

2007

Cancer Report 2007

Coborn Cancer Center

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

 Part of the [Organizational Communication Commons](#)



Cancer Report
2007

Coborn Cancer Center

CENTRACARE Health System



Being involved in leading and developing cancer services is exciting. We believe the challenges before us have never been more complex; but never more important.

During the past eighteen months the Cancer Center Board, with support from organizational and community executives, patients and physicians, focused on completing a thorough assessment of our cancer program. We worked with an outside consultant to assess current strengths and opportunities while also evaluating how well we are positioned to meet future challenges as Central Minnesota's comprehensive regional cancer program of excellence. We concluded this appraisal with confidence that CentraCare is poised to meet the region's needs for cancer care; a conclusion simultaneously echoed by two national accreditation bodies — Commission on Cancer and American College of Radiology.

St. Cloud Hospital has an award winning cancer program gaining recognition as a quality cancer care provider in Central Minnesota and beyond. But just as we are energized by being able to practice at a time when great cancer advances are happening literally everyday, we cannot rest on today's successes.

Coborn Cancer Center goals:

- *Demonstrate upper quartile leadership in clinical excellence* to our patients, referring physicians, as well as regulatory and reviewing organizations. A sampling of our benchmark reports for breast, prostate and head and neck cancer quality outcomes are found in this report.
- *Improve the patient care experience* including the addition of a lung care coordinator, survivorship programming, expedited response to phone calls, and transportation assistance.
- Ensure *critical cancer specialists are available* to meet increasing demands of the region is of utmost importance. Staff additions for physicians, registered nurse coordinators, and several support areas are in process.
- Assure patients have access to leading edge treatment and technologies have resulted in multiple *program development* priorities.
- Implementing *new radiation programs* such as partial breast irradiation;
- Opening *additional research studies* to offer more patients cutting-edge treatment options close to home;

- Adding several newly approved *chemotherapy options*;
- Participating in *regional program development* through a three-hospital cooperative effort to provide cancer patients in Monticello with new cancer access by the fall of 2008.

When cancer can be prevented or detected early the cancer program celebrates along with the communities we serve. Early detection markedly increases available treatment options, minimizes side effects and improves chances for long term survival. Much of the work to prevent and/or find cancer early happens before individuals are ever patients at Coborn Cancer Center. In Central Minnesota there are hundreds of well trained and committed physicians and health care professionals who are working daily to educate and screen for cancer. If it were not for the diligence of the people living in Central Minnesota working in close collaboration with their primary health care providers, the work of the Cancer Center would be much more challenging. On behalf of the Cancer Center, we applaud your efforts and remain committed to our mutual partnership to remove the diagnosis of cancer from our lives.

Jo Zwilling RN, MBA

Jo Zwilling, R.N., M.B.A.
Cancer Center Director

Nicholas F Reuter MD

Nicholas F. Reuter, M.D., F.A.C.P.
Cancer Center Medical Director

“I had the option to go to Mayo, but St. Cloud has the same level of care — my treatment would have been the same. I never doubted staying in St. Cloud for my care.” | Carol Rupp, 10-year breast cancer survivor

Carol Rupp was diagnosed with stage one breast cancer in 1998 during a routine mammogram. Carol endured a battery of surgery, chemotherapy, radiation and hormone therapy. Today Carol testifies how having comprehensive services, right in St. Cloud, can impact the journey for a cancer patient and their family.



Achievements

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 for outstanding care includes:

- *Magnet Award for Excellence in Nursing (2004-2008)*
- *A Thomson Top 100 Hospital (1993, 1994, 1999, 2005, 2006 and 2007)*
- *An “America’s Best Hospital” U.S. News & World Report (2005, 2006 2007 and 2008)*

Breast

CANCER REPORT

It has been several years since the cancer report has focused on invasive breast carcinoma. There have been significant advances in the local regional treatment of breast cancer in recent years. The American Cancer Society estimates that more than 178,000 women nationwide and 3,200 in Minnesota were diagnosed with breast cancer in 2007 and more than 63% will be diagnosed when the disease is still localized.



