possibilities
IN FOCUS

THEDA2CARE
CANCER CARE

2013 ANNUAL REPORT
A message from the Cancer Committee Chair

the possibilities are endless

When talking about cancer treatment, it’s easy to get caught up in the obvious advantages ThedaCare Cancer Care has been able to offer locally:

• Compassionate patient-centered care
• Advanced technology and techniques
• Modern equipment and the newest medicines
• Top-notch physicians and accredited programs
• National clinical trials administered locally

A focus on lung cancer in this year’s report allows us to show many facets of ThedaCare Cancer Care. With lung cancer, conversation covers the spectrum from prevention to treatment to palliative and hospice care. While these topics seem to conflict on the surface, this is actually reality to many lung cancer patients. Statistics certainly support the need for preventive and palliative discussions. Most lung cancers are identified in late stages, with a National Cancer Institute 5-year survival rate of 14 percent at best for Stage IIIA, all the way down to 1 percent for Stage IV. But we’re not the types to throw in the towel when it comes to a challenge. Our approach to lung cancer mirrors our approach to treating any other cancer site. Relentless.

When talking about cancer treatment, it’s easy to get caught up in the obvious advantages ThedaCare Cancer Care has been able to offer locally:

• Identification. Our specialists work to maximize multidisciplinary care. Providers meet to discuss each case and create a cooperative plan of care during our weekly Cancer Conference. Providers are also integrated through technology, tracking data in real time to allow us to use and apply national data to local decisions.
• Adjunct Services. New behavioral health programs include both patients and caregivers. We’re addressing more long-term issues as survivorship increases. And referrals to Palliative Care are at an all-time high as studies show we can actually prolong life by adding a focus on quality of life and preparation for end of life.
• Navigation. We’re expanding the use of our cancer navigators – nurses and social workers who guide individuals from diagnosis through treatment.

THE POSSIBILITIES ARE ENDLESS
I tell people all the time that our strength is our people. Nobody here is satisfied with our past success. We are constantly evaluating and re-evaluating to find better ways to serve our patients and their loved ones. Together, the possibilities are endless.

Thank you for your partnership.

Kevin E. Wasco, MD, FACS
Cancer Committee Chair
It has been said that life is all about perspective. A cancer diagnosis can seem like the end…or it can open your world to the possibility of overcoming. The experience can be overwhelming or can bring your life into focus and provide an opportunity for triumph—whether physically or spiritually (or both).

Take a kaleidoscope, for instance. Your initial impression of the simple tube may lead you to believe it is ordinary or even useless. But upon further examination, you see the individual colors combining to create great beauty. Unexpected beauty.

Images inside a kaleidoscope come together and overlap just like ThedaCare’s integrated approach to cancer care. Each patient experience is unique, with a different combination of providers, treatments, and circumstances. But when we combine the individual parts, something special happens. Just like a kaleidoscope, separating the components wouldn’t provide the same incredible result.

ThedaCare Cancer Care helps patients see the possibilities, get a new perspective and prepare for what lies ahead.

It was recently reported that 74-year-old Derek White nearly drowned in the Fox River last year while fishing with his adult son and 12-year-old adopted daughter. He misjudged the step from the dock into the boat and fell into the river.

Derek spent three days in the hospital clearing water from his lungs. But instead of the clean bill of health he had expected, Derek was told he had late stage lung cancer.

“Individuals play the game, but teams beat the odds.”
- SEAL Team saying
The pulmonologist at Appleton Medical Center found the spot on Derek’s CT scan while checking for infection in his lungs. He had no symptoms other than feeling a little tired that summer.

Since lung cancer rarely causes any symptoms until the very late stages, Derek’s case is unfortunately representative of the way many people with lung cancer first get diagnosed: it is found “by accident” while performing tests for an unrelated condition. For instance, lung cancer may show up on a calcium scoring test while screening for heart disease.

As ThedaCare clinicians and administrative staff examine ways to improve treatment through our “lung cancer value stream” process, we are looking for ways to use these existing tests and technologies to work in our favor, trying to identify opportunities to improve early detection.

next steps: care navigation

What used to be a novel concept is now an integral part of our standard care at ThedaCare Cancer Care. Cancer Care Navigators are nurses and social workers who help guide patients through their entire treatment plan while trying to alleviate any outside obstacles that may interfere.

