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## Cancer Committee Members

The following members have served for all or a portion of the year.

- Kevin Wasco, MD, Chairman ……….. Surgery
- Charles Cheng, MD, Cancer Liaison … Surgery/Oncology
- Honnie Bermas, MD ………….. Surgery
- John Swanson, Jr, MD ……….. Palliative Care/Medical Oncology
- Doug Meyer, MD ………….. Family Practice
- Dallas Bogner, MD ………….. Family Practice
- Bruce Douglas, MD ………….. Radiology
- Robert Nonn, MD ………….. Pulmonary
- Kay Wegner ………….. Quality
- Editha Krueger, MD ………….. Radiation Oncology
- Nathan Munson, MD ………….. Radiation Oncology
- Michael Ray, MD ………….. Radiation Oncology
- Bobbi McGivern, CGC ………….. Genetics
- Tiffany Corrigan, MD ………….. Pathology
- Sara McClintock-Treep, MD ………….. Pathology
- Thomas Wascher, MD ………….. Neurosurgery
- Iftikhar Malik, MD ………….. Endocrinology
- Kim Barnas ………….. Vice President – Administration
- Sherry Flynn, ACBSW ………….. Social Work/Patient Navigator
- Angie Schneider, BSW ………….. Social Work/Patient Navigator
- Tricia Morrell, MSW ………….. Social Work/Patient Navigator
- Frances Taylor-Treder, RN ………….. Clinical Nurse Specialist
- Karen Adair, RN ………….. Inpatient Manager
- Kelly Schad, CTR, RHIT ………….. Cancer Registry
- Debra Tesch, CTR, RHIT ………….. Cancer Registry
- Joan LaCroix, CTR, RHIT ………….. Cancer Registry
- Reverend John Krueger ………….. Pastoral Care
- Linda Nikolai, RD, CD ………….. Dietitian
- Karen Flom ………….. Manager, Cancer Services & Radiation Oncology
- Steve Beranek, RPh ………….. Pharmacy
- Mindy Brandmeyer ………….. Program Assistant
- Sarah Follen ………….. Hospice/Homecare
- Teresa Iattoni, PT ………….. Physical Therapy
- Vikki Conradt ………….. Manager, Diagnostic Imaging
- Tina Peterson ………….. Manager, Diagnostic Imaging
- Jen Thompson ………….. American Cancer Society
Thank you for the opportunity to serve you again as Cancer Committee Chair. It has been another exciting, eventful year at the ThedaCare Cancer Institute/Martha Siekman Cancer Center.

Within these pages you will find a comprehensive report detailing our multidisciplinary cancer program. Over the past two years, I have emphasized the top-notch technology and the remarkable team members we have here at the ThedaCare Cancer Institute. These are the strengths that make our program second-to-none.

This year, I would like to showcase what truly defines our community cancer program: our patients.

Our goal at ThedaCare has been to use that modern technology and our multidisciplinary team approach to provide the best possible patient-focused care. ThedaCare has always tried to put the patient first, but we strive to do better.

**Patients Spoke, We Listened**

Aggressive research and extensive patient input over the past year helped us uncover what we do – and don’t do – well. We used this information to set our course for the future, continuing to build on our strengths and improve any weaknesses.

We have set a number of significant goals:

1. **Focus on breast cancer and the other major cancers which affect our community.** By concentrating on the patient and the primary cancers that impact our community, we are doing our best to develop a pathway where the patient feels empowered.

2. **Improve access to clinical trials** throughout the entire process to allow more patients to participate closer to home.

3. **Use our strength in Behavioral Health to support medical treatments,** providing complete care for patients and their families.

4. **Add complementary therapies** to assist in the overall well-being of our patients.

**Living Beyond Cancer**

In short, we want our patients – your patients – to be taken care of before, during, and after their therapies. We want them to feel like they have lifelong assistance. We want them to feel that even if a cure isn’t an option they are treated with dignity and have all the resources possible for palliative or hospice care.

With our baseline state-of-the-art technology and our tremendous team members, I look forward to 2011. Although there are many challenges, I know that together we can succeed.

Thank you,

Kevin E. Wasco, MD, FACS
Cancer Committee Chair
Thyroid cancer is not famous. It doesn’t have a celebrity spokesperson like colon cancer (Katie Couric) or a special color like breast cancer (pink). But it does consistently appear on our list of Top 10 cancer sites. And incidence is on the rise.

According to the National Cancer Institute, nearly 45,000 Americans are diagnosed with thyroid cancer each year. The good news is that thyroid cancer is very treatable, with incredibly high five-year survival rates hovering around 97%, depending on the type. In fact, the United States has an estimated 190,000 thyroid cancer survivors, some for more than 40 years after diagnosis.

This success is the result of two main contributors:

1. Exceptional early detection and referral by Primary Care Providers, and
2. Highly effective treatment using surgery followed by radiation.

And now ThedaCare can offer a third pillar of strength:

3. **Endocrinology**, ThedaCare endocrinologist Iftikhar Malik, MD, can assist with or confirm initial diagnosis, coordinate specialty care and multidisciplinary communication, and manage lifetime follow-up care/monitoring for thyroid cancer patients.

**The Physical Exam**

“Most thyroid cancers are first noted as nodules, so the importance of a good physical examination cannot be overemphasized,” Dr. Malik explains. “Evaluation of nodule by ultrasound and subsequent evaluation of nodule by fine needle aspiration with ultrasound guidance help confirm diagnosis.”
Symptoms include a lump or nodule at the base of the throat and hoarseness, but most patients have no symptoms. High-risk factors include:

- History of head or neck irradiation,
- Personal or family history of goiter,
- Family history of medullary thyroid carcinoma, multiple endocrine neoplasia type 2, or papillary thyroid,
- A fixed, growing nodule with firm or hard consistency
- Cervical lymph adenopathy

Specialists involved in thyroid cancer care include an endocrinologist, surgeon experienced in thyroid, pathologist, radiologist, and radiation oncologist.

“I’m so thankful that my doctor really listened to me and trusted his instincts. Rather than only relying on protocol, he looked at me as a whole person and decided that something just wasn’t quite right.”

**ROSE FOCHS, THYROID AND STOMACH CANCER SURVIVOR**

**SURGICAL Oncology**

Two-time cancer survivor

Rose Fochs (pronounced Fox) is becoming skilled at seeing the silver lining. Whenever she receives a “bad” diagnosis, it turns out rather lucky.

For instance, if she hadn’t endured painful cysts rupturing on her ovaries, she never would have chosen to have a total hysterectomy. If she hadn’t opted for the hysterectomy, she would not have given much thought to a spike in her temperature a few days later, which led to the discovery of a GIST tumor in her stomach. With such an invasive form of cancer, the extremely early detection was unusual—and life-saving. Bad news, good news.