Barbi Kaplan-Frenkel, D.O.

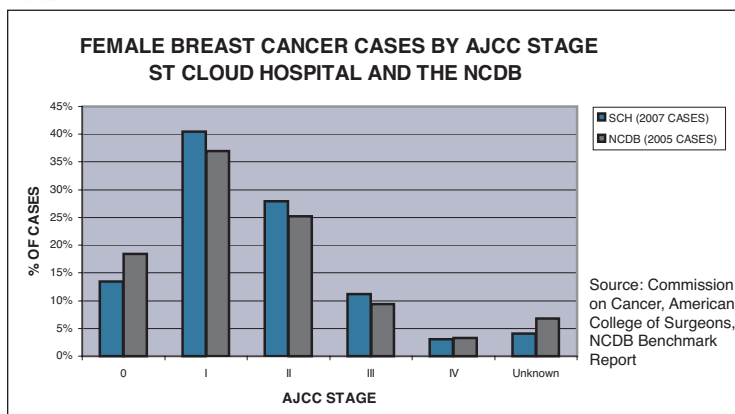
This report will discuss the local treatment options and outcome for early stage I and II breast cancer. In 2007, there were 272 breast cancer cases diagnosed and/or treated at St. Cloud Hospital (SCH), Coborn Cancer Center and/or CentraCare Radiation Oncology at Douglas County Hospital (in Alexandria). Of these 272 cases, 271 were female. The percentage of stage I and II female breast cancer cases was 41% and 28% respectively which is comparable to the National Cancer Data Base (NCDB). See table 1.

Most women have no symptoms but are found to have an abnormality on screening mammogram. The most common histology in both the SCH 2007 cases and National Cancer Data Base is infiltrating ductal carcinoma. Five-year survival rates at St. Cloud Hospital exceed the NCDB rates at 95% for stage I and 88% for stage II compared to national figures of 91% and 82%.

See table 2.

Early diagnosis of breast cancer provides women with more treatment options. To enhance diagnostic capabilities digital mammography is now available through St. Cloud Hospital. The recent National Institute of Health report indicates that the preferred standard treatment for early stage breast cancer is breast conserving therapy which involves a lumpectomy followed by radiation. There are some patients with stage I or II breast cancer that may require or desire mastectomy. Both procedures result in equivalent survival rates with the former preserving the breast.

TABLE 1



In 2007, there were 221 stage 0-II female breast cancer cases. Of those, 125 or 57% chose breast conserving treatment with 97% of these patients going on to receive radiation therapy at our center. Nationally, close to 20 percent of patients who choose lumpectomy for their treatment do not receive the recommended radiation therapy after their surgery.

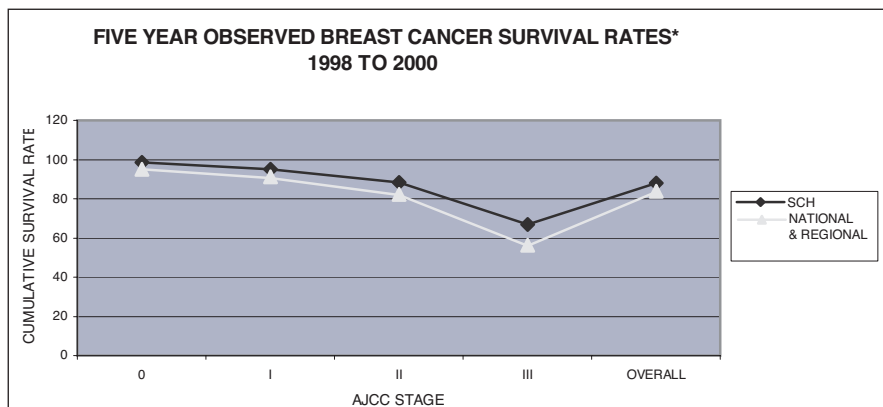
Whole breast irradiation has become the standard of care after breast conserving surgery because it results in very low local recurrence rates and low rates of side effects to normal tissue which result in good to excellent cosmetic results. Despite these benefits, however, many women eligible for breast conserving therapy do not receive it. Women identify a number of reasons for choosing mastectomy. While some women choose mastectomy to avoid radiation most have other concerns about treatment length and travel burden associated with conventional daily radiation therapy. Omission of radiotherapy is associated with a three-fold increase in local tumor recurrence.