Social worker Chris Jacobson met with Derek and his wife Rita to discuss any concerns and answer questions. Some of the big issues:

• Rita doesn’t drive. What would happen if Derek couldn’t drive at some point? They needed information on options and community resources.

• The couple wanted advice on how to talk to their young children about Derek’s diagnosis and prognosis. Suggestions included being factual, using the word “cancer” rather than “sick” or any other substitutes, explaining how the treatments may make Derek feel so the children don’t take his mood personally and then answering questions as they come up rather than trying to dump all the information on them at once. Children need time to process.

• The couple was also struggling with an outside stressor that essentially required a listening ear, reassurance and encouragement to set boundaries and focus on their priorities.
TREATMENT TO PROLONG LIFE AND FULFILL LIFE

“When it comes to treating cancer, there’s no one modality or specialty that can be the sole modality,” said Charles Cheng, MD, of Fox Valley Surgical Associates. “The best way to treat any cancer – early or late stage – is to have all the physicians come together to determine a treatment approach that is best for that particular tumor and that unique person.”

The ThedaCare Cancer Care providers meet weekly at the Care Conference to discuss each case individually. While treatment modalities (surgery, chemotherapy and radiation) are sometimes delivered sequentially, treatment for lung cancer patients is often given simultaneously.

SURGICAL ONCOLOGY

Early stage lung cancers respond particularly well to surgery, sometimes in conjunction with adjuvant chemotherapy. Surgeons do more minimally invasive thoroscopic procedures than ever before.

“In the past, we only performed about 10 percent of our lobectomies as minimally invasive surgeries,” said Dr. Cheng. “Now, more than 60 percent are done that way.”

Minimally invasive surgeries cause less pain, require shorter recovery time and usually necessitate less hospitalization. Unfortunately, the majority of lung cancers are found in the later stages, when surgery is less effective.

MEDICAL ONCOLOGY

Late stage lung cancers – stages III-IV – are usually treated with a combination of chemotherapy and radiation. Treatment at Stage III is potentially curative, but also far more intensive. By Stage IV, medical oncology can only provide a survival benefit, meaning treatment may prolong life.

“How much a patient is willing to put up with for the expected benefit/outcome is a very personal decision,” said Kevin Mortara, MD, of Fox Valley Hematology & Oncology. “That said, I think most people do better with chemo than they expect to.”

Derek chose to go full-bore ahead with treatment. Medical oncology physicians have a stable of medicines (alone or combined) to utilize. They may have to try different combinations based on patient tolerance and the tumor’s response. In addition, the medical oncologists may look for a genetic or chromosomal abnormality in the tumor itself to indicate a non-traditional regimen.

In Derek’s case, physical reactions to the chemotherapy drugs forced him to abandon treatment to find a better quality of life.

RADIATION ONCOLOGY

Radiation oncology can be used at any stage of treatment alone or in conjunction with surgery and/or chemotherapy.

In the early stages, a patient may not be a good candidate for surgery. Rather than remove the tumor, radiation can ablate the tumor, which basically means to inactive the tissue and create scar tissue in its place. For early stage lung cancer, radiation has a local control rate of about 90 percent.

In the late stages of lung cancer, radiation is often used for pain management. For instance, if the cancer has spread to the person’s bone and starts to form new tumors inside the bone, the growth of those tumors can create pressure and pain. According to Nathan Munson, MD, of Radiology Associates of Appleton, approximately 80 percent of patients who receive radiation for pain management will see pain symptoms improve. About 50 percent can expect the pain to completely resolve.

While pain medications can help manage pain symptoms instead, the medicines often have some side effects. According to Nathan Munson, MD, of Radiology Associates of Appleton, approximately 80 percent of patients who receive radiation for pain management will see pain symptoms improve. About 50 percent can expect the pain to completely resolve.

Radiation therapy technology has come a long way in recent years. Advancements include:

• Stereotactic body radio-surgery using CyberKnife.

CyberKnife is a pain-free and non-invasive way to deliver high doses of radiation with extreme accuracy. 3-5 hour-long sessions occur over the course of 1 to 1½ weeks. ThedaCare has the only dedicated radio-surgery machine northeast of Milwaukee.

• Intensity Modulated Radiation Tomotherapy (IMRT). Given in a 6- to 7-week course, IMRT is a way to deliver radiation treatments close to organs and normal body structures, such as your heart, esophagus or blood vessels.

