s story

Upon the advice of his eye doctor and some prodding from family, Roger Carlson, then age 53, went to his doctor to get a cholesterol test. “I felt fine,” he said. “When I went in, my doctor saw I’d turned 50 and ordered a PSA test for me.” That lucky series of events added up to surprising results — prostate cancer.

Carlson chose daVinci technology offered at St. Cloud Hospital, a minimally invasive technique with much quicker recovery and fewer side effects, to treat his cancer. “I did a lot of research before choosing the daVinci,” Carlson said.

After the surgery, Carlson had seven weeks of radiation and didn’t skip a beat. “I was done with radiation a week before Labor Day and that weekend took a 650 mile trip,” he said. “It didn’t slow me down.” His cancer experience was a bump in the road, but with advanced technology and comprehensive care, today Carlson is riding high.



Setting Higher Sights

John’s story

John Mezera, 79, of St. Cloud has always loved aviation. He built model planes, received his pilot’s license at age 18, served in the Air Force and had a long career as a corporate pilot. Today, he is setting his sights even higher. Not only does he and his co-pilot Teddy, his 5-year old Roosevelt Terrier, devote time to youth by taking them flying to cultivate interest in aviation, but after his diagnosis of prostate cancer in 1993, John enrolled in two research studies. “I think it’s beneficial for everyone,” he said. “I’ve had so many friends with prostate cancer. I would *definitely* encourage others to participate in a clinical trial.” By participating in research, Mezera is helping to improve the care for others with prostate cancer.

Since 2008, the research departments of Adult & Pediatric Urology and the Coborn Cancer Center have worked together to assure the best clinical research trials are available to help patients diagnosed with prostate and genitourinary cancers.



John Mezera, prostate cancer survivor, with his Roosevelt Terrier, Teddy.

Prostate Cancer

Incidence

St. Cloud Hospital Cancer Registry abstracted 237 new cases of prostate cancer in 2008 compared to 177 cases in 1999. The number of cases in the community is likely much higher as these numbers do not reflect men who were diagnosed with prostate cancer and managed solely by Adult & Pediatric Urology or their primary care physicians. Adult & Pediatric Urology follows 3,510 men who have been diagnosed with the condition from 2004 through 2008 and are undergoing treatment or long term surveillance with 1,918 of these men seen during 2008. Over the past decade, the steady increase in the number of prostate cancer diagnoses likely reflects increased patient awareness, a dedication to provider education and aggressive screening with prostate-specific antigen (PSA) blood test and digital rectal exam (DRE).

Screening

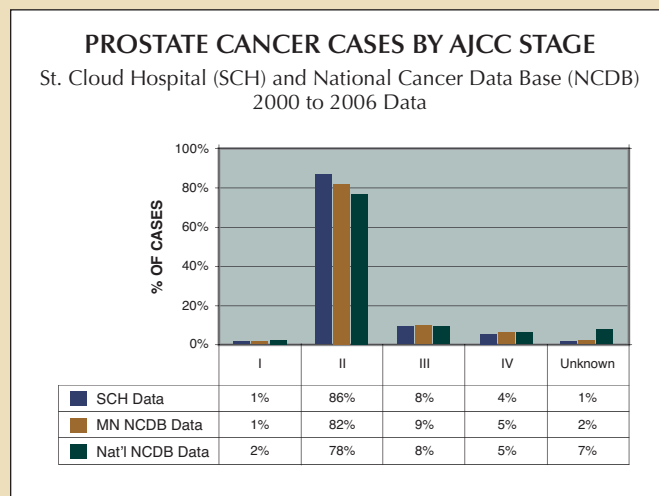
In 2009, the American Cancer Society (ACS) prostate cancer screening recommendations were revised and now recommend a discussion between a physician and patient regarding the potential risks and benefits of prostate cancer screening, as well as the options available with early detection. The decision whether to screen is between physician and patient.

The annual report last focused on prostate cancer in 1999. Prostate cancer continues to be the most commonly diagnosed cancer in our community and in the nation. Since 1999, screening recommendations have been refined, public awareness has increased and treatment options have expanded.



**Christopher Boelter,
MD, Urologist**

TABLE 1



Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0, 2009
(AJCC) = American Joint Commission on Cancer

Stage at diagnosis

In 2008, the majority of prostate cancer patients diagnosed and/or treated at St. Cloud Hospital were stage II (**Table 6**). A review of comparison data from the National Cancer Data Base (NCDB), shows 86% of the cases diagnosed and/or treated at St. Cloud Hospital were stage II. This compares favorably with NCDB data from Minnesota hospital cancer registries (82%) and national cancer registries (78%) (**Table 1**). The early diagnosis rate likely reflects the efforts of local primary care physicians who have been aggressive in screening for early detection.

