

# We set the standard for cancer care.

## 2015 Oncology Annual Report

With a special feature: Raising the Bar for Cancer Care at  
Saint Joseph Health System Plymouth Medical Center

SAINT  JOSEPH  
HEALTH SYSTEM



*Reflecting on what we've achieved and never losing sight  
of what needs to be done. Building on the strength of  
our partnerships, and caring for the smallest and most  
vulnerable. It's hard work, but it's good work, and it's why  
we're here. Living our mission. Acting on our faith.*

*Providing healthcare inspired by faith.*



# Table of contents

A message from Bilal Ansari, MD, Medical Director of Oncology and Katina Wood, Executive Director of Oncology Services .....	4
Services & locations .....	5
Changes in local oncology leadership .....	7
Thank you, Dr. Michael W. Method .....	7
Goodbye, Dr. Robert Tomec .....	7
Dr. James Fanning joins Michiana Hematology Oncology .....	7
Northern Indiana Cancer Research Consortium under new leadership .....	8
Summary of Saint Joseph Health System patients accrued to clinical trial .....	9
Special feature: Raising the bar for cancer care at Saint Joseph Health System Plymouth Medical Center .....	10
SJHS launches certified STAR (Survivorship Training and Rehabilitation) Program .....	12
Mishawaka Medical Center Oncology Inpatient Unit delivers compassionate care .....	13
Paqui and Brian Kelly Comprehensive Breast Center .....	14
Saint Joseph Health System to present breast health symposium thanks to generous donation .....	15
Saint Joseph Health System Oncology and Harper Cancer Research Institute team up .....	16
Cancer Registry .....	17
2015 primary site table, Mishawaka Medical Center, featuring 2014 statistics .....	18
2014 cancer incidence report by site and sex .....	19
Cases by county .....	19
Rapid Quality Reporting System quality measures for breast and colon cancer .....	20
Specialized cancer conferences with specialized physician care .....	22
2014 Cancer Conference activities .....	23
2014 analytic hematologic malignancies .....	25
Fundraising for a new Mobile Medical Unit .....	26
Mary Sue Crimmins, Nurse Navigator, honored at Night of the Stars .....	27
RiverBend relocates and expands to serve more survivors .....	28
Oncology Committee .....	30
Accreditations .....	31

# A message from our Medical Director and Executive Director

Last year we transitioned from Saint Joseph Regional Medical Center to Saint Joseph Health System. Our new brand truly represents the abundance of resources we offer within Northern Indiana and Southwestern Michigan. In oncology, this branding is challenging us to think globally, standardize processes and offer unparalleled oncology services in all our healthcare facilities. The renovation and expansion of our Plymouth Cancer Institute at Plymouth Medical Center and the implementation of the Paqui and Brian Kelly Comprehensive Breast Center are the best examples of how a systematic approach benefits the community and elevates the level of care for every patient. We are grateful for an incredible oncology staff, our continued blessings and the patients who trust us with their care.

Regards,



Bilal Ansari, MD



Katina Wood

A handwritten signature in black ink that reads "B. Ansari" followed by a horizontal line and a period.

Bilal Ansari, MD,  
Medical Director of Oncology,  
Saint Joseph Health System

A handwritten signature in black ink that reads "Katina Wood" in a cursive style.

Katina Wood,  
Executive Director of Oncology Services,  
Saint Joseph Health System





## Services & locations

Saint Joseph Health System provides access to state-of-the-art cancer services and care for patients across Michiana.

### **Mishawaka**

Mishawaka Medical Center  
5215 Holy Cross Pkwy.  
Mishawaka, IN 46545  
574.335.5000

#### **Garcia Family Foundation Oncology Unit**

The Garcia Family Foundation Oncology Unit is specially designed to create a soothing environment for patients with cancer. Located on the sixth floor of the Mishawaka Medical Center, we provide care that helps our patients maintain the highest possible quality of life through their journey.