“A few weeks after the GIST tumor was removed, I wasn’t feeling well,” Rose explains. “It turns out I had a pulmonary embolism. While scanning my chest, they saw something on my thyroid.”

“We caught the thyroid cancer so early that it took nearly a week for the diagnosis to be confirmed.” (The pathologist professionally secured a second opinion.)

“I got such great care, from surgery through radiation,” she says gratefully.

While Rose’s case is unusual—from the way her cancers were detected to the unique complication of having two different types of cancer (sarcoma and carcinoma) in two different sites at the same time—her story illustrates something commonplace at ThedaCare Cancer Institute. Our physicians work together with our patients and with each other to provide the best care available.

Rose’s doctors took the time to get to know her. They understood what was normal for her and what was out of the ordinary. They communicated with each other openly and cooperatively to make her well.

**Experience Counts**

Rose had her thyroid removed by a general surgeon experienced in thyroid surgery.

Her parathyroid gland remains intact. “People often ask me whether they should see a general surgeon or ENT surgeon for thyroidectomy. What’s most important is that the surgeon has a lot of experience with thyroid,” explains ENT surgeon Larry K. Burton, Jr., MD, of Ear, Nose and Throat Specialists of Wisconsin.

General surgeon Charles Cheng, MD, of Fox Valley Surgical Associates agrees.

“Everything required to treat this disease is available here locally,” says Dr. Cheng. “The staff here is familiar with and experienced in thyroid cancer. We start with a lumpectomy for testing. Within 15 minutes, the pathologist can give us a definitive answer.”

In addition, the Tumor Board meets regularly to discuss cases. “The Tumor Board allows for great communication among all specialties,” Dr. Cheng shares. “It creates a strong community...we have a sense that we’re in this together. We take the time to discuss exceptions to the rules and more complicated cases.”

**Jeffrey S. Burkett, MD**, a general surgeon at Surgical Associates of Neenah credits much of the successful outcomes for thyroid cancer treatment to his primary care provider colleagues.

“We aren’t seeing very many advanced stage thyroid cancers,” says Dr. Burkett. “The Primary Care Providers in this area do...continued
a great job of identifying people early and referring them appropriately.”

**New Advancements**

One new development in thyroid cancer surgery is a minimally-invasive procedure that uses a very small incision (as small as 1.5 cm instead of 4-6 inches). ThedaCare ENT Dr. Larry Burton and his colleague at Ear, Nose and Throat Specialists of Wisconsin Dr. Bechard are the only two doctors in this area who perform this surgery. While results are similar to the traditional surgery, the minimally-invasive version:

- Provides less opportunity for infection
- Offers better cosmetic results
- Results in faster recovery
- Reduces cost,
- Minimizes use of a medical drain.

The surgery is only appropriate for thyroid cancers that have not extended beyond the gland and have not proceeded to lymph nodes.

Technology also plays a growing role in thyroid surgery.

“Radiation was just two little pills, and then isolation for a few days.”

**JENNY SMITH, THYROID CANCER SURVIVOR**

“ThedaCare’s radiation oncology physicians are phenomenal. They are some of the most intelligent individuals I have ever met.”

**JEFFREY S. BURKETT, MD, THEDACARE GENERAL SURGEON SURGICAL ASSOCIATES OF NEENAH**

“We operate very close to a nerve that goes to the voice box, called the recurrent laryngeal nerve,” explains Dr. Burton. “Technology is now available to monitor nerve activity and warn the surgeon when we work in the region of this nerve, increasing the safety of the procedure.”

In addition, a new hormone test called Intraoperative Parathyroid Hormone Monitoring acts as a Magic 8 Ball to help predict who will need intervention for calcium deficiency following surgery.

“After a total thyroidectomy, there can be a temporary drop in calcium levels,” Dr. Burton reports. “This drop doesn’t always occur and is almost always temporary, but needs to be treated. We can use this test to predict with amazing accuracy who will and who won’t experience this drop to effectively treat the calcium deficiency.”

**RADIATION Oncology**

Respiratory Therapy Supervisor Jenny Smith has worked at ThedaCare for nearly 25 years. She knows most of the doctors who walk the hospital halls. So when she noticed a small lump in her throat that wasn’t going away, she asked Dr. Jeffrey Burkett if it was something she should be concerned about when she ran into him one day. He told her to get it checked out right away.

Jenny had thyroid cancer. After Dr. Burkett surgically removed her thyroid, she sought out radiation oncologist Nathan D. Munson, MD, at Radiology Associates of Appleton.

“The way we treat thyroid cancer with radiation is actually quite remarkable,” says Dr. Munson. “We use radioactive iodine pills. The patient takes two simple looking pills with a glass or two of water.”

Thyroid cells use iodine as part of their metabolism to complete processes. Before taking the radioactive iodine pills, patients must go on a very restrictive low-iodine diet for one week.
“We want the thyroid cells to be starving for iodine,” Dr. Munson explains.

Any remaining thyroid tissue soaks up the radioactive iodine and is destroyed. Patients must be isolated for a few days while the radiation works itself through the body. Most patients do not experience any side effects, but could possibly feel mild nausea, dry mouth, or mild headaches.

Three days after patients take the pills, they can return to a normal diet and resume taking thyroid replacement hormone.

“I feel an immense sense of gratitude that our current medical environment allows us the tools and treatment options that make thyroid cancer very treatable,” shares Dr. Munson.

Tools of the Trade

Not only do our radiation oncologists have the tools to effectively treat thyroid cancer, but also the best tools to treat any type of cancer: TomoTherapy, CyberKnife, clinical trials, and more.

“What really sets us apart is stereotactic radiosurgery,” says Dr. Munson. “Stereotactic irradiation and CyberKnife® make us the go-to center for special case referrals.”

Follow-up Care

“Follow-up care is so important for thyroid cancer survivors,” explains Dr. Burkett. “Patients should see their primary care physician or endocrinologist every year.”

Following surgery and radiation, thyroid cancer patients must take a prescription hormone for the rest of their lives, as well as closely monitor for the possibility of recurrence using physical exam, annual ultrasound of neck area, and regular thyroglobulin blood tests.

“Early detection and treatment are essential,” Dr. Burton confirms. “And lifelong management is mandatory.”
You just gave the news. Cancer. Or heart disease. Liver failure or dementia or any one of a number of serious, progressive, life-limiting illnesses. Now what?

You’re explaining the options, but right now it’s difficult for them to even process the news. If only your diagnosis came with a personal assistant who could:

• answer questions when they were ready,
• work with the family,
• help coordinate and communicate with the many providers they will need to see,
• keep them – and you – informed,
• generally make life easier,
• and even hold their hand when they get scared.