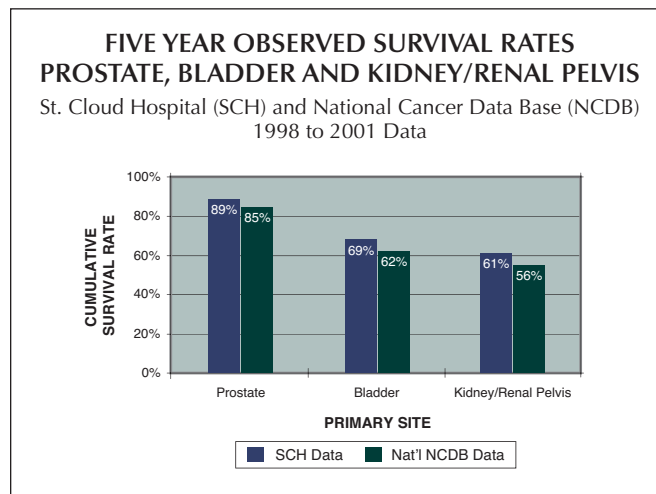
Treatment

The treatment for prostate cancer depends upon the stage of disease, aggressiveness of the tumor and age and medical condition of the patient. Because most prostate cancers are diagnosed when the patient still has local disease, there are many options available including active surveillance, surgery, radiation, chemotherapy, hormone ablative therapy or a combination of these treatments. Advances in surgical techniques within the past five years have added more options for patients who choose surgery for treatment. New, less invasive surgical techniques within the past five years include the da Vinci Robotic laparoscopic prostatectomy, a less invasive approach that provides an alternative to traditional open surgery; mini-laparotomy, a traditional prostatectomy through a substantially smaller incision; and cryosurgery, freezing of the prostate. For men with more advanced disease (stage IV), the physicians at the cancer center now offer access to clinical trials offering new chemotherapy/biotherapy agents designed to increase survival and improve quality of life.

Survival

The five-year survival rate for all stages of prostate cancer at St. Cloud Hospital is 89% compared to the national average of 85% (Table 2). Improvements in survival rates may be attributable to earlier diagnosis as well as improvements in treatment. Commitment of the local medical community to patient education and awareness also may have an impact.

TABLE 2



Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0, 2009

Controversies regarding the optimal management of prostate cancer will not be resolved in the near future but will continue to evolve as our knowledge of the condition grows.

St. Cloud Hospital cancer program has earned three-year accreditation with commendation as a Comprehensive Community Cancer Program awarded by the American College of Surgeons Commission on Cancer. In addition, at the time of the last survey in 2007, the cancer program was honored to receive the "Outstanding Achievement" award. This recognition of high level achievement has been earned by only about 15% of cancer programs in the nation. The purpose of the award is to:

- Recognize cancer programs that strive for excellence in providing quality care to cancer patients;
- Motivate other programs to work toward improving their care; and
- Foster communication between award recipients.

Kidney Cancer

Incidence

The incidence of kidney cancer cases diagnosed and/or treated at St. Cloud Hospital has increased 74% over the past decade, with 38 patients seen in 1999 and 66 patients in 2008. As with prostate cases, kidney cases are primarily managed by urology. Currently, Adult & Pediatric Urology follows 423 patients who have been diagnosed with kidney cancer from 2004 to present, with 213 patients seen during 2008. National statistics show that kidney and bladder cancer incidence is significantly higher in men than women. This is evidenced when comparing National Cancer Data Base (NCDB) statistics and St. Cloud Hospital findings. (Table 3).

Stage at diagnosis

In 2008, the majority of kidney cases at St. Cloud Hospital were diagnosed while cancer was still confined to the primary site, stage I or II (Table 6). Of St. Cloud Hospital cases diagnosed from 2000-2006, 60% were stage I to II, comparing favorably to a rate of 62% from Minnesota hospital data and 56% from national data (Table 4). The most common presenting complaints by patients with kidney cancer are 40% hematuria (blood in the urine), 40% flank pain and 25% palpable mass in the flank or abdomen. However, 25 to 30% of patients have no complaints and their kidney cancer is found on incidental radiologic study.