During the past ten years, accelerated partial breast irradiation (APBI) has been investigated as an alternative to conventional treatment. In contrast to standard radiation to the whole breast, APBI delivers radiation for just one week and only exposes the breast tissue at greatest risk of recurrence to the treatment while limiting radiation dose to sensitive normal tissues which surround the breast. The most widely used form of APBI is MammoSite

5-Day Targeted Radiation Therapy which uses a balloon catheter to deliver radiation. The Coborn Cancer Center treated 17 cases of breast cancer with APBI using the MammoSite catheter in 2007, the first year of its use in Central Minnesota. We actively enroll patients into the National Cancer Institute sponsored study to further define the role of APBI for early stage breast cancer. The National Surgical Adjuvant Breast and Bowel Project/ Radiation Therapy Oncology Group (NSABP/RTOG) randomized trial is comparing standard whole breast irradiation to partial breast irradiation.

The technical advances in local regional treatment of early stage breast cancer followed by adjuvant treatment of chemotherapy and/or hormonal manipulation with Tamoxifen or Arimidex offered by the experienced, multidisciplinary medical team of St. Cloud surgeons, radiologists, pathologists and Coborn Cancer Center medical and radiation oncologists has provided the ability for more women of Central Minnesota to receive preferred treatment while maintaining excellent cosmetic results, reduced side effects, and excellent survival.

TABLE 2



* There was an insufficient number of stage IV cases for St Cloud Hospital to calculate the stage IV survival rate
Source: Commission on Cancer, American College of Surgeons, NCDB Survival Reports

Analysis of 2007 Activity Report

Writing this 2007 activity report is exciting and revealing. First of all the tremendous growth and expansion of our cancer program in Central Minnesota is evident in the numbers. The first St. Cloud Hospital cancer report was published by the cancer registry in 1987 and revealed **574** cases diagnosed and/or treated by the cancer program in 1986. Compare this to the **1,608** cases diagnosed and/or treated in 2007 and there is evidence of the tremendous growth, commitment, and accomplishments of the St. Cloud Hospital cancer program. [See table 3.](#)



Mark Hauge, M.D.

TABLE 3

2007 ACTIVITY REPORT			
	2005	2006	2007
Analytic Cancer Cases ¹	1,376	1,466	1,608
Cases in the Cancer Registry	13,776	14,339	16,045
Cases in Follow-Up	7,306	8,481	9,516
Hospital Discharges	24,932	25,763	26,568
Inpatient Cancer Discharges	1,347	1,589	1,687
Total Cancer Patient Days	6,620	7,627	8,129
Average Length of Stay (Cancer Patient)	4.9	4.8	4.8
Radiation Therapy Patients Treated	829	775	723
	(576 SCH ²)	(533 SCH ²)	(492 SCH ²)
	(253 Alex ³)	(242 Alex ³)	(231 Alex ³)
Hospice Cancer Patients	129	136	150
# of Cases Presented at Cancer/Breast Conference	224**	194**	178**
Average # of Physicians Attending Weekly Cancer Conference	9	7	9
<small>¹Cases diagnosed and/or received their first course of therapy at St. Cloud Hospital/Coborn Cancer Center/ CentraCare Radiation Oncology at Douglas County Hospital, Alexandria.</small>			
<small>²SCH refers to St. Cloud Hospital</small>			
<small>³Alex is CentraCare Radiation Oncology at Douglas County Hospital, Alexandria</small>			
<small>*In 2004, the cancer registry changed its reference date from 1986 to 1994</small>			
<small>**Breast Conference cases and attendance are included in this figure starting in 2003.</small>			

The four most commonly diagnosed cancers reported by the cancer registry remains the same as in 1986, breast, colorectal, lung and prostate. This is in accordance with national statistics for site incidence. [See table 5.](#)

Excluding skin cancer, **breast cancer** remains the most commonly diagnosed cancer for women in the United States. In 2007 we saw our largest number, 272 breast cancer cases or 17% of our total cancer cases, this compared to the 70 cases reported with the 1986 data. The majority of breast cases, 82%, were diagnosed in early stage (0-II). [See table 4.](#) As new technology and treatment standards for breast cancer steadily evolved over the past decade, the cancer program has been fortunate to have a dedicated breast center to educate and improve breast care for the women of Central Minnesota.