Well, you can give them a personal assistant. Her name is Palliative Care.

The Myth of Palliative Care

“Many people confuse palliative care with hospice,” says John Swanson, Jr., MD, internal medicine specialist, oncologist, and Director of ThedaCare’s Palliative Medicine Service. “It’s important to understand the difference.”

In the words of Mark Twain: “It’s the difference between a lightning bug and lightning.”

While both palliative care and hospice focus on pain and symptom management, as well as improving quality of life, hospice is limited to that scope for terminal patients with a diagnosis of 6 months or less. On the contrary, palliative care co-exists with treatment to prolong life and can be used at any stage of disease progression. We recommend seeking a referral for palliative care at the time of diagnosis.

The Myth Busted

Ideally, palliative care acts as a well-trained personal assistant: coordinating care, anticipating needs, and yet always – always – following the patient’s lead. We’re able to:

• Establish goals. We initiate discussion of both treatment and personal goals and find ways for them to work together.
• Help manage pain and symptoms. We can suggest comfort measures and work through those tough spots.
• Explain diagnoses, treatment options, terms, side effects, and more to the patient, as well as the patient’s family. Our structure allows us ample time to listen, explain, and write everything down for reference. We can even take those phone calls from that out-of-state relative who wants to stay in the loop to help provide useful guidance and support.
• Serve as a hub for all care across multiple departments and disciplines.
• Serve as a resource for ancillary services on our team, such as the primary care provider, chaplain, dietitian, occupational therapist, physical therapist, speech therapist, social worker, behavioral health, and radiation oncologist.

According to a recent study in the New England Journal of Medicine, palliative care not only adds to quality of life, it can actually prolong life.¹
• Connect you with community resources.
• Reevaluate goals as things change.
• Encourage realistic, informed, and prepared closure on issues that need closure.

Palliative Care Really Works

In 2009, ThedaCare Palliative Medicine worked with 323 patients. Of those, 119 – more than one-third – were cancer patients. The service is available at both Appleton Medical Center (AMC) and Theda Clark campuses.

According to Dr. Swanson, both patients and physicians appreciate the service equally.

“Patients and their families are so thankful for the guidance and support,” he says. “And referring physicians really appreciate the time and care we give their patients. It’s a good partnership.”

“Unfortunately, I just went through end-of-life issues with my dad. And even knowing what I know, it was still scary and overwhelming when it was my own dad. Patients and families need someone to support and guide them through difficult situations like this. Thanks to Dr. Swanson, my dad was able to make his own decisions and explain his wishes to family and friends. I know that his last days could have been in an ICU, on a ventilator, unable to communicate, forcing me and my siblings to make very difficult decisions. Instead, we could be in the moment and cherish the time we had left together.”

– JILL TETTING, APNP, PATIENT’S DAUGHTER AND THEDACARE PALLIATIVE MEDICINE NURSE PRACTITIONER

“We’re really filling the gap between medical necessity and practical daily life,” Dr. Swanson explains.

Jill and her Dad

Jill and Family

The nurse was just doing her job when she asked Monica Betters if there had been any change to her family or personal health history.

But that nurse who updated Monica’s history and the primary care provider who understood the genetic relationship between two cancers in two different sites in two different people saved her life.

Monica’s doctor recommended genetic counseling after learning her birth mother had ovarian cancer and maternal grandmother had breast cancer. She tested positive for the BRCA1 marker, a hereditary gene mutation that significantly increases a person’s risk of developing certain cancers, including breast, ovarian, pancreatic, colon, skin and prostate.

In Monica’s case, her chances of developing breast cancer increased to more than 60 percent. Her chances of developing ovarian cancer went up to 40 percent. She was 48 years old at the time.

Monica would learn later that even though she had no symptoms of cancer and all diagnostic tests came back normal, she already had cancer at the time she got her genetic test results.
Personal History

ThedaCare Genetic Counselor Bobbi McGivern, CGC, emphasizes the importance of a detailed health history for every patient, something Monica Betters lacked for many years. Monica was adopted and didn’t meet her birth mother until she was nearly 30.

“With a detailed history and genetic profile, we can give patients a plan to stay healthy...empower them to stay healthy,” Bobbi explains. “When we have all the information we need, we can start to provide personalized, individualized treatment.”

The National Comprehensive Cancer Network (NCCN) provides thorough guidance on referring patients for genetic testing. However, McGivern offers some practical rules of thumb. Genetic Counseling may be appropriate when:

• More than one generation of the patient’s family has had the same cancer or a related cancer, or
• A patient has two or more close family members who have had cancer (even in seemingly unrelated sites), or
• The patient or his/her family member was diagnosed with cancer at a younger age than you’d expect, especially before age 50.

Knowledge is Power

“I know how hard it is to get bad news,” Monica admits. “But knowledge is power. If you don’t know what you’re facing, you can’t deal with it effectively.” Bobbi McGivern agrees. Genetic Counseling can help patients:

• Make better, more informed decisions about their health care and lifestyle.
• Take preventive measures, such as lifestyle changes or surgical intervention, to lower their chances of developing cancer.
• Overcome fear and anxiety. Many patients feel they have a strong family history of cancer, but are actually overestimating their risk. When Monica learned of her increased risk of cancer, she used that knowledge to take action. All diagnostic tests came back normal, and she had no symptoms except – looking back – perhaps a little fatigue. Still, she chose a preventive hysterectomy.

Her doctor noticed an abnormal growth on her left ovary during surgery. Pathology confirmed cancer on the spot.

Monica had Stage I C ovarian cancer. Since ovarian cancer is generally very difficult to detect early on – especially with no symptoms as in Monica’s case – it often progresses to a deadly stage.

Astonishingly, that’s not the end of the story. About a year later, Monica decided to have both breasts removed. The ongoing mammograms and MRIs attempting to detect any abnormalities became a lot of work and stress. When one MRI turned up suspicious tissue that looked fine on ultrasound, mammogram, and biopsy, Monica ignored any wait-and-see options. She chose a lumpectomy and once again found hidden cancer. Her total mastectomy soon followed.

Genetic counseling helped inform and guide Monica’s health care choices, ultimately saving her life...twice.

“Don’t be afraid of what the results are going to be,” she says encouragingly. “There’s a reason for everything. I’m glad I know.”

In 2008, the Genetic Information Nondiscrimination Act (GINA) was signed into law, which:

1. Prohibits either group or individual health insurers from using genetic testing results to determine whether to cover a person or to establish the details or cost of a policy.
2. Bans the use of genetic information in making employment-related decisions, such as hiring or promotions.

“There are some diseases we can test for but can’t do anything about, like Alzheimer’s. With cancer, there’s so much we can do with that knowledge to help detect cancer earlier, treat it more effectively, or even prevent it from ever developing.”