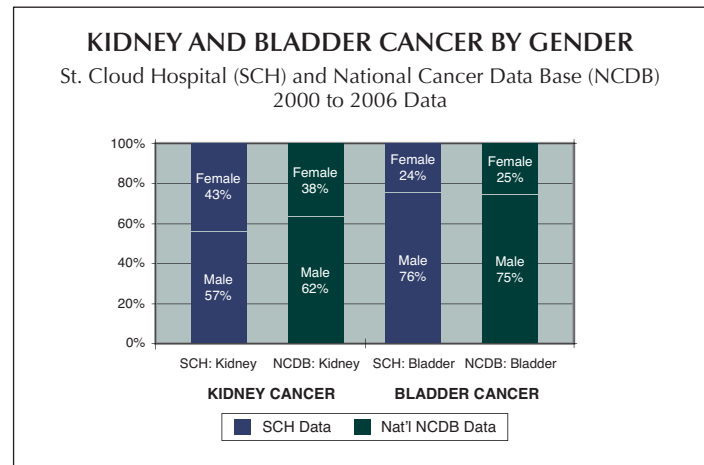
Treatment

Unchanged from 1999, surgical removal of the kidney cancer is still the primary treatment, with NCDB data from 2006 showing that 79% of all St. Cloud Hospital cases underwent surgery compared to 78% nationally. Today, however, the number of surgical options has increased to include both laparoscopic, open radical and partial nephrectomy and kidney cryotherapy. In addition, research activities have explored using combinations of targeted drugs that block the growth and spread of cancer by interfering with specific molecules involved in tumor growth and progression.

Survival

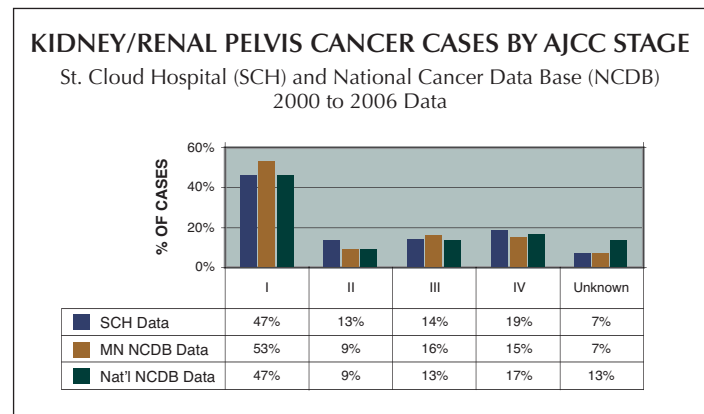
St. Cloud Hospital's five-year survival rate for all stages of kidney cancer is 61%, comparing favorably to the national rate of 56% (Table 2). There are no screening recommendations for kidney cancer. Quality outcomes depend on early diagnosis, aggressive surgical treatment and novel chemotherapy medications for high risk patients.

TABLE 3



Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0, 2009

TABLE 4



Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0, 2009
(AJCC) = American Joint Commission on Cancer

Bladder Cancer

Incidence

The number of bladder cancer cases reported annually by St. Cloud Hospital has increased from 42 cases in 1999 to 69 cases in 2008. As in kidney cancer, these numbers are not reflective of the total number of cases diagnosed in our community as these patients are primarily managed by urology. The National Cancer Institute reports the incidence of the disease in the United States has changed little over the past 20 years. Therefore, the increase noted in St. Cloud likely reflects growth in Adult & Pediatric Urology and St. Cloud Hospital. Currently, Adult & Pediatric Urology follows 819 patients, diagnosed from 2004 to present, with 373 patients seen in 2008. For bladder cancer, men have a greater incidence (75%) than women (25%). This is supported by NCDB statistics and St. Cloud Hospital findings (Table 3). The difference in gender incidence is not completely clear. Theories include smoking rates, exposure to carcinogenic substances and variation differences in male hormone mechanisms.

Stage at diagnosis

In 2008, the majority of bladder cancer cases at St. Cloud Hospital were diagnosed at an early (0 to I) stage. (Table 6). This compares to NCDB data where 69% of St. Cloud Hospital, 68% of Minnesota and 67% of national cases were diagnosed in these early stages (Table 5).

Treatment

Treatment options depend on the stage of the cancer. Patients diagnosed with superficial cancers may require nothing more than a biopsy procedure. Patients with recurrent tumors or superficial invasion may require treatment with Bacillus Calmette-Guérin (BCG), a medication placed in the bladder and urinated out. Patients with invasive cancers may need the bladder removed and an extended lymph node dissection. This aggressive therapy is delivered through an incision in the low abdomen but in the near future may be available as a robot-assisted laparoscopic procedure. Patients with metastatic cancer or high stage cancer may require chemotherapy and possibly radiation therapy after bladder removal. Fortunately, most bladder cancers are found early allowing bladder preserving treatments. Early detection depends on aggressive screening of patients with blood in their urine.