Our clinical team is specially trained to care for cancer patients. Our nurses attend Oncology Nursing Society chemotherapy/biotherapy provider courses in order to administer these medications to our patients. The unit also includes a large Hospice Room to accommodate patients with special needs or a longer length of stay.

### **Paqui and Brian Kelly Comprehensive Breast Center**

611 E. Douglas Rd., Ste. 123  
Mishawaka, IN 46545  
574.335.6216

1915 Lake Ave.  
Plymouth, IN 46563  
574.948.4000

53940 Carmichael Dr.  
South Bend, IN 46635  
574.335.8100

The Paqui and Brian Kelly Comprehensive Breast Center (CBC) offers a unique and convenient experience for Michiana women. The Paqui and Brian Kelly CBC is committed to the importance of early detection and promotion of breast health with state-of-the-art technology and a highly-trained staff. All the resources and technology our staff needs to effectively and efficiently care for patients are in one convenient location. The Paqui and Brian Kelly CBC is accredited by the National Accreditation Program for Breast Centers.



### **Lymphedema Treatment Clinic**

611 E. Douglas Rd., Ste. 140  
Mishawaka, IN 46545  
574.335.8500

The Lymphedema Treatment Clinic offers a comprehensive approach to help patients manage lymphedema. A treatment course is outlined and the patient is scheduled with a certified therapist at a location fitting their clinical needs, insurance coverage and driving distance.

### **Saint Joseph Medical Imaging Center**

53940 Carmichael Dr.  
South Bend, IN 46635  
574.335.8100

Saint Joseph Medical Imaging services are available at the Mishawaka Medical Center and a freestanding location on Carmichael Drive in South Bend. Our state-of-the-art equipment allows for best possible detection and diagnosis of a variety of conditions. We set the standard for care by investing in technology that substantially improves the quality of exams and screenings. Our expert staff of radiologists and technicians is dedicated to quality care and treating every patient with dignity, respect and compassion. All of our images are digitally acquired and graphically stored for future reference and quick access. The center is accredited by the American College of Radiology and the National Accreditation Program for Breast Centers.

### **Michiana Hematology Oncology Advanced Centers for Cancer Care**

5340 Holy Cross Pkwy.  
Mishawaka, IN 46545  
574.237.1328

Most services and care that an oncology patient may need can be found at Michiana Hematology Oncology Advanced Centers for Cancer Care, a joint venture located directly across from Mishawaka Medical Center. This state-of-the-art, freestanding facility was designed by highly skilled experts in cancer care who asked for input from real patients to ensure it was designed as a welcoming place. Technologically advanced and completely integrated, this cancer center treats the whole person, mind, body and spirit.

### **Plymouth**

Plymouth Cancer Institute  
1915 Lake Ave.  
Plymouth, IN 46563  
574.948.4000

The Plymouth Cancer Institute is a replica of the cancer services provided in Mishawaka with the same treating physicians and standards. The Plymouth Cancer Institute offers patients who live in Marshall County and surrounding communities access to the latest treatments close to home. Our medical oncologists, radiation oncologists and specially trained staff provide expert cancer care in a soothing and healing environment.

# Changes in local oncology leadership

## *Thank you, Dr. Michael W. Method*



Thank you for your years of service, commitment, devotion and dedication during your time spent with us at Saint Joseph Health System and in this community. Your expertise in gynecological oncology will be missed by many, including the patients you treated, the Women's Task Force members and, most importantly, the Saint Joseph family.

As you move on to pursue your dream of teaching and training young surgeons, and managing a comprehensive cancer program in an academic institution setting, we wish you well and know that your students are in very capable hands.

## *Goodbye, Dr. Robert Tomec*



At SJHS we recognize that cancer is a complex group of diseases. We are able to improve the care provided to our patients with the participation of a multidisciplinary team that includes pathologists.