— Bobbi McGivern, CGC, ThedaCare Genetic Counselor
Cancer patients are people. Real people with real emotions and real families...all of whom may need some help managing their emotions during this stressful time.

“One of two things tends to happen when someone hears a serious diagnosis,” confirms ThedaCare Cancer Support Counselor Jodi Huebner, MA, LPC. “Their emotions either freeze or overflow. Unfortunately, both of those coping strategies can make proper, effective communication difficult.”

The ThedaCare Cancer Institute / Martha Siekman Cancer Center recognizes and embraces the importance of stress management, emotional guidance, and...
effective communication in treating the whole person. We provide a dedicated therapist housed within the Cancer Institute who:

- **Understands cancer care** and interacts daily with our cancer specialists and providers.
- Counsels patients in the familiar surroundings of the cancer unit.
- Guides patients through normal stages of grief.
- Works one-on-one with patients or family members, as needed.
- Offers group therapy options for breast cancer patients and survivors. In fact, a new group therapy program called Breast Cancer-Vive! is now part of ThedaCare’s standard protocol for breast cancer treatment.

Patients do not have to receive cancer treatment at Appleton Medical Center or Theda Clark Medical Center to meet with our Cancer Support Counselor. And while patients will want to check with their personal insurance providers, ThedaCare does not require a referral to meet with Cancer Support Counselor Jodi Huebner.

Jodi is available to meet with patients and family members – together or individually – before, during, and/or after treatment. While every cancer patient can benefit from counseling, Jodi points to the following signs that someone may need special attention:

1. When relationships are affected.
2. When the patient is not functioning adequately due to emotions.
3. When anxiety stops the patient from participating in daily life or recommended treatments.

Providers are encouraged to assist patients with scheduling an appointment with Jodi. This can be done during an appointment as part of the patient’s follow-up care.

Scheduling for Cancer Support Counseling is handled through ThedaCare Behavioral Health at (920) 720-2300.

A 2008 study published by the American Cancer Society showed that structured group therapy aimed at reducing stress and improving quality of life actually reduced cancer recurrence and improved survival outcomes.

ThedaCare Cancer Support Counselor Jodi Huebner helps patients and their families learn to communicate emotions effectively.
“There are a lot of contemporary research options available locally. More and more, what’s happening here is the same as what’s happening at the university level.”

– ANTHONY PHILLIPS, MD, FOX VALLEY HEMATOLOGY AND ONCOLOGY
Even though he died from cancer back in the '60s, Pam Sabee’s grandfather helped save her life a few years ago.

“My grandfather participated in some of the first clinical trials for radiation,” Pam recalls. “They didn’t know how to regulate the dosages back then. I remember him having burns and scars, but he never complained.”

It made a big impression on her as a child. Little did she know back then how much she would come to appreciate his sacrifice. In 2008, Pam was diagnosed with an invasive form of breast cancer. She had surgery, followed by chemotherapy, and then radiation.

“By doing what he did back then,” she says, “he made things better and easier for me going through this now. I really wanted to do that for someone else down the road.”

Clinical Trials Benefit Patients Now and Later

Like Pam, many patients participate in clinical trials for altruistic reasons, confirms Anthony Phillips, MD, of Fox Valley Hematology and Oncology. But clinical trials don’t only help future patients. There are also benefits to participants in the here and now:

• Minimal Risk. Most often, clinical trials coincide with traditional care rather than replace it. Patients can get the best of what we have to offer and our best guess as to what might work even better.

• The Next Big Thing. “The subject of each clinical trial is always what we believe to be the next big breakthrough,” Dr. Phillips explains. “Patients and families can feel confident they are getting the most up-to-date treatment available.”

• Extra Attention. Since symptoms, side effects, and other data need to be documented accurately, patients in clinical trials are generally monitored more closely than the average patient. Because of this increased awareness and communication, symptoms tend to be managed better, faster.

• Personal Advocate. Clinical trial nurse Dale Grimmer accompanied Pam to every appointment because of her research participation. “Everyone should have a Dale!” says Pam. “She explained everything to me and could take what I told her and translate that for my doctor. There were many times when I would not have been able to adequately communicate my situation without Dale’s help.”

ThedaCare Offers State and National Studies Locally

We currently have 24 open clinical trials offered locally.

One of the most exciting studies we’re part of right now is research on the new drug bevacizumab, more commonly known as Avastin®. This drug is a newer type of chemotherapy that attacks the formation of blood vessels in the cancer mass, limiting or eliminating its growth. It is not your traditional toxic type of chemo associated with hair loss and other uncomfortable side effects. Instead, it targets the way cancer grows, the essence of the problem. Avastin® is being tested for a variety of cancer sites, including breast, colon, bladder, brain, kidney, and lung. In fact, Pam was part of this particular study.

“What is really wonderful is that patients can participate in these national studies right here close to home,” says Dr. Phillips. “More and more, what’s happening here is the same as what’s happening at the university level. People can feel good that the care they receive in the Fox Valley is exactly the same as they would get at Mayo or the university except it’s right here at home, close to family and daily life. I think that’s pretty amazing.”

“Thera are not that many things that a lay person like me can do to make a difference. This was something I could do.”

— PAM SABEE, CLINICAL TRIAL PARTICIPANT AND BREAST CANCER SURVIVOR
When Snow Adams came to visit his wife Melvine in the ThedaCare inpatient oncology unit at Appleton Medical Center (AMC), he always knew he’d get a great cup of coffee hand-delivered shortly. The coffee won’t cure his beloved Melvine. But it sure makes them feel right at home. “You know, it’s all the little things that made such a difference during a time that wasn’t too good,” he says in his charming Southern drawl. “We felt like part of their family. I didn’t know people did that anymore.”

“I have never been treated as nicely anywhere as I was here.”

– MELVINE ADAMS, PATIENT

The Little Things Mean a Lot

Unfortunately, Melvine has been in and out of the hospital for nearly five months. In fact, she was there when the new inpatient wing opened on July 26, 2010.

In addition to the great nurses who cared for Melvine and Snow, the new unit is designed to incorporate all the little things that make life easier and feel a little more like normal. “These patients don’t need to be reminded they have cancer,” reports Karen Adair, ThedaCare Oncology Inpatient Unit Manager. “What they need is a little bit of home. They need to remember what normal feels like.”
The inpatient unit was originally established to provide care to acutely ill oncology patients, to treat more complicated cases, and to administer chemotherapy. The new wing increased the number of beds from 13 to 21—all private rooms with private bathrooms and a chair that folds into a bed for family members. Each room was designed with the patient in mind. For instance:

• **A small refrigerator** in each room allows patients to eat a little at a time, which better suits their sensitive appetites. Families can also bring in a patient’s favorite food or a cultural item to help encourage them to eat.