Prostate cancer is the most frequently diagnosed cancer in men both nationally and in our community. More than 90% of all prostate cancers are diagnosed in the local or regional stages leading to a 5-year relative survival rate of almost 100%. For the 291 cases reported in 2007, 89% were diagnosed in early stage (0-II). See table 4. Since 2004 the Coborn Cancer Center has partnered with Adult & Pediatric Urology, P.L.L.P. to identify and measure quality and outcomes of prostate cancer care for our patients. More information is available on our website www.centracare.com.

Lung cancer accounts for about 15% of cancer diagnoses in the nation. Likewise lung cancer represents 14% of our total cancer cases for 2007 with a total of 226 cases accessioned by the registry. Unfortunately the majority of lung cases continue to be diagnosed at later stages (III and IV). This holds true with 65% of our cases and is congruent with national statistics. See table 4.

Because survival depends upon the disease being diagnosed while still localized; the emphasis and hope for the future depends upon new technology that will provide early detection. Study results for a large multi-sponsored clinical trial assessing screening of high-risk individuals with spiral CT or standard chest X-ray are expected to be reported by 2010.

TABLE 4

AJCC STAGE: ANALYTIC CASES								
ABSTRACTED IN 2007 (Total cases and top four cancer sites)								
SITE	In-situ	I	II	III	IV	UNKNOWN	N/A**	TOTAL
ALL CASES	111	345	433	200	250	110	159	1608
Breast	37	110	76	30	8	11	0	272
Prostate	0	0	260	19	10	2	0	291
Lung/Bronchus	0	36	8	51	97	31	3	226
Colon/Rectum	36	34	34	27	22	17	5	175

**NA (Not Applicable) refers to cancers that do not have an AJCC staging scheme.
(AJCC) = American Joint Commission on Cancer

Achievements

*Nursing Staff Achievements
Currently 70 percent of
registered nurses at Coborn
Cancer Center hold national
specialty certificates.*

Analysis of 2007 Activity Report - continued

Colorectal cancer is the third most common cancer for men and women and thus remains one of the top four cancers diagnosed in the nation and Central Minnesota. There were 175 cases accessioned into our registry in 2007. Fifty-nine percent of these cases were diagnosed as early stage (0-II). See table 4. Colorectal cancer rates have been decreasing over the past two decades, partly due to an increase in screening, which can result in the detection and removal of colorectal polyps before they progress to cancer. In addition, new targeted monoclonal antibody therapies, such as bevacizumab, cetuximab, and panitumumab, have recently been approved by the Federal Drug Administration (FDA) to treat metastatic colorectal cancer thus improving the treatments options.

For the past several years we have reported an upward trend in the number of **kidney** and **bladder** cancers accessioned. This trend continues with 8% of total (1,608) cases accessioned represented by these two diseases. The most frequently occurring genitourinary cancers, (prostate, kidney, and bladder) represent 26% of the cancers diagnosed and/or treated in our community in 2007. Nationally it is estimated that these cancers combined will represent 22% of new cancer cases

Achievements

Coborn Cancer Center Radiation Oncology department received full three-year accreditation from the American College of Radiology. Coborn Cancer Center is one of only two programs to receive this prestigious recognition.

TABLE 5

SITE INCIDENCE OF TOP FOUR CANCER SITES (Compared to total number of cancers diagnosed)			
Site	St. Cloud Hospital	Minnesota*	Nationwide*
Prostate	18%	19%	15%
Breast	17%	13%	12%
Lung/Bronchus	14%	12%	15%
Colon/Rectum	11%	10%	11%

*Minnesota and nationwide statistics taken from the American Cancer Society (ACS) Facts/Figures 2007.

diagnosed by the end of 2008. Recognizing the impact of these cancers on the lives of our patients, we have partnered with Adult & Pediatric Urology, P.L.L.P. to bring more emphasis and community awareness to genitourinary cancer research studies focused on finding new and better treatment options.