We have been fortunate to have laboratory services provided by The Medical Foundation. The Medical Foundation is a regional provider

of laboratory services that administers a wide range of high-quality, cost-effective healthcare services to this community. In 1921, then Saint Joseph Hospital and Epworth Hospital agreed to use The South Bend Medical Foundation (the original name of The Medical Foundation) as their primary provider of anatomic and clinical services. The physicians and staff are committed to providing consistent, reliable and high-quality medical care.

Robert Tomec, MD, joined The Medical Foundation as a staff pathologist in 1980, was named Executive Vice President in 1992 and, in 2007, was appointed President of the Medical Foundation. Serving on the SJHS Oncology Committee from 2001 until his retirement in July 2015, Dr. Tomec worked with the cancer program to ensure compliance of Standard 2.1 – College of American Pathologists Protocols (CAP). In 2004, protocols were adopted by the American College of Surgeons

Commission on Cancer as the standard for required data elements in pathology reporting for accredited cancer programs. Through case review he ensured all cases included the required data elements and were in the synoptic format as defined by the CAP cancer committee for all eligible pathology reports each year. As new protocols were developed and/or revised, Dr. Tomec implemented the changes in his lab and reported the changes to SJHS Oncology Committee.

This commitment by Dr. Tomec and The Medical Foundation staff was instrumental in the success of our Outstanding Achievement Award received during the re-accreditation survey in 2013. Dr. Tomec will be greatly missed in his leadership role and we at SJHS wish him the best!

David Jentz, MD, has replaced Dr. Tomec in his role on the Oncology Committee for 2015-2016, and his alternate is Amobi Ezenekwe, MD. Both are staff pathologists at The Medical Foundation.

## *Dr. James Fanning joins Michiana Hematology Oncology*



Research shows that female patients diagnosed with a cancer of the reproductive system who seek treatment from a gynecologic oncologist are twice as likely to recover.

We're proud to welcome James Fanning, MD, who is a board-certified gynecologic oncologist devoted

entirely to using the latest, most promising screening methods and treatment options to diagnose and beat cancer.

Dr. Fanning is board-certified in gynecologic oncology. Prior to joining our community he served at Penn State University as Division Chief of Gynecologic Oncology and a Professor in the department of Obstetrics and Gynecology.

On behalf of Saint Joseph Health System, welcome!



## *Northern Indiana Cancer Research Consortium is under new leadership*



New leaders of the Northern Indiana Cancer Research Consortium (NICRC) aim to expand the availability of promising clinical trials to Michiana residents. Eduardo Braun, MD, who has worked with the consortium since 2013, and Rashid Khan, MD, who joined in summer 2015 recently became co-principal investigators for the consortium, succeeding leaders Robin Zon, MD, and Michael Method, MD. The group, which includes Saint Joseph Health System, LaPorte Hospital, Elkhart General Hospital and Michiana Hematology Oncology, presently has 17 investigators.

"We definitely feel that having clinical trials in the area is an asset not only to our group, but also to our patients and the community," said Braun, a published researcher who focuses on lung cancer, breast cancer and lymphoma. "It's hard for patients to get to the university centers in Chicago or Indianapolis.

"We're able to provide patients state-of-the-art clinical research right here in their community," he added. "Of course, we want to expand as much as we can, including expanding the number of trials. But we also want to bring to the community trials that are meaningful and really significant."

Participation in the late-stage trials, where new treatments have shown safety and some efficacy in earlier trials, can offer hope to patients years before the drugs are approved.

"The benefit of having a consortium is that with different physicians, we're able to accrue enough patients to have a solid research portfolio," Braun said. "When those studies come to us, there is most likely a chance that the trial will be beneficial to the patient. If you have the opportunity to be exposed to one of those drugs that may be a home-run drug, that would be good for the patient."

"To me, it's important to have medicine or drugs that have shown promising clinical activity in Phase 1 or Phase 2 trials for our patients who have no other options," said Khan, who previously conducted research at the Myeloma Institute for Research and Therapy in Little Rock, Ark. "They at least have a fighting chance with their cancer. It improves the chances for patients who need active agents to prolong and improve their quality of life."