• **Hidden equipment.** “Patients told us they didn’t want a lot of ‘medical stuff’ in their rooms,” Karen explains. Therefore, all gasses, suctioning, and other equipment are hidden.

• **Nurse servers** provide access from inside the patient room or from the hallway. Separate compartments within these clever devices store linens, medications, blood bottles, hazardous waste from chemo, and so much more. In addition to giving the rooms a very clean-looking design, the nurse servers reduce the disturbance to the patient, reduce germs, and reduce tripping concerns and hazards.

• **iPod docking stations.**

• **A room with a view.** We moved from the 3rd floor to the 7th floor. “Something as simple as an interesting view can help distract patients from pain or even help combat depression,” Karen shares.

• **Decentralized nursing stations.** There’s a mini nursing station for every two rooms, which allows patients to see their nurse at all times, reducing anxiety.

• **Mood lighting.** To minimize nighttime or rest time disturbances, nurses use small pen lights to complete their work when the room is dark. In addition, each room employs cabin lighting and floor lighting to make bathroom breaks safer.

• **Great bathrooms.** Patients can roll their IV or walker directly into the bathroom and shower. Showers have no lip to trip over and tacky floors to reduce falls.

“We kept the family in mind, too,” Karen says. “We recognize that family members sometimes don’t want to leave...even to eat or shower. The unit has its own shower for guests and hospitality carts are provided for hospice patient families.”

### The Big Things are Important, Too

ThedaCare is also committed to having the best tools for the job. The new inpatient unit is no exception:

• **Two positive pressure rooms** maintain outward air flow to protect acute patients from germs. Both rooms share an ante chamber entrance to ensure a sterile environment. These rooms are also set up for bone marrow transplants (the only option in Northeast Wisconsin, as far as we know).

• **A lead-lined room.** In the past, we placed lead shields around the bed when a patient had a radioactive implant. The temporary walls were a constant reminder of what they were going through. Now, the walls of the room are lined with lead.

• **Every room has a lift system** to improve safety.

• **Every nurse gets intense, specialized training to become chemo certified.**

• **Private infusion bays** for outpatient blood transfusions, each with a TV and enough space for a visitor during longer sessions.

### The People are Most Important

While we made every effort to prepare the perfect home away from home for our patients, it’s really the people who make the biggest difference.

“These people must just love what they’re doing,” claims Snow, “because you can tell. The last time we were there, nurses and other staff would come from different floors during their lunch hour just to visit and say hi because they heard we were back. What kind of people do that?”

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**Editor’s Note:** Shortly before we went to print with this publication, Melvine Adams lost her battle with cancer and passed away. The physicians, nurses, and staff of ThedaCare Cancer Institute/Martha Siekman Cancer Center wish to express our condolences to Melvine’s wonderful family and thank them for sharing their lives with us. Melvine will be missed.
Living with Cancer

CANCER SERVICES

Care

Cosmetology

Hair loss during cancer treatment can be distressing for many women. It can affect self-esteem and shake her sense of identity. The ThedaCare Cancer Institute offers cosmetology services free of charge to cancer patients to help prevent the loss of self-confidence and depression that can accompany hair loss.

Colleen Froehlich, a licensed cosmetologist, understands women’s fears and anxiety over hair loss. She meets with patients inside the Appleton Medical Center beauty shop where she has access to a wig bank. In addition, a network of volunteers sews and knits headwear for cancer patients year round.

“My goal is to restore confidence and self-esteem in the lives of cancer patients who already feel out-of-control and powerless with their cancer diagnoses,” said Froehlich. “Patients are quite excited to learn there is a cosmetologist on site who is educated in dealing with the personal appearance side effects caused by cancer treatments.”

Froehlich also hosts the Look Good... Feel Better Program the third Tuesday of each month in the Martha Siekman Cancer Center conference room. During this free session ladies receive a makeup kit with brand name cosmetics and also receive instruction on proper cleansing, moisturizing, concealing, and accenting areas around the eye where eyelashes and eyebrows may be lost through treatment. “The ladies love it,” said Froehlich. “I see a more confident, cheerful person walking out the door after the two hour session.”

Nutrition

Proper nutrition is always important for patients but it’s especially critical during cancer treatment. “The body needs nourishment to help maintain weight and energy, and deal with the different stressors of cancer and its treatment,” says ThedaCare Cancer Institute nutritionist, Linda Nikolai.

Cancer treatment can cause numerous side effects such as poor appetite, nausea, swallowing problems, weight loss and changes in how food smells and tastes. Nikolai meets with cancer patients and their families to discuss the benefits of eating properly. “Many people don’t know how to help their family member eat better during cancer treatment. I help them by introducing foods and techniques that help them through their cancer journey,” said Nikolai. Assistance is also available for learning how to eat healthy after recovery from treatment.

Chaplains

Sometimes having someone listen to their story or needing a shoulder to lean on is what a cancer patient needs. For others their faith provides strength or awakens a belief to nourish the spirit. Whatever the need, ThedaCare Pastoral Care Chaplains, such as KC Schuler, are available to all hospital cancer patients. “We provide spiritual support and guidance however it is needed,” said Schuler. “We also work with the patient’s own clergy or faith community as they are important sources of support and need to be considered part of the health care team.”

Hospital chaplains are available for individual follow-up or referrals for patients and families who want pastoral support during and following a medical crisis, or death. Sacramental ministries are offered according to request.

The Pastoral Care department is also where patients and their families can find information and forms regarding Power of Attorney for Health Care in English, Spanish and Hmong. For physicians, they offer guidance on Wisconsin Do-Not-Resuscitate (DNR) orders and assistance regarding criteria for patient decisional capacity.

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The role of the Cancer Conference (Tumor Board) is to provide an interdisciplinary discussion and team communication among those who care for patients with cancer. Conferences consist primarily of patient case presentations. Efforts are made to provide for prospective treatment discussion and planning whenever possible. A couple didactic discussions with visiting physicians/professors were also held.

Cancer Conferences are held every week at Appleton Medical Center and two times a month at Theda Clark Medical Center. This is beneficial in helping to discuss cases prospectively as well as giving a forum to discuss more cases than is required by the American College of Surgeons.

The average number of physicians attending the AMC Cancer Conferences was 11 for 2009 while the average number of allied health professionals at each conference was 18. Theda Clark Cancer Conferences experienced a time change this year. We went from a noon conference, to having it at 7:00 a.m. on the second and fourth Thursday of the month. There was an increase in the number of physicians involved due to the time change. We had an average attendance rate of 9 physicians and 6 allied health professionals at each meeting.