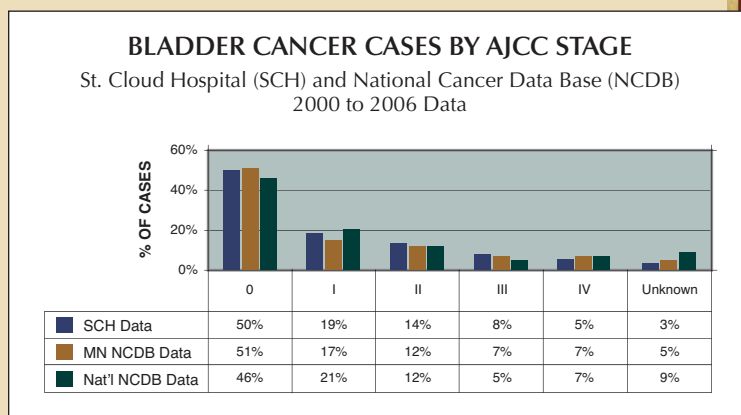
Survival

The 69% overall survival rates for bladder cancer at St. Cloud Hospital compares favorably with the 62% national overall survival rate (Table 2). When comparing St. Cloud Hospital incidence, stage at diagnosis and survival rates to NCDB rates there are no significant differences.

Summary

The providers of the St. Cloud community and St. Cloud Hospital are committed to improving patient survival by aggressively screening patients at risk, offering cutting-edge treatment options and participating in research studies that offer access to novel chemotherapeutic agents.

TABLE 5



Source: NCDB, Commission on Cancer, ACoS. Benchmark Reports, v9.0, 2009
(AJCC) = American Joint Commission on Cancer

Activity Report

Submitted by Cancer Registry

In 2008, there were 1,498 cases entered into the St. Cloud Hospital cancer registry. Although this was 115 cases less than entered during 2007, the long term trend for new cancer diagnoses has continued to rise over the past decade (Table 7). Our top five most frequently diagnosed cancers during 2008 were breast, prostate, colorectal, lung and lymphoma. Coincidentally, the sixth and seventh most common sites are bladder and kidney/renal pelvis, both included in the focus report this year.

These top seven cancer diagnoses account for 72% of all 2008 St. Cloud Hospital cases. The ratio of cases at this facility compares well with the estimated cases for Minnesota and the United States as published in the American Cancer Society's "Cancer Facts and Figures 2008"

(Table 8). The American Cancer Society statistics for breast do not include stage 0 cases perhaps explaining the higher percentage of breast cases in the St. Cloud Hospital registry.

American College of Surgeons Commission on Cancer standards are used by the registry for data collection procedures. There are 17,472 analytic cases in the registry for the years 1994 to 2008. A total of 9,433 patients are followed annually as of September 2009. Current follow-up data has consistently been

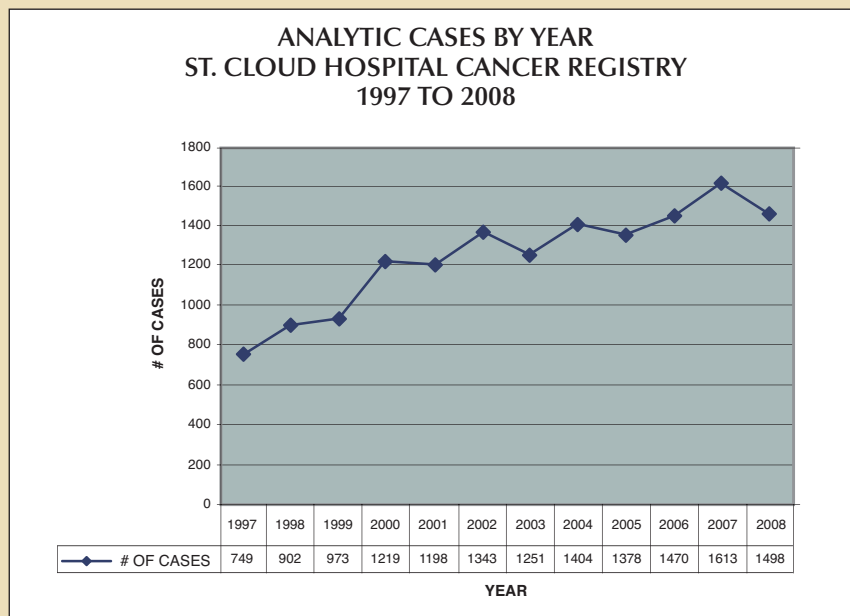
TABLE 6

AJCC STAGE GROUP* AT DIAGNOSIS: 2008 ANALYTIC CASES								
(Total Cases and Top Seven Sites)								
SITE	0	I	II	III	IV	UNKNOWN	N/A**	TOTAL
ALL CASES	141	352	391	192	225	23	174	1498
Breast	42	121	63	26	9	1	1	263
Prostate	0	0	208	19	10	0	0	237
Colorectal	50	37	27	34	27	5	2	182
Lung/Bronchus	0	29	20	43	82	6	2	182
Malignant Lymphoma	0	26	13	8	30	0	1	78
Bladder	38	11	10	2	7	1	0	69
Kidney/Renal Pelvis	3	38	4	11	9	1	0	66