Without the experienced staff of the cancer registry it would be impossible to measure the growth of the program or to analyze the outcomes of treatment and preventative care. Just as the program changed since the first cancer report in 1987, so has the role of cancer registry. Emphasis remains on volume but also includes quality outcomes such as survival and use and adherence to clinical practice guidelines. The registrars have provided ongoing support for the cancer team for more than 22 years and are commended for their hard work and dedication.

2007 SITE INCIDENCE DATA AT ST. CLOUD HOSPITAL

	2005	2006	2007
ALL SITES	27	26	47
Oral Cavity	27	26	47
Tongue	10	5	8
Oropharynx, Hypopharynx	0	2	3
Other	17	19	36
Digestive System	203	216	274
Esophagus	22	17	20
Stomach	6	12	21
Colon	98	107	126
Rectum, Rectosigmoid	35	33	49
Anus/Anal Canal	3	0	7
Liver & Bile Ducts	6	2	7
Pancreas	18	27	34
Other	15	18	10
Respiratory System	203	197	241
Larynx	9	11	9
Lung/Bronchus	193	180	226
Other	1	6	6
Hematopoietic/Lymphoid	125	150	141
Leukemia	31	31	35
Multiple myeloma	10	21	15
Other hematopoietic	15	27	21
Hodgkin lymphoma	6	12	9
Non-Hodgkin lymphoma	63	59	61
Bone	1	4	4
Connective/Soft Tissue	5	5	4
Skin	29	29	45
Melanoma	27	26	44
Other	2	3	1
Breast	266	255	272
Female Genital	45	51	42
Cervix Uteri	3	2	6
Corpus Uteri	33	34	20
Ovary	7	14	16
Other Female	2	1	0
Male Genital	231	265	302
Prostate	214	257	291
Testis	14	6	9
Other Male Genital	3	2	2
Urinary	129	150	137
Bladder	65	70	65
Kidney/Renal	61	75	69
Other Urinary	3	5	3
Brain and CNS	38	37	36
Brain (Benign)	0	1	1
Brain (Malignant)	17	20	19
Other Brain and CNS	21	16	16
Endocrine	55	49	39
Thyroid	46	41	34
Other	9	8	5
Unknown Primary	16	22	21
Other/III-Defined	3	10	3
TOTAL	1376	1466	1608

Research

The pace of new cancer drug development continues to accelerate as well as the ever-changing process and method for delivering radiation therapy, another staple of cancer treatment. The Coborn Cancer Center is committed to providing cancer patients access to the newest and best research protocols.

Sandy Johnson,, R.N., A.O.C.N.S.

Research programs within the Coborn Cancer Center are North Central Cancer Treatment Group (NCCTG), Mayo Clinic Cancer Research Consortium (MCCRC), Radiation Therapy Oncology Group (RTOG), National Surgical Adjuvant Breast and Bowel Project (NSABP) and active participation in Cancer Trial Support Unit (CTSU) expanding our access to cancer studies.

The St. Cloud Hospital Institutional Review Board ensures the activities of the research department at Coborn Cancer Center are ethical and appropriate.

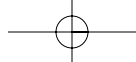
We have numerous clinical trials open expanding treatment options for patients and physicians fighting the cancer battle. For a complete listing of cancer studies available visit www.centracare.com.

In addition to clinical trials we have available at the Coborn Cancer Center, we are able to help patients find out if there are other research options available anywhere in the nation to treat their disease.

Achievements

Relay for Life

The staff at Coborn Cancer Center collaborates with many partners in the region to bring awareness, early detection and education to the people of Central Minnesota through events such as the local Relay for Life. Coborn Cancer Center is proud to be a Relay for Life lead sponsor in these communities: St. Cloud, Alexandria, Becker, Cold Spring, Glenwood, Little Falls, Long Prairie, Melrose, Paynesville and Sauk Centre.