Physician specialties participating in the Appleton Medical Center cancer conferences included:
- Family Practice
- Pathology
- Resident Physicians
- Gynecology
- Pulmonology
- Retired Physicians
- Hospitalists
- Radiation Oncology
- Surgery
- Medical Oncology
- Radiology
- Urology
- Pathology

Physician specialties participating in the Theda Clark cancer conferences included:
- Internal Medicine
- Radiation Oncology
- Radiation Oncology
- Neurology
- Radiology
- Medical Oncology
- Surgery
- Pathology
- Urology

Sites presented at the cancer conferences in 2009 were:
- Ampulla of Vater
- Gallbladder
- Rectum
- Anus
- Kidney
- Retropertitoneum
- Appendix
- Liver
- Skin
- Bladder
- Lung
- Small Bowel
- Bone Marrow
- Lymph Nodes
- Stomach
- Brain
- Mediastinum
- Soft Tissue
- Breast
- Meninges
- Testis
- Cervix
- Ovary
- Thyroid
- Colon
- Pancreas
- Unknown Primary
- Ear
- Parotid Gland
- Uterus
- Endometrium
- Peritoneum
- Vocal Cord
- Esophagus
- Pleura
- Prostate
- Fallopian Tube

Didactic discussions presented at Theda Clark, and videoconferenced to AMC in 2009 were: “Evaluation and Management of Parathyroid Disease” by Dr. Tracy Wang, “State of the Art in Rectal Cancer Surgery” by Dr. Kirk Ludwig and “Contemporary Management of Pancreatic Cancer” by Dr. Douglas Evans.
Hospice

Sixteen years after Jim Carmichael’s prostate surgery, the cancer was back and now in his bones. When talk turned to chemotherapy, he and his doctors decided against it. So on June 23, 2010, 89-year-old Jim Carmichael became the first resident of the new ThedaCare Hospice Residence.

Located in The Heritage and Peabody Manor Community, ThedaCare Hospice Residence offers symptom management and holistic care aimed at improving quality of life for non-acute patients with a terminal diagnosis of 6 months or less. Patients live in one of nine private, efficiency apartments. Each apartment includes a kitchenette, a handicap-accessible bathroom, and a pull-out couch for family. Meal service, laundry, and other benefits are also available.

More Than Just a Safe Place to Stay

In addition to providing these basic necessities, ThedaCare Hospice Residence has a variety of programs that help both the patient and the family address end-of-life issues and enjoy the time they have left together, such as:

- **Lifetime Legacies**, where volunteers help hospice patients chronicle their lives through a scrap booking project
- **Every Life Has a Story**, where patients share stories and wisdom leaving a video legacy
- **Hospice Hopes & Dreams**, a project similar to Make A Wish that helps fulfill a patient’s dream or goal on a smaller scale
- **Music therapy**
- **Pet therapy**

“Most family members say: ‘I wish I would have used hospice sooner. I could have been a daughter instead of a caretaker all

“I’ve known about hospice – it helps people in the final stages of life – but this is turning out to be much more than I anticipated. People should learn about this. It’s quite a program.”

– Jim Carmichael, 1st resident of ThedaCare Hospice Residence in June 2010

“Access to a variety of professionals to ease their transition: social workers, chaplains, and a bereavement coordinator for the family

• **Small ceremony** for family and staff after the patient’s death

“Most family members say: ‘I wish I would have used hospice sooner. I could have been a daughter instead of a caretaker all

that time. ‘They don’t realize how much hospice adds to the quality of life for both the patient and the family. It’s a very healing process,” shares Sarah Follen, Vice President of ThedaCare At Home.”

In fact, research shows that patients who choose hospice care live an average of one month longer than similar patients who did not choose hospice care.

**Hospice Care on the Rise**

In 2009, ThedaCare worked with 910 hospice patients. That number is up from 795 the year before. Nearly half of all our hospice patients are cancer patients.

People can receive hospice services in one of three ways:

1. Nurse visits and support in the patient’s own home through ThedaCare At Home,
2. Round-the-clock acute inpatient care at Cherry Meadows, and
3. Non-acute hospice services at the new ThedaCare Hospice Residence.

The new hospice residence is the result of a year’s worth of studying to find out what patients and their families really wanted.

“We discovered they didn’t want to transfer to another facility if they got better or worse,” Follen explains. “The Heritage and Peabody Manor Community has the advantage of all different levels of care on one campus.”

The Carmichaels definitely appreciate that community approach. Jim’s wife Carmel now lives just two floors up at The Heritage.

“Carmel visits a couple times a day, and I get up to her place,” said Jim, who frequently entertains former co-workers, lifelong friends, and members of his Kiwanis Club at his roomy apartment.

“It can check on her, and she can check on me.”


Portions of this section are taken from an article that appeared in The Appleton Post-Crescent on August 29, 2010. “ThedaCare Hospice Residence at Heritage Peabody Community lets couple have beautiful goodbye.”

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**Pet therapy is popular with patients at the new ThedaCare Hospice Residence.**
Every spring, ThedaCare Cancer Institute provides a free cancer screening at Fox Cities Community Clinic in Menasha. The screening is offered to people without insurance, as well as those under insured.

Volunteer doctors, dentists, nurse practitioners, registered nurses, lab personnel, and clerical staff screen participants for a variety of cancers, including:
- Oral
- Skin
- Prostate (PSA)
- Colon / Colo-Rectal
- Breast (Clinical exam)

In 2010, we saw nearly 7% more people than last year. ThedaCare volunteers performed more than 250 tests on 93 people, resulting in 28 positive cancer screens (30%). Follow-up care plans are in place before the screening begins, so anyone with an abnormal screening is supported to complete diagnosis and treatment.

ThedaCare Cancer Institute also partnered with Urology Associates of Wisconsin this year to offer a free prostate screening clinic. Of the 40 participants, 5 came back positive (12.5%).

Community Cancer Screening Results

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Participants</td>
<td>87</td>
<td>93</td>
</tr>
<tr>
<td># of Tests Done</td>
<td>133</td>
<td>251</td>
</tr>
<tr>
<td># of No Shows</td>
<td>10</td>
<td>15</td>
</tr>
</tbody>
</table>
ThedaCare is proud to be the primary sponsor for the American Cancer Society Fox Cities Sole Burner 5K. This sponsorship is not only a perfect match for ThedaCare’s corporate mission, but also for the personal mission of many of our employees.

Registered nurse Anne Christopher is a good example of why ThedaCare chose to step up our commitment to Sole Burner in 2008.

“Our team participates because each and every one of us has been touched by cancer in one way or another,” explains Anne, who serves as team captain for the ThedaCare Radiation Oncology & Cancer Services staff.

“For the last seven years, my own family has walked or run in the Sole Burner with – and in honor of – my mother, a two-time cancer survivor (endometrial/ovarian and breast). When I heard three years ago that ThedaCare was going to be a primary sponsor of Sole Burner, I couldn’t wait to sign up to be a team captain. Every year, we’ve had more than 40 people on our team!”