* Collaborative Stage Derived

** N/A: (Not Applicable) refers to cancers that do not have an AJCC staging scheme (AJCC) = American Joint Commission on Cancer

TABLE 7



collected on more than 95% of these patients which exceeds the Commission on Cancer's requirement of 90%. Cancer registry data is used internally for quality outcome measures such as volume, survival and use and adherence to clinical practice guidelines. The data also is submitted to Minnesota's state cancer registry, the Minnesota Cancer Surveillance System, which monitors the occurrence of cancer in Minnesota. The registry also submits data to the Commission on Cancer's National Cancer Data Base (NCDB). The NCDB contains data on more than 15 million cancer cases from registries across the United States and explores trends in cancer care, research and provides benchmark data for participating institutions.

The registry continues to provide high-quality and timely data for all cancers diagnosed and/or treated at St. Cloud Hospital/Coborn Cancer Center.

The work of Cancer Registry is vital to our cancer care team on the local, regional and national level.

TABLE 8

INCIDENCE OF TOP CANCER SITES (Compared to total number of cancers diagnosed)			
SITE	St. Cloud Hospital	Minnesota*	Nationwide*
Breast	18%	13%	13%
Prostate	16%	15%	13%
Lung/Bronchus	12%	14%	15%
Colon/Rectum	12%	10%	10%
Lymphoma	5%	**	5%
Bladder	5%	5%	5%
Kidney/Renal Pelvis	4%	**	4%

* Minnesota and nationwide statistics taken from the American Cancer Society (ACS) Facts/Figures 2008

** The ACS Facts and Figures do not provide 2008 Minnesota estimates for lymphoma or kidney cancer

SITE INCIDENCE DATA AT ST. CLOUD HOSPITAL

ALL SITES	2006	2007	2008
Oral Cavity	26	47	24
Tongue	5	8	9
Oropharynx, Hypopharynx	2	2	00
Other	19	37	15
Digestive System	216	276	264
Esophagus	17	20	11
Stomach	12	22	22
Colon	107	126	137
Rectum, Rectosigmoid	33	50	45
Anus/Anal Canal	0	7	2
Liver & Bile Ducts	2	7	6
Pancreas	27	34	24
Other	18	10	17
Respiratory System	197	241	193
Larynx	11	9	8
Lung/Bronchus	180	226	182
Other	6	6	3
Hematopoietic/Lymphoid	150	141	153
Leukemia	31	35	29
Multiple Myeloma	21	15	18
Other Hematopoietic	27	21	28
Hodgkin Lymphoma	12	9	12
Non-Hodgkin Lymphoma	59	61	66
Bone	4	4	1
Connective/Soft Tissue	5	4	4
Skin	29	45	34
Melanoma	26	44	32
Other	3	1	2
Breast	256	273	263
Female Genital	51	43	51
Cervix Uteri	2	6	4
Corpus Uteri	34	20	30
Ovary	14	17	14
Other Female	1	0	3
Male Genital	265	302	248
Prostate	257	291	237
Testis	6	9	11
Other Male Genital	2	2	0
Urinary	150	138	138
Bladder	70	66	69
Kidney/Renal	75	69	66
Other Urinary	5	3	3
Brain and CNS	38	36	48
Brain (Benign)	1	1	1
Brain (Malignant)	20	19	25
Other Brain and CNS	17	16	22
Endocrine	51	40	46
Thyroid	41	35	40
Other Endocrine	10	5	6
Unknown Primary	22	20	24
Other/Ill-Defined	10	3	7
TOTAL	1470	1613	1498

Cancer Research

A glimpse back...

In 1977, Harold Windschitl, MD, of St. Cloud Hospital, became one of seven pioneering physicians who aspired to bring quality cancer care and research to Central Minnesota. Pursuing this notion, they formed North Central Cancer Treatment Group (NCCTG), a cancer clinical trials cooperative group based at Mayo Clinic in Rochester, MN. Under the leadership of Dr. Windschitl, St. Cloud Hospital accrued the first cancer patient to a research study on February 4, 1978. During the next six months, 13 patients were accrued to 12 studies. More than 1,500 people were enrolled in clinical trials while Dr. Windschitl acted as the Principal Investigator for research. Dr. Windschitl continued to lead the cancer research department and be a contributing member of NCCTG for 30 years until his retirement in 2009.