“The staff, case coordinators and doctors were awesome. No matter whom I saw — my oncologist, psychologist, surgeon, etc... — everyone knew where I was in my treatment and how I was doing. I had such a great team. I couldn’t ask for a better group of people.”

| Peggy Weber, two-year breast cancer survivor

Peggy Weber, 36, had been married for two years. While building their life together, she and her husband learned the shocking diagnosis — Peggy had stage III breast cancer. The newlyweds teamed up for their battle against cancer. What Peggy soon learned, and came to rely on, was the team she had working for her.



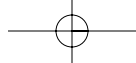
Achievements

Physicians Published

Drs. Nicholas Reuter and Harold Windschitl, medical oncologists at Coborn Cancer Center, were published in the 2008 American Society of Clinical Oncology (ASCO) Annual Meeting Proceedings Supplement to Journal of Clinical Oncology.

Nicholas F. Reuter, M.D. published Comparison of progression-free survival with best or confirmed response as an endpoint for overall survival in advanced non-small cell lung cancer. A North Central Cancer Treatment Group (NCCTG) investigation.




Harold E. Windschitl, M.D. published Effect of intravenous calcium and magnesium on oxaliplatin-induced sensory neurotoxicity in adjuvant colon cancer: results of the phase III placebo-controlled, double-blind NCCTG trial N04C7.



Our Story of Quality

Quality indicators are specific data measures that describe national or local benchmarks and goals set for the cancer program. There is no mandate or national cancer quality monitoring system for cancer programs to measure their quality of care but there is a growing interest in efforts to assess quality. Since late 2004, the Coborn Cancer Center has embarked on a cutting-edge undertaking to assess the quality of care delivered by our cancer program. We'd like to share some of our findings with you.

BREAST CANCER CARE



Quality Indicator	Measure	St. Cloud Hospital ¹	National ²	
Use of minimal invasive technology for biopsy	Percent of patients receiving stereo or ultrasound biopsy versus surgical biopsy	97%	50%	 GOOD
Time to diagnosis	Average time from biopsy to diagnosis	1.7 days	3.5 days	 GOOD
Sentinel node biopsy	Percent of eligible patients that had sentinel node biopsy	100%	100% if technology is available	 GOOD

¹ St. Cloud Hospital Cancer Registry: 2006 data

² Oncology Roundtable 2004 Benchmarking Clinical Quality

Having expert breast radiologists doing breast biopsy using stereotactic or ultrasound technology reduces the number of women who must have surgery to make a diagnosis. With an experienced team of surgeons using sentinel node biopsy we can prevent unnecessary lymph node dissections and subsequent risk of life-long complications.

PROSTATE CANCER CARE


Quality Indicator	Measure	St. Cloud Hospital ¹	National ²	
Early diagnosis	Percent of patients diagnosed at early Stage (I or II)	88%	78%	 GOOD
Complete pathology reported	Percent of pathology reports that contained all essential requirements of American College of Pathology	100%	90% Required by Commission on Cancer	 GOOD
Volume of cases	Number of cases	More than 250 cases each year	Not Available	Not Applicable

¹ St. Cloud Hospital Cancer Registry: 2004-2006 cases

² National Cancer Data Base, Commission on Cancer, ACOS Benchmark Report 2000-2005 data

Outstanding prostate cancer care is available in our community due to the close collaboration of specialists including: urologists, pathologists, and radiation and medical oncologists.

HEAD & NECK CANCER CARE

Quality Indicator	Measure	St. Cloud Hospital ¹	National ²	
Early diagnosis	Percent of patients diagnosed at early Stage (0-II)	Larynx 65% Oral/Pharynx/Lip 39%	Larynx 55% Oral/Pharynx/Lip 34%	 GOOD
Interruptions in treatment	Percent of patients that completed planned radiation treatment without greater than a 5-day interruption	Larynx 98% Oral/Pharynx 85%	Not Available	Not Applicable

¹ St. Cloud Hospital Cancer Registry: 2001-2005 data

² National Cancer Data Base Commission on Cancer, ACOS Benchmark Report 2001-2004 data

A diagnosis of oral or larynx cancer requires a multidisciplinary approach of specialists which may include an oral surgeon, ear/nose/throat surgeon, medical oncologist, radiation oncologist, prosthodontist, general dentist, plastic surgeon, dietitian, speech therapist, and nurses among other clinicians.