Community involvement also provides a more representative sample for the trials because people who feel well enough to make the trip to a big-city institution are probably healthier than ordinary patients.

"Most of the centers are realizing that the real patient is out there in the community," Braun said. "It's not the patient that's able to travel two or three hours and go to a clinical trial at a big university."

Braun earned his medical degree at the Federal University of Rio de Janeiro School of Medicine and completed his fellowship in Hematology/Oncology, and his residency in Internal Medicine, at Rush University Medical Center in Chicago. He is board-certified in Internal Medicine and Medical Oncology and Hematology. He is a member of the American Society of Clinical Oncology, American Society of Hematology and the International Association for the Study of Lung Cancer.

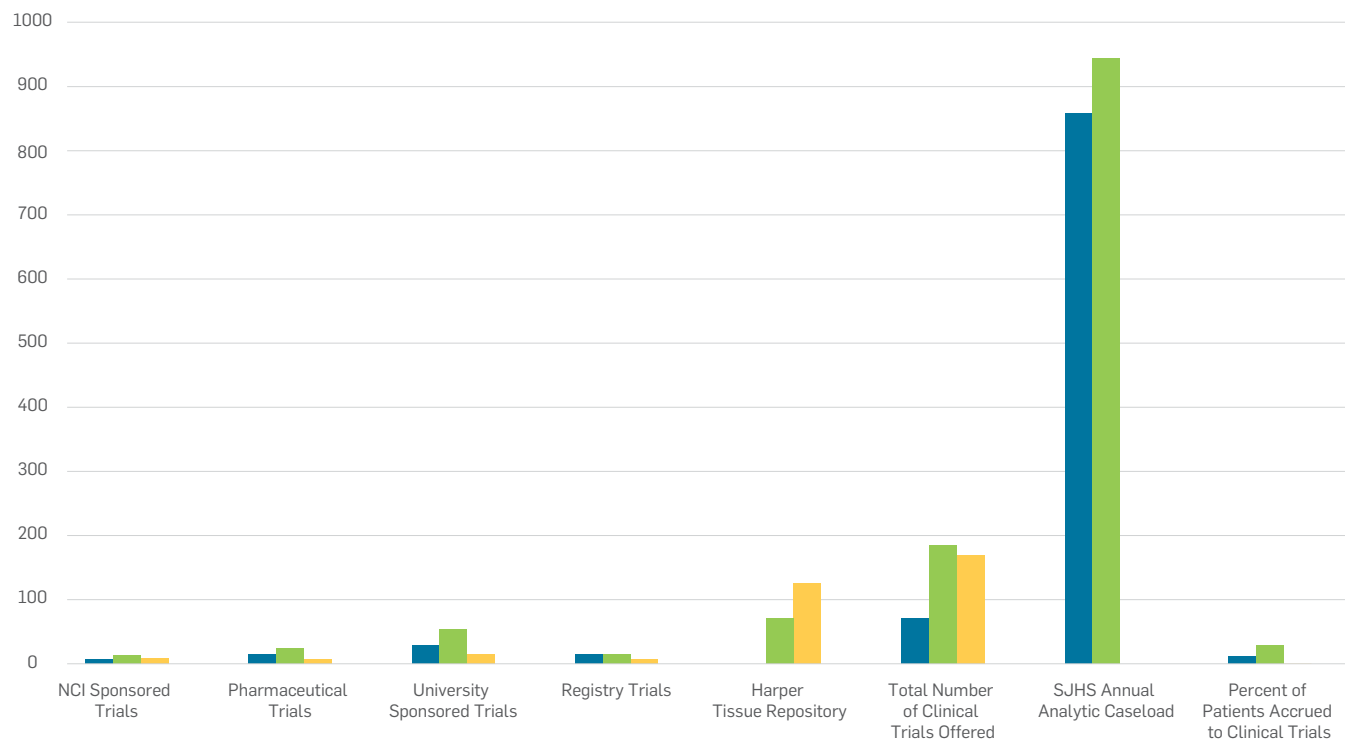
Khan earned his medical degree from Aga Khan University Medical College in Karachi, Pakistan, and completed his internship and residency at the University of Connecticut Health Center before he spent two years in Little Rock. He is board-certified in Medical Oncology and Hematology.

The NICRC leaders hope to enlist involvement from more physicians through educational events and enthusiastic promotion.

"For our research program to succeed, everybody needs to be on board, not just a couple of physicians," Khan said. "The idea is to show them that there is a definite benefit for patients and educate them on the utility of clinical research and having a variety of clinical trials available."



# Summary of Saint Joseph Health System patients accrued to clinical trials



	NCI Sponsored Trials	Pharmaceutical Trials	University Sponsored Trials	Registry Trials	Harper Tissue Repository	Total Number of Clinical Trials Offered	SJHS Annual Analytic Caseload	Percent of Patients Accrued to Clinical Trials
2013	7	17	32	17	0	73	856	8.5%
2014	15	34	50	17	71	187	940	19.9%
2015	10	9	18	3	124	164	NA*	NA*

\* 2015 figures are only represented through July 2015, therefore patient accrual is not available.



#### SPECIAL FEATURE:

## Raising the bar for cancer care at Saint Joseph Health System Plymouth Medical Center



In spring 2015, Saint Joseph Health System began a multi-million-dollar project to expand and upgrade cancer services at Plymouth Medical Center.

Modeling the Plymouth facility on the cancer center in Mishawaka, SJHS made major investments in both technology and people to provide the best possible care.

"Saint Joseph Health System is committed to providing the national standard of comprehensive cancer care," said Katina Wood, SJHS Executive Director of Oncology. "Our goal is to offer the same services in Marshall County as those of a larger city, understanding cancer care is always best when given close to home."

The advanced linear accelerator and CT technology allows greater imaging capabilities, reduced treatment times and pinpoint accuracy. "It feels great, as a radiation therapist, to know that our patients are getting the best cancer care," said Mary Butler, Manager Radiation Oncology. "With this new technology we have millimeter margins for tumor localization, quicker treatment times and exceptional quality outcomes. It really doesn't get any better."

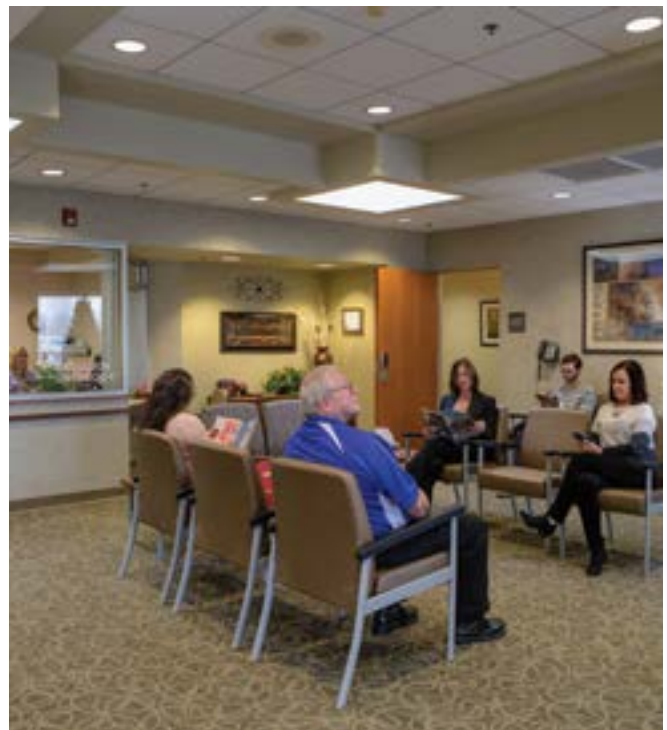




SJHS is committed to deliver people-centered care. Along with the latest technology, it is important that SJHS offers all of the support services and experts to assist a patient along his or her cancer journey. New additions to our cancer care services include:

- Patient Navigator – Dedicated oncology nurse who assists the patient or family every step of the way
- Certified Genetic Counselor – Helps identify hereditary and environmental cancer risks
- Certified Clinical Trials Researcher – Partners with the physician to identify and enroll patients in national oncology clinical trials
- Certified STAR (Survivorship Training and Rehab) Clinicians – Focus on improving the patient's quality of life during or after a cancer diagnosis

Cancer is more than a diagnosis. "As the field of oncology evolves, we have to provide the best treatment options for our patients," said Guy Kedziora, MD, Radiation Oncology Medical Director/Michiana Hematology Oncology Radiation Oncologist. "The Plymouth Cancer Institute helps me treat my patients the way they deserve to be treated."







## SJHS launches Certified STAR (Survivorship Training and Rehabilitation) Program

As the region's only healthcare facility with a Certified STAR (Survivorship Training and Rehabilitation) program, SJHS and our caring and professional staff work to return cancer patients and survivors to their highest level of function and independence while improving their physical, emotional and spiritual well-being. This nationally certified program delivers important physical and psychological rehabilitation so patients can recover more quickly and completely than they would otherwise.

It was with low expectations that Lynn Fall agreed to see a physiatrist for her extreme fatigue and muscle weakness after her second round of battling breast cancer with chemo and radiation therapy.

"It was a vicious cycle," Lynn said. "The treatment made me tired, the surgery caused swelling in my arm and back and everything I did caused pain. I didn't feel like doing anything and my body just kept getting weaker and weaker."

Lynn agreed to enter the SJHS STAR program. On the first day when asked her goal, she said, "I guess I just want to be able to move around." Then she started crying and said, "No, actually I really want to be able to go and see my son in Arizona."

The STAR-certified team began a strength-training program focusing on Lynn's cardiac development, range of motion and overall time to muscle fatigue. Lynn came to physical therapy three times per week, each time pushing herself to add just 30 seconds to her routine or move past her last range of motion. Within weeks Lynn began to show increased stamina and elevated mood, and began to share her successes with fellow participants.

Halfway through her course of physical therapy, Lynn booked her flight to Arizona to see her son. "I knew it wasn't going to be easy, but that I could do it," she said. "I was stronger than I had been in years."

On Oct. 29, 2015, Lynn stopped by SJHS to talk about her trip to Arizona. She raved about seeing her son, walking around the national forest and bragging about being able to carry her own suitcase.

According to Oncology Rehab Partners data, in the United States 65-90 percent of cancer patients and survivors experience physical and psychological defects that contribute to disability and lower health-related quality of life. Yet only 5 percent of current cancer patients and survivors are referred to rehabilitation to address physical or psychological deficits caused by cancer treatment.

"Our mission at SJHS is to assure every cancer survivor has access to high-quality cancer rehabilitation services," said Katina Wood, Executive Director of Oncology. "The STAR program is a solution that enables us to provide rehabilitation services to patients before, during and after a cancer treatment. STAR enables us to get our patients to Arizona."







## Mishawaka Medical Center Oncology Inpatient Unit delivers compassionate care

The inpatient unit at Mishawaka Medical Center consists of 32 beautiful private rooms staffed by highly trained and compassionate nurses and patient care providers. Nursing care is based on the Oncology Nursing Society's (ONS) evidence-based guidelines. ONS offers the opportunity to become Oncology Certified after passing a rigorous test and meeting practice standards. SJHS currently has nine Oncology Certified Nurses (OCN), with several more preparing to take the exam. All nursing staff members are required to complete the ONS chemotherapy/biotherapy course and maintain that certification every two years.

In addition to providing care for our special oncology patients, SJHS colleagues are also involved in community events. This year a team from SJHS participated in the American Cancer Society's Making Strides Against Breast Cancer event. To raise awareness for breast cancer research, the team held ice cream sundae fundraisers and sold team T-shirts to reach the goal of \$1,000. Team members raised \$2,165, placing them third overall in fundraising. The team also competed in a lip-sync video challenge, and received a trophy for most shares/views with more than 17,000 views.