Harold Windschitl, MD, shown in 1978 when he was named medical chief of staff.

Today...

Donald Jurgens, MD, took over the reins of the Principal Investigator in late 2008. Dr. Jurgens graduated from the University of Minnesota Medical School and completed an internal medicine residency and a hematology/oncology fellowship at Mayo Graduate School of Medicine in Rochester, MN.

Continuing involvement with NCCTG, today the research department has more than 60 cancer research studies open and available, with access to many more industry/pharmaceutical studies, thus expanding the treatment options for our patients and physicians. With assistance from the Dr. Harold E. Windschitl Cancer Research Fund of CentraCare Health Foundation, St. Cloud Hospital and Coborn Cancer Center are committed to supporting research in Central Minnesota.



Donald Jurgens, MD, is the Principal Investigator at Coborn Cancer Center.

Retirees

Cancer research facts:

- Nationally, **20%** of cancer patients are eligible to participate in a clinical trial.
- Nationally, **5%** of cancer patients participate in clinical trials.
- **\$30 billion** of pharmaceutical money is spent on cancer research each year.
- Approximately **8,000** clinical trials are available through the National Cancer Institute.
- On average, it takes **8 years** for a cancer drug to receive FDA approval.
- Today, we follow **240** people on clinical trials at Coborn Cancer Center.
- The **Institutional Review Board** at St. Cloud Hospital oversees clinical trial safety for patients.



Patient advantages of participating in a clinical trial:

- You may have more treatment options;
- You may be among the first to benefit from a new drug or treatment;
- You may be helping future cancer patients; and
- Some medical care or tests may be paid by the trial sponsor.

If you have questions or would like additional information about cancer research trials, please visit www.centracare.com or call (320) 229-4907.

Coborn Cancer Center would like to bid a fond farewell to two St. Cloud



**Harold Windschitl,
MD**



**Gerald Jurgens,
MD**

Hospital Cancer Program physicians, Harold Windschitl, MD, medical oncologist and Gerald Jurgens, MD, otolaryngologist, who retired in 2009. These physicians were two of Central Minnesota's first specialty care providers and cancer care pioneers. Their foresight and commitment to the St. Cloud Hospital cancer program have helped to make it what it is today. We congratulate them on their achievements and thank them for their dedication.

Quality Cancer Care

60% of registered nurses at Coborn Cancer Center hold national oncology certification.

We all want to believe that when people get cancer — including ourselves and our relatives — they will get health care of the highest quality. What is “quality” cancer care? How do we measure quality across the spectrum of cancer prevention, diagnosis and treatment? There are national programs devoted to answering these questions and to identifying the indicators of quality cancer care. Not an easy task. Cancer is complex.

The age of high speed technology has brought to the community practice setting, up-to-date, easily accessible cancer guidelines for treatment. By monitoring use of these guidelines to assess process, how care is delivered is a quality measure. Another frequently measured outcome is five-year **survival rates**. Some research has shown correlation with the **number of cases** (volume) to be a positive factor in quality outcomes. However, quality assessment also might evaluate **structures** (services and treatment available, facility, providers), and other outcomes such as **quality of life** and **satisfaction with care**.

While there is not yet one singular definition or measure for quality cancer care, we are proactive in evaluating our cancer care to assure the best is available to our community and patients. The Coborn Cancer Center also participates in numerous quality initiatives through the Commission on Cancer (CoC), the National Cancer Data Base (NCDB) and the American College of Radiology (ACR). The wisdom of using both internal and external monitors to evaluate cancer care provides an objective and comprehensive look at our program.

Our cancer program has been accredited by the CoC for 20 years. The CoC is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education and the monitoring of comprehensive quality care. Accreditation by the CoC provides access to national performance measures and a means of providing data to the NCDB. Through this process we are

provided with reports that compare our cancer program performance to state and national benchmarks.



Debbie Linz, oncology scheduler, assists patients at Coborn Cancer Center.

For additional information and a look at our quality reporting measures for breast, prostate and colorectal cancer, please visit our Web site at www.centracare.com, keyword “cancer outcomes”.

Coborn Cancer Center's radiation oncology department is one of three programs in the state of Minnesota to be accredited by the prestigious American College of Radiology (ACR). The ACR sets and assures quality standards for radiation oncology and helps us continuously improve the quality of care our patients receive. The accreditation is voluntary and is designed to be educational but also allows evaluation of personal qualifications, equipment performance, effectiveness of quality control measures, and quality of clinical images. Ultimately, this accreditation monitors the overall quality of patient care.