“It’s helpful for patients and physicians to recognize that there are a variety of options for treating lung cancer, including minimally invasive and non-invasive approaches,” said Dr. Munson.

PALLIATIVE CARE

But modern treatment isn’t all about modern medicines and machinery. It incorporates the wants and needs of the patient to guide and direct decisions.

“We sat down with Dr. Mortara and agreed it wasn’t working. The medicine was making me sicker than I really was,” Derek shared.

Derek and Care Navigator Chris Jacobson turned to Palliative Care to manage his current health and prepare for what’s ahead. According to a Harvard study published in the New England Journal of Medicine, patients who receive palliative care live an average of 2 months longer than their similarly diagnosed and staged counterparts who choose to go it alone. Both Derek and Dr. Swanson adamantly assure that palliative care isn’t about end of life. It’s about living whatever life you have left at your best and on your own terms.

“I’m a goal-setter, and Dr. Swanson is helping me set realistic goals,” Derek said. “My latest goal is to live through another Packer season. But I have loftier goals, too. My family has a record of longevity. I’d like to hit 90… I’d be satisfied with 90. Of course, if I hit 90, then I’m going for 100.”

The Derek White Family

“We’re here for the whole family.”

– Chris Jacobson, Social Worker & Cancer Care Navigator
In FoCuS | 11

today’s trials are tomorrow’s treatments

ThedaCare offers 57 clinical trials locally. Approximately 65 percent of those are cancer-related. Most are treatment trials.

“There’s a misconception that participating in a clinical trial is a last-ditch effort before throwing in the towel,” said ThedaCare’s Clinical Research Program Coordinator Sasha Dutta. “But we have opportunities for people at all stages of cancer in conjunction with your traditional treatment regimen.”

• Most standard treatments used today are a direct result of past clinical trials.
• Participants can benefit from the extra attention and monitoring. For instance, clinical trial participants often manage pain and symptoms better and faster because of the increased communication.
• Patients who are part of a clinical trial get the additional advantage of more eyes reviewing their case and treatment protocol since trials are tied into and monitored by the National Cancer Institute.

ThedaCare Cancer Care screens all new consults to identify patients who may qualify for and benefit from a clinical trial. Patients are informed of opportunities to determine interest.

For more information about clinical trials, go to the following websites:
National Cancer Institute: www.cancer.gov
American Cancer Society: www.cancer.org

CLINICAL TRIALS

What if someone gave you advance notice of when life would end? Would you find ways to make things easier for those you leave behind? Perhaps you would take stock of your life and consider crossing off a few more things off your “bucket list.” Living with incurable cancer is a little like getting a sneak peek at your expiration date. Even if the prognosis is 5-7 years, most people take the opportunity to address some of these issues sooner rather than later.

“When it comes to a cancer diagnosis, it’s like taking a highlighter and accentuating all the good and all the bad in your life,” says ThedaCare Behavioral Health counselor Jodi Huebner, MA, LPC. “It’s like magnifying your life.”

Huebner and fellow cancer support counselor Sara Devine, MT-BC, LCSW, have developed a new program for patients living with incurable cancer called Living Fully. This group is adapted from the renowned Memorial Sloan-Kettering’s Meaning Centered Group Psychotherapy model and addresses the needs of both patients and their primary caregivers by helping to examine relevant issues such as connecting to the meaning of life while living with an incurable cancer.

One of the things our behavioral health counselors teach is mindfulness – or living in the moment without judgment – to help group participants find peace with their place in the world. In other words, what can we do today to improve our situation?

LIVING FULLY

in the moment

“When it comes to a cancer diagnosis, it’s like taking a highlighter and accentuating all the good and all the bad in your life. It’s like magnifying your life.”

- Jodi Huebner, MA, LPC, ThedaCare Behavioral Health Counselor

Huebner and Devine also teach participants a variety of relaxation techniques and encourage a daily relaxation routine. “Stress in the body suppresses the immune system,” Huebner explains. “Learning to relax your body decreases your stress response, improving your immune system and allowing it to fight for your health.”

Research points to the importance of improving a cancer patient’s quality of life, as it directly impacts their physical health all the way through the life span. Studies have demonstrated the efficacy of meaning centered group psychotherapy in decreasing anxiety, helplessness and even the desire for death as well as improving spiritual well-being and sense of meaning. Follow-up assessments suggest the benefits of this structure and type of therapy not only persist, but increase over time.