With ThedaCare’s help, Sole Burner raised more than $345,000 this year (up more than $25,000 over last year and exceeding our goal). The money is used to help the American Cancer Society (ACS) fund research, public education, advocacy, and patient services in the Fox Cities area.

Sole Burner began in 1983 with just 40 participants. This year, approximately 100 volunteers made it possible for more than 7200 people to walk, run, and raise funds.

“The Fox Cities Sole Burner is not only the largest ACS fundraiser in Northeast Wisconsin, but also one of the largest fundraisers in the whole state,” shares Rebecca Davis, American Cancer Society Community Relations. “This is not just an event, it has a purpose.

I really do believe we’ll have a world with less cancer and more birthdays.”

Rebecca confirms that this event would be nothing without the volunteers and the people who participate year after year. People like Anne Christopher.

Anne wouldn’t have it any other way. “Our devotion comes from a real passion to support the American Cancer Society in finding a cure for those who touch our lives and pass through our doors daily.”
Living with Cancer

OVERALL STATISTICAL ANALYSIS

Cancer

REGISTRY REPORT

The ThedaCare Cancer Institute Cancer Registry is a comprehensive, computerized database that is one component of the multidisciplinary team approach committed to providing quality care to cancer patients. It is the Cancer Registry that collects, maintains, analyzes and reports upon information relating to the diagnosis, treatment and lifetime follow-up of cancer patients who have received care at Appleton Medical Center and Theda Clark Medical Center as well as some physician offices. The Cancer Registry reports data on our cancer patients to the State of Wisconsin’s Cancer Reporting System and the National Cancer Database.

The reference year for the registry is 1995. The reference year is defined as the start date after which all eligible cases must be included in the registry according to the standards of the American College of Surgeons Commission on Cancer. During 2009 there were 1,274 new cases entered into the registry.

There are currently 14,591 cases in the Registry since the reference year. According to the Commission on Cancer’s standards, we are required to keep an 80 percent follow-up rate for all analytic* patients from the cancer registry reference year. We currently maintain a 94% follow-up rate. We are also required to keep a 90 percent follow-up rate for all analytic* patients diagnosed within the last five years. We currently maintain a 97% follow-up rate in that category.

Under the direction of the Cancer Committee, the Cancer Registry participates in quality management studies to evaluate and improve services and treatment for cancer patients. The staff of the Cancer Registry are members of the Cancer Committee and attend those meetings. In addition to collecting cancer patient data, the Registry staff also coordinates the tumor boards held weekly at Appleton Medical Center and two times a month at Theda Clark. The Registry is always available to provide data and information to various departments and physicians.

The Registry is staffed by two full-time registrars, who are Registered Health Information Technicians and Certified Tumor Registrars, and one full-time administrative associate. All statistical analysis is done without patient names. All patient information is kept confidential.

*Analytic Cases are cases which have been first diagnosed and/or have received all or part of their first course of treatment at ThedaCare since the reference year.

Incidence of Cases
2009 Accession Year
1,274 Total Cases

<table>
<thead>
<tr>
<th>Tumor Site</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>243</td>
</tr>
<tr>
<td>Bronchus and Lung</td>
<td>184</td>
</tr>
<tr>
<td>Prostate Gland</td>
<td>173</td>
</tr>
<tr>
<td>Colon</td>
<td>73</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>73</td>
</tr>
<tr>
<td>Lymph Nodes</td>
<td>58</td>
</tr>
<tr>
<td>Kidney</td>
<td>51</td>
</tr>
<tr>
<td>Blood and Bone Marrow</td>
<td>46</td>
</tr>
<tr>
<td>Skin</td>
<td>36</td>
</tr>
<tr>
<td>Brain</td>
<td>33</td>
</tr>
<tr>
<td>Rectum</td>
<td>31</td>
</tr>
<tr>
<td>Thyroid Gland</td>
<td>30</td>
</tr>
<tr>
<td>Corpus Uteri</td>
<td>29</td>
</tr>
<tr>
<td>Pancreas</td>
<td>27</td>
</tr>
<tr>
<td>Meninges</td>
<td>18</td>
</tr>
<tr>
<td>Ovary</td>
<td>16</td>
</tr>
<tr>
<td>Esophagus</td>
<td>13</td>
</tr>
<tr>
<td>Unknown Primary</td>
<td>13</td>
</tr>
<tr>
<td>Stomach</td>
<td>12</td>
</tr>
<tr>
<td>Small Intestine</td>
<td>10</td>
</tr>
<tr>
<td>Tonsil</td>
<td>7</td>
</tr>
<tr>
<td>Liver and Bile Ducts</td>
<td>7</td>
</tr>
<tr>
<td>Connective, Subcutaneous, and Other Soft Tissue</td>
<td>7</td>
</tr>
<tr>
<td>Other Nervous System</td>
<td>7</td>
</tr>
<tr>
<td>Testis</td>
<td>6</td>
</tr>
<tr>
<td>Rectosigmoid Junction</td>
<td>5</td>
</tr>
<tr>
<td>Other Biliary Tract</td>
<td>5</td>
</tr>
<tr>
<td>Base of Tongue</td>
<td>4</td>
</tr>
<tr>
<td>Larynx</td>
<td>4</td>
</tr>
<tr>
<td>Retroperitoneum and Peritoneum</td>
<td>4</td>
</tr>
<tr>
<td>Kidney, Renal Pelvis</td>
<td>4</td>
</tr>
<tr>
<td>Other Endocrine Glands</td>
<td>4</td>
</tr>
<tr>
<td>Other Salivary Glands</td>
<td>3</td>
</tr>
<tr>
<td>Nasopharynx</td>
<td>3</td>
</tr>
<tr>
<td>Anus and Anal Canal</td>
<td>3</td>
</tr>
<tr>
<td>Gallbladder</td>
<td>3</td>
</tr>
<tr>
<td>Vulva</td>
<td>3</td>
</tr>
<tr>
<td>Pyriform Sinus</td>
<td>2</td>
</tr>
<tr>
<td>Accessory Sinuses</td>
<td>2</td>
</tr>
<tr>
<td>Heart, Mediastinum, Pleura</td>
<td>2</td>
</tr>
<tr>
<td>Bones, Joints and Other Unspecified Sites</td>
<td>2</td>
</tr>
<tr>
<td>Cervix Uteri</td>
<td>2</td>
</tr>
<tr>
<td>Ureter</td>
<td>2</td>
</tr>
<tr>
<td>Other Ill-Defined Sites</td>
<td>2</td>
</tr>
<tr>
<td>Other Parts of Tongue</td>
<td>1</td>
</tr>
<tr>
<td>Floor of Mouth</td>
<td>1</td>
</tr>
<tr>
<td>Palate</td>
<td>1</td>
</tr>
<tr>
<td>Other/Unspecified Parts of Mouth</td>
<td>1</td>
</tr>
<tr>
<td>Parotid Gland</td>
<td>1</td>
</tr>
<tr>
<td>Oropharynx</td>
<td>1</td>
</tr>
<tr>
<td>Hypopharynx</td>
<td>1</td>
</tr>
<tr>
<td>Vagina</td>
<td>1</td>
</tr>
<tr>
<td>Uterus, NOS</td>
<td>1</td>
</tr>
<tr>
<td>Other Female Genital Organs</td>
<td>1</td>
</tr>
<tr>
<td>Other and Unspecified Urinary Organs</td>
<td>1</td>
</tr>
<tr>
<td>Orbit, NOS and Overlapping Lesion</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Numbers include reportable benign CNS tumors and blood disorders.