For more cancer quality care measures visit www.centracare.com/specialty_centers/cancer/quality_measures.html

Generous Gifts.... Changing Lives

A diagnosis of cancer can leave patients feeling overwhelmed and alone. Generous gifts have eased the stress and pain of patients and families by providing the personal touch of a nurse care coordinator. The care coordinator is a patient's lifeline; they help patients navigate through the cancer journey by providing assistance with appointments, procedures and treatment options.

"She is so phenomenal and reassuring, she understands that the disease affects the whole family."

Karen Corbin



*Deb Corrigan, R.N., lung cancer care coordinator
pictured with Karen Corbin, lung cancer patient*

With your gifts, we hope to provide disease specific care coordinators for the top six cancers seen in Central Minnesota. Your support will give patients and their families the friendship and support they need during their cancer journey.

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.

Aunt Leona Fund
 Almeda Ella Polish Fund
 Breast Cancer Greatest Needs Fund
 Breast Center Sales Fund
 Cancer Survivorship Network 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
 John & Nancy Frobenius Breast Cancer Fund
 Pat Opatz Cancer Research Fund
 Pediatric Cancer Greatest Needs Fund
 Quinlivan & Hughes Fund
 Radiation Oncology at Douglas County Hospital (Alexandria) Fund
 Surviving with Style Fund

“From her initial phone call informing us of the cancer, through the final radiation treatment, Julie was a true blessing to our family.” Michele Lindmeier



Juli Sanner, R.N., breast cancer care coordinator pictured with Michele Lindmeier, breast cancer patient

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.

Cancer Care Center BOARD MEMBERS

Hani S. Al-Khatib, M.D.,
Hematology/Oncology
Christopher W. Boelter, M.D.,
Urology
Umesh Chitale, M.D.,
Hematology/Oncology
Linda Chmielewski, R.N.,
Vice President, Operations
Shawn K. Day, D.O.,
Family Practice
Marc A. Dvoracek, M.D.,
Pathology
Ronald D. Hanson, M.D.,
Otolaryngology
Mark D. Hauge, M.D.,
Hematology/Oncology
Donald J. Jurgens, M.D.,
Hematology/Oncology
Sandy Johnson, R.N., A.O.C.N.,
Oncology
Barbi L. Kaplan-Frenkel, D.O.,
Radiation Oncology
Maria D. Mallory, M.D.,
Surgery
Andre L. Mitchell, M.D.,
Radiation Oncology
Derek Peterson, R.N.,
Director, Radiation Oncology
Nicholas F. Reuter, M.D.,
Hematology/Oncology,
Cancer Center, Medical Director
Jane Vortherms, R.N.,
Director, Chemotherapy and
Oncology Clinic
Roxanne Wilson, R.N.,
Care Center Director
Inpatient Oncology
Harold E. Windschitl, M.D.,
Hematology/Oncology
Jo Zwilling, R.N.,
Cancer Program, Director

Coborn Cancer Center

CENTRACARE Health System

1900 CentraCare Circle | St. Cloud, MN 56303
www.centracare.com

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

Achievements

Coborn Cancer Center received three-year approval with Commendation and an Outstanding Achievement Award as a Comprehensive Community Cancer Program from the American College of Surgeons Commission on Cancer. This is the highest level of achievement and has been earned only about 15 percent of cancer programs in the nation.

About our cover

Reflections by Eden Zimny



The cover painting on this report was inspired by Eden, while watching her mother go through cancer treatments and surgery. Eden says, "To me this painting represents the emotional and psychological struggles that are a part of cancer recovery. I wanted to express that cancer treatment is about taking care of the whole person not just the person's body."

Eden Zimny is a local artist and daughter of a colon cancer survivor. Her painting is on permanent display in the cancer center.