The new Living Fully group is just one of the ways ThedaCare’s behavioral health specialists work within the cancer program. Counselors provide therapy for individuals, couples, families and groups.

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ThedaCare Cancer Care uses a multi-disciplinary approach to treat the whole person. Here is a list of departments integral to treating patients with lung cancer. The kaleidoscope may look different for another type of cancer.

Behavioral Health  
Cardiology  
Care Navigation  
Clinical Trials  
Cosmetology  
Genetic Counseling  
Hospice  
Inpatient Services  
Interventional Radiology  
Medical Oncology  
(Chemotherapy)  
Nutrition  
Palliative Care  
Pastoral Care  
Pathology  
Pharmacy  
Primary Care Providers  
Pulmonology  
Radiation Oncology  
Radiology/Diagnostics  
(Imaging)  
Surgery

A FAMILIAR VIEW

In addition to the Martha Siekman Cancer Center, ThedaCare Cancer Care provides limited cancer services at Theda Clark Medical Center, New London Family Medical Center, Riverside Medical Center, Shawano Medical Center, and Encircle Health. Our cancer specialists also treat patients in our clinics throughout Northeast Wisconsin, including Menasha, Oshkosh, Shawano and Wausau.
COMMUNITY OUTREACH

“Our fight may be too long, but too short to think of quitting.”
- Helen Keller

According to the American Cancer Society, 1 in 2 men and 1 in 3 women will develop cancer in his or her lifetime. That means the battle against cancer is not only fought in research labs and doctors’ offices, but also in our workplaces, our neighborhoods and our homes. We’re all affected somehow.

Community outreach programs offer an opportunity for each of us to get involved. We all have something to contribute, whether time, money, intellect or voice.

APPLETON DOWNTOWN FARM MARKETS

Community outreach is just that – getting out into the community.
So, each Saturday at the Appleton Downtown Farm Market, healthcare providers and staff manned the ThedaCare booth and initiated conversations centered on various healthcare topics. Cancer Conversations focused on education and awareness.

Specific dates in 2013 included:
• March 23rd – Colorectal Screening
• August 3rd – Breast Cancer Screening
• August 24th – Genetic Counseling & Clinical Trials/Research

What are PACK YEARS

“We fight too many lung cancers at the late stages. We need to help people quit smoking.”
- Nathan Munson, MD, of Radiology Associates of Appleton

“Pack years” refers to the length of time a person has smoked multiplied by the amount smoked per day. One pack per day for one year equals one pack year.

Why is this important?
According to the National Cancer Institute, 90 percent of lung cancer deaths among men and approximately 80 percent of lung cancer deaths among women are due to smoking.

While pack years is not a scientifically accurate method for determining a person’s risk of developing lung cancer, it is a fairly good estimate of increased risk. As we look at ways to improve early detection and reduce lung cancer incidence, the number of pack years may help us identify high-risk groups suitable for screening programs. The science is developing, but ThedaCare Cancer Care is on the cusp of this trend looking for opportunities to alter the discouraging statistics related to smoking, lung cancer and premature death.

LUNG CANCER DEATHS DUE TO SMOKING

MEN 90%
WOMEN 80%

Source: National Cancer Institute

“We fight too many lung cancers at the late stages,” said Nathan Munson, MD, of Radiology Associates of Appleton. “We need to help people quit smoking.”

On the positive side, a report released this year shows that cigarette smoking among teens has hit an all-time low since the Federal Interagency Forum on Child and Family Statistics began tracking these numbers. Perhaps someday the term ‘pack years’ will be obsolete.

Source: National Cancer Institute
In Focus | 17

Happy Birthday

have you scheduled your colonoscopy?

Colorectal Cancer Screening Campaign

Back in 2011, ThedaCare Cancer Care chose to go beyond public education regarding colonoscopy to active encouragement and personal reminders in order to help reluctant patients step outside their comfort zones. By partnering with ThedaCare family practice physicians, mailing birthday card reminders to eligible 50-year-old patients, and making personal and voice-recorded phone calls to patients overdue for a colonoscopy, ThedaCare successfully encouraged 10-12 percent of non-compliant patients to schedule a colonoscopy.