2009-2010 | Annual Report
ThedaCare added 1274 cases into the cancer registry in 2009. The five most frequent sites at ThedaCare Cancer Institute in 2009 were breast, bronchus/lung, prostate, colon, and urinary bladder. These five sites accounted for 59% of the cases.

Twenty-one percent of the cancer cases were diagnosed with Stage I disease. Twenty-four percent were diagnosed with Stage II. Fourteen percent of the cases were staged as Stage III and 16% were staged as Stage IV at diagnosis. In-situ accounted for 9% of the cases. In 4% of the cancer cases, the stage was unknown, while 11% of the cases were not applicable to staging.

In 2009, there were 634 males and 640 females with cancer entered into the registry at the ThedaCare Cancer Institute. Statistically, this means that each gender equally represented 50% of the registry’s 2009 cases.

Forty-two percent of the 2009 cases in the ThedaCare Cancer Institute Registry were from Outagamie County and 20% were from Winnebago County. Other counties with higher numbers include: Waupaca, 15%; Calumet, 7%; and Shawano, 6%.

ThedaCare Cancer Institute’s incidence rates correspond nicely with the national and state rates. ThedaCare had a higher incidence rate of female breast and prostate cancer than both the national and state percentages. ThedaCare’s percentages were slightly lower than the national and state numbers in colorectal, leukemia, melanoma of the skin, and Non-Hodgkin lymphoma. The state, national and ThedaCare percentages were identical in lung/bronchus cancer. Urinary bladder cancer was of the same percentage for ThedaCare and the state of Wisconsin, and only differed by two percent from the national rate.
Cancer Incidence Comparison

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>ThedaCare 2009 Cases</th>
<th>Wisconsin* 2009 Est. Cases</th>
<th>United States* 2009 Est. Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Breast</td>
<td>22% 178</td>
<td>19% 3,480</td>
<td>19% 192,370</td>
</tr>
<tr>
<td>Colorectal</td>
<td>16% 2,770</td>
<td>15% 146,970</td>
<td>13% 109</td>
</tr>
<tr>
<td>Leukemia</td>
<td>5% 980</td>
<td>4% 44,790</td>
<td>3% 22</td>
</tr>
<tr>
<td>Lung and Bronchus</td>
<td>22% 184</td>
<td>22% 3,960</td>
<td>22% 219,440</td>
</tr>
<tr>
<td>Melanoma of Skin</td>
<td>21% 173</td>
<td>6% 1,040</td>
<td>6% 53</td>
</tr>
<tr>
<td>Non-Hodgkin’s Lymphoma</td>
<td>5% 980</td>
<td>4% 44,790</td>
<td>4% 29</td>
</tr>
<tr>
<td>Prostate</td>
<td>21% 173</td>
<td>7% 68,720</td>
<td>7% 65,980</td>
</tr>
<tr>
<td>Urinary Bladder</td>
<td>1% 9</td>
<td>7% 1,310</td>
<td>7% 1,310</td>
</tr>
</tbody>
</table>

Note: Excludes basal and squamous cell skin cancers and in situ carcinoma, except for urinary bladder.

AJCC Collaborative Stage at Diagnosis

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>119</td>
</tr>
<tr>
<td>Stage 1</td>
<td>272</td>
</tr>
<tr>
<td>Stage 2</td>
<td>381</td>
</tr>
<tr>
<td>Stage 3</td>
<td>176</td>
</tr>
<tr>
<td>Stage 4</td>
<td>204</td>
</tr>
<tr>
<td>Unknown Stage</td>
<td>47</td>
</tr>
<tr>
<td>N/A</td>
<td>145</td>
</tr>
</tbody>
</table>

Age at Diagnosis by Gender

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Male, 634 Total Cases</th>
<th>Female, 640 Total Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-19</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>20-29</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>30-39</td>
<td>56</td>
<td>56</td>
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<tr>
<td>40-49</td>
<td>145</td>
<td>152</td>
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<td>50-59</td>
<td>157</td>
<td>148</td>
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<td>60-69</td>
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<td>70-79</td>
<td>89</td>
<td>80</td>
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<tr>
<td>80-89</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>90-99</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

Due to rounding, total may not equal 100%.
Five Year Survival Rates for ThedaCare’s 2009 Top 5 Sites
Diagnosed in 2003

Breast

Year  1  2  3  4  5
1  97% 97% 97% 98%
2  94% 94% 93% 95%
3  91% 91% 90% 93%
4  88% 88% 87% 92%
5  86% 86% 84% 89%

Lung

Year  1  2  3  4  5
1  97%
2  98%
3  97%
4  95%
5  94%

Prostate

Year  1  2  3  4  5
1  98% 98% 97% 97%
2  95% 95% 94% 94%
3  91% 91% 92% 92%
4  90% 90% 89% 89%
5  87% 87% 86% 89%

Colon

Year  1  2  3  4  5
1  81% 91% 79% 85%
2  71% 73% 70% 74%
3  64% 65% 66% 66%
4  59% 60% 58% 56%
5  55% 55% 53% 50%

Urinary Bladder

Year  1  2  3  4  5
1  86% 87% 85% 88%
2  78% 79% 77% 88%
3  72% 73% 71% 85%
4  67% 68% 66% 80%
5  63% 64% 62% 75%
The ThedaCare Cancer Institute is recognized by the Commission on Cancer of the American College of Surgeons as an accredited cancer program. Only one in four cancer programs at hospitals across the United States receives this special accreditation. It ensures that patients will receive or have access to:

- comprehensive, quality care that’s close to home
- a wide range of state-of-the-art services and equipment
- a multispecialty, team approach to coordinate the best treatment options
- information about ongoing clinical trials and new treatment options
- a cancer registry that collects data on type and stage of cancers, treatment results, and offers lifelong patient follow-up
- ongoing monitoring and improvement of care