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

Strong outcomes

Da Vinci surgical technology is an example of how quality care enhances patients' lives. Visit www.centracare.com for more details.

In high school, Richard Hirdler was a gifted athlete. Today, at age 69, he is still physically active, stating he can do 1,111 sit-ups in 43 minutes with a 90-pound weight on his chest. So after a PSA test and biopsy revealed prostate cancer, he fought it with the same intensity he brings to the gym.

His doctor, Christopher Boelter, MD, a urologist at Adult & Pediatric Urology, recommended a da Vinci Prostatectomy — a minimally invasive, robotic-assisted surgical procedure that removes the cancerous prostate gland and related structures.

Richard had his surgery October 3, 2008 and was discharged the following afternoon — only 24 hours after the surgery. Compared to previous hernia surgeries, Richard found that the da Vinci Prostatectomy left him with smaller incisions, less scarring, a shorter hospital stay and a faster recovery.

Richard now feels great and believes his prognosis is good. He still works full time for the City of St. Cloud in the Street Department and he continues to work out at the gym, deer hunt, fish and read.

Richard credits his quick recovery to a lifestyle that includes exercise, the loving support of his wife and family and his faith.



Richard Hirdler, prostate cancer survivor, continues his active lifestyle at age 69.

Survivorship

The Cancer Survivorship Network enhances quality of life for patients and their families during and after treatment by offering programs and services such as **Art Therapy** and **Children's Lives Include Moments of Bravery (CLIMB)**.

Art Therapy Program

Art therapy is the process of expressing feelings and emotions in a creative, non-verbal way. It can help patients and loved ones relax and heal, discover self awareness or cope with pain and illness.

Katie Kinzer, master's level art therapist, is trained not only in the art medium but how to help people and foster healing. "Taking art therapy classes more than once or at different times in your journey is definitely beneficial," said Kinzer. "One project may tell you about where you are at

a given moment but reviewing a series of your art over a period of time tells you more about your journey."

Art therapy projects may include working with clay, making a mask, watercolor painting or drawing to name a few.



Katie Kinzer, MA, leads the Art Therapy Program for patients and their family members at Coborn Cancer Center.

"Art allows me personal expression. It is amazing what comes out from within and what I learned about myself along the way. It's fun and freeing and helps me keep my life and cancer journey in perspective and balance."

Mary, cancer survivor



CLIMB® Program

In the United States, the American Cancer Society estimates that more than 315,000 parents with children under 18 will be diagnosed with invasive cancer each year. As this number continues to rise, Coborn Cancer Center recognizes there are a number of children in our region affected by cancer each year. With financial support from CentraCare Health Foundation, we were able to launch our own support program called CLIMB (Children's Lives Include Moments of Bravery) — for children who have a parent or grandparent experiencing cancer.

In January 2009, we offered our first session. This program offers six weekly, 90-minute group meetings, during which conversation and activities are used to help children (ages 6-11) identify and appropriately express complex feelings. They are given their own notebook to capture their progress, which they can share with their family at home.

Children bond very quickly with other children going through a similar experience. They learn that being sad, frightened and even angry is part of the cancer experience. The sessions help children process feelings without having to suppress them or feel overwhelmed by them.

The CLIMB Program will provide children with:

- A better understanding of cancer and its treatment;
- The ability to healthfully express their feelings and emotions;
- The ability to meet and share feelings with other children in similar situations, and learn that "I'm not the only kid in school with a parent who has cancer"; and
- An understanding that cancer is "not their fault," that they are not alone and they are much better equipped to cope.

Programs such as Art Therapy and CLIMB are available thanks to the generosity of individuals in our community.



Lily (second from left) and Kaitlyn are shown with nurses **Dawn Demant, RN,** (left) and **Brenda Spoden, RN,** who help lead CLIMB.



Drive-Thru Colon Cancer Screening saves lives

Free colon cancer screenings were offered in March 2009, to nearly 500 individuals in Central Minnesota, thanks to the Hind-Site Alliance, Minnesota Cancer Alliance and CentraCare Health System. The screenings resulted in 32 positive findings for blood in participants' stools.

Twenty participants consulted with their physicians. Fifteen received additional workup, including 13 who underwent a colonoscopy — the best method of detection for colon cancer. These colonoscopies led to the diagnosis of adenomas in three participants. Adenomas are a type of polyp that, if left untreated, has the potential to become cancerous. In addition to the above cases, two patients were diagnosed with cancer.

Linda Hamre, of St. Cloud, was one of them. Hamre was preoccupied with heart issues —

a quadruple bypass and a stint in her leg — but took advantage of a free drive through colon cancer screening. “I had some concerns but was one of those people who never would have gotten a colonoscopy,” she said.