In 2012, we raised the number of eligible patients who get a colonoscopy screening by an additional 8 percent. Efforts include:

- Birthday cards sent to patients eligible for a colonoscopy on their 50th birthday.
- Personal phone call reminders made to all eligible patients age 51-74 during their birthday month.
- Social media messages aimed at patients age 35-45 to increase awareness and hopefully improve compliance down the road. As a bonus, these Facebook and Twitter conversations seemed to also translate into live conversations with the patients’ families.

ThedaCare plans to continue this campaign and help even more people follow through on colorectal cancer screening.

Additional Outreach Efforts

ThedaCare supported and participated in a number of new outreach efforts in 2012, exploring additional ways to educate, prevent and celebrate survival:

- May 23rd – Lynch Syndrome Education & Awareness
- June 2nd – National Cancer Survivor’s Day
- October 26th – Skin Cancer Screening

Sole Burner

May 11, 2013

Approximately 8,300 participants and 200+ volunteers raised more than $372,000 during the American Cancer Society Fox Cities Sole Burner 5K Run/Walk in Appleton. As the primary sponsor again this year, ThedaCare Cancer Care not only contributes at the corporate level, but also supports and encourages involvement by individual employees. Dr. Honnie Bermas, from Fox Valley Surgical Associates, spoke to the runners and walkers before the event, held the day before Mother’s Day.

Making Strides Against Breast Cancer

October 12, 2013

The American Cancer Society Making Strides Against Breast Cancer non-competitive 5K walk continued to grow again this year. Held October 12 at Neenah’s Memorial Park, approximately 600 walkers and sponsors raised over $75,000 during the event. Prior to the event, Dr. Honnie Bermas, from Fox Valley Surgical Associates, spoke to participants and volunteers about the importance of breast cancer screenings through mammography and physical exam. ThedaCare is proud to serve as the flagship sponsor for the Making Strides walk again this year.

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Happy Birthday

Have you scheduled your colonoscopy?
Early detection and effective, multi-disciplinary treatment is crucial to cancer care. A total of 127 new lung cancer cases were entered into the ThedaCare population with breast, prostate and lung cancers having the highest incidences.

At the time of diagnosis, 71.7% of ALL cancer patients were 50-79 years of age, with an additional 13% over 79 years old and an additional 11% of patients in their 40s.

The ThedaCare Cancer Care continues to be very diligent with staging of ALL cancers. The Cancer Care’s Cancer Registry (started in 1995) is a comprehensive, computerized database used to collect, maintain, analyze and report upon information relating to the diagnosis, treatment and lifetime follow-up of cancer patients who have received care at Appleton Medical Center, Theda Clark Medical Center and ThedaCare’s other facilities.

In 2012, 157 new lung cancer cases were entered into the ThedaCare Cancer Registry. For all analytic patients* entered into the Registry since 1995, we maintain a 96% follow-up rate with all analytic patients* diagnosed within the last 5 years, significantly exceeding the 90% standard required by the Commission on Cancer. For all analytic patients* entered into the Registry since 1995, we maintain a 96% follow-up rate calculated for all cancer cases entered into the Registry after the 99th case entered.

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In today’s world, lung cancer offers a variety of treatment challenges. But ThedaCare Cancer Care has focused our energies and resources on improving lung cancer care by initiating a continuous improvement process to examine the current reality and the potential for the future. How can we make a difference?

EARLY DETECTION
In today’s world, we often find out about lung cancer because of other conditions since symptoms are silent or mild enough to ignore. Eventually, we see a spot on the edge of a chest x-ray or CT scan.
In the future, we hope to tap into that knowledge and partner with other specialties like cardiology and pulmonology to purposely use these tools to screen high-risk patients.

SURVIVAL RATES
In today’s world, the national 5-year survival rate for people with lung cancer is 16 percent.
ThedaCare Cancer Care is looking for ways to shorten the time from diagnosis to treatment. We plan to integrate Palliative Care into treatment much sooner. And we’ll continue to participate in clinical trials to advance treatment and outcomes.

INDIVIDUALIZED CARE
We’re already providing each patient with a Care Navigator, incorporating targeted behavioral health programs into standard protocols and finding ways to engage Palliative Care sooner.
In the future, we’ll continue to focus on providing the right service at the right time...giving patients what they need when they need it.

Whatever colors you see through the kaleidoscope, the future looks brighter with the patient at the center of care.
ThedaCare Cancer Care 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