**SAINT JOSEPH**  
HEALTH SYSTEM  

---

**MISHAWAKA**  
MEDICAL CENTER



## Paqui and Brian Kelly Comprehensive Breast Center

Development of the Paqui and Brian Kelly Comprehensive Breast Center (CBC), launched last year, will provide state-of-the-art medical care, from diagnosis to survivor support, in a peaceful, home-like setting. This will allow women to not have to go to "the hospital" for services or travel to Chicago or Indianapolis for treatment.

Construction on a carefully designed new facility for the center at Saint Joseph Health System Mishawaka Medical Center will start in January, with an opening planned for October 2016. Similar space will be created at SJHS locations in South Bend and Plymouth in the next three years.

"We wanted to create a destination with a recognizable name and, to go with that, have the facilities and the care to support women," said Mike Rotkis, MD, Paqui and Brian Kelly CBC Medical Director. "We wanted to not only talk the talk, but also walk the walk."

"We'll have the latest in technology in terms of screening and diagnosis, imaging, surgical techniques and options, treatment, genetic counseling and testing, patient navigation, survivorship, education, financial and psychosocial support, clinical trial research – all the components that go into a comprehensive breast center all in one site."

To ensure top medical care, the center takes a multidisciplinary approach, with a team of experts from different perspectives. Dr. Rotkis, a member of the American Society of Breast Surgeons, attends professional events and educational opportunities with leaders in the field.

"I go to these national surgical meetings and hear these published experts speak, and I am doing the same things," he says. "It's confirmation that we are up to speed with the experts."

To make the new center an inviting environment for women – more high-quality hotel than hospital – consultants are considering lighting, calming colors, textures, home-like fabrics, a glass wall for sunshine therapy, a fireplace, TV-free quiet in the waiting room and a focus on art rather than machinery in the design.

Among other things, the atmosphere is designed to attract more women to schedule their annual mammograms.





"They're not sick," Dr. Rotkis says. "They're coming for screening or diagnosis. Even if they're coming for treatment, they're a different population than the patients we see in the hospital."

Starting next year, support from the Alick family of Alick's Home Medical Equipment will boost the center's ability to suggest nontraditional treatments or therapies for patients that complement the medical services.

"There are things that we don't traditionally provide from a medical standpoint that we know are beneficial," Dr. Rotkis said, such as acupuncture, massage therapy, yoga, meditation, exercise, nutrition and other practices not covered by insurance. "We know there are definite benefits. We want to incorporate them in our comprehensive offerings in conjunction with other proven, effective treatments. That's where the value comes in."

The broad array and unsurpassed quality of Paqui and Brian Kelly CBC services are expected to draw women from a wide regional radius as happy patients tell their friends about the experience.

"We wanted to create something different within the community," Dr. Rotkis said. "Word of mouth is very powerful, especially in the breast cancer community. We want to be the destination."

### *Saint Joseph Health System to present Breast Health Symposium thanks to generous donation*

Beginning in 2016, Saint Joseph Health System will feature a one-day, all-encompassing Breast Health Symposium for physicians, nurses, cancer patients, survivors and the community. The symposium will be sponsored by a five-year commitment from The Alick Family and Alick's Home Medical.

The symposium will welcome regional and national oncology care and wellness experts who will present information on a variety of topics that appeal to a wide audience. The first symposium is scheduled for spring 2016.

**SAINT JOSEPH**  
HEALTH SYSTEM

 **PAQUI AND BRIAN KELLY**  
COMPREHENSIVE BREAST CENTER



# Saint Joseph Health System Oncology and Harper Cancer Research Institute team up

Detecting breast cancer in women with dense mammary tissues could become more reliable with a new mammogram procedure that researchers have now tested in pre-clinical studies of mice. In their report in the journal *