Stephanie & Doug Randolph

After Doug was diagnosed with colon cancer, Doug & Stephanie set up the Hind-Site fund through CentraCare Health Foundation to support colon cancer education, screenings and the promotion of complementary therapy.



Linda Hamre, colon cancer survivor, with her granddaughter, Anastasia.

Hamre noticed an ad in the paper for free colon cancer screening kits that could be done at home. “The kit was the step in between — just what I needed,” she said. “I thought, why not? It’s free, private and painless.”

This move may have saved 49-year old Hamre’s life. The screening revealed blood in her stool. After a colonoscopy detected cancer, she had surgery to have it removed and is back to her life as a wife, grandmother and substitute teacher. “I am so grateful for the funds that were donated to this program,” she said. “The screening kit that detected my colon cancer early made the difference in my life. Who knows when I would have gone in for a colonoscopy, it could have been too late for me. I hope everyone will take advantage of this opportunity and also have their colonoscopy done when it’s time.”

Colon cancer is the most preventable cancer as it has the highest number of modifiable risk factors. Beginning at age 50, everyone should be screened every 10 years with a colonoscopy — the “gold standard” for early detection. When colorectal cancer is found early and treated, the five-year relative survival rate is 90%.

Generous Gifts... Changing Lives

Community support enhances the care we provide. We express our gratitude to those who participated in the following events which collectively raised more than \$318,000 to improve cancer care in Central Minnesota. **Thank you!**



Cancer Named Funds

Fund-naming opportunities are available for the Coborn Cancer Center. Our utmost gratitude from the staff, physicians and patients who see your gifts impact cancer patients every day.

Almeda Ella Polish Fund
Aunt Leona Fund
Breast Cancer
 Greatest Needs Fund
Cancer Survivorship
 Network Fund
Carl and Marilyn Savage Fund
Coborn Cancer Center
 Endowment Fund
Coborn Cancer Center
 Greatest Needs Fund
Craig & Lynn Dahl Fund
Dr. Harold E. Windschitl
 Cancer Research Fund

Dr. Nicholas & Bernice Reuter Fund
Hank & Dee Coppock Fund
Hind Site Fund
Jean Kershner Lung Cancer Fund
John & Nancy Frobenius
 Breast Cancer Fund
Kristine Cunningham Rose
 Memorial Fund
Pat Opatz Cancer Research Fund
Pediatric Cancer
 Greatest Needs Fund
Quinlivan & Hughes Fund
Surviving with Style Fund

For more information on supporting these funds or creating your own, please call the Foundation at (320) 240-2810. For a list of individual benefactors, please visit www.centracare.com/foundation/benefactors.html.

COBORN CANCER CENTER

Board Members

Hani S. Al-Khatib, MD

Hematology/Oncology

Christopher W. Boelter, MD

Urology

Linda Chmielewski, RN

Vice President, Operations

Shawn K. Day, DO

Family Medicine

Marc A. Dvoracek, MD

Pathology

Ronald D. Hanson, MD

Otolaryngology

Mark D. Hauge, MD

Hematology/Oncology

Sandy Johnson, RN, AOCNS

Director, Cancer Community Programs

Donald J. Jurgens, MD

Hematology/Oncology

Barbi L. Kaplan-Frenkel, DO

Medical Director, Radiation Oncology

Maria D. Mallory, MD

Surgery

Andre L. Mitchell, MD

Radiation Oncology

Paul J. Mitchell, MD

Surgery

Tracy E. Napp, MD

Radiology

Derek Peterson, RN

Director, Radiation Oncology

Nathan P. Reuter, MD

Surgical Oncology

Nicholas Reuter, MD

Medical Director, Medical Oncology

Cathy Tieva, RN, OCN

Director, Inpatient Oncology

Jane Vortherms, RN, OCN

Director, Chemotherapy and
Oncology Clinic

Jo Zwilling, RN, MBA

Director, Cancer Program

Coborn Cancer Center

CENTRACARE Health System

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

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

Innovative care

Innovative for care delivery, Coborn Cancer Center brought hospital and clinical cancer services together in one location in 2001. In 2007, the patient experience was again enhanced by the investment of a nearly 20,000-square-foot expansion.

Today, more people are living with cancer. Our commitment remains focused on “survivorship” programs and resources to support patients and their families through their journey with cancer — from the time they are diagnosed for the rest of their lives.



The 2007 Coborn Cancer Center annual report was recognized by the Minnesota Health Strategy and Communications Network. Entries were evaluated on planning, approach, budget and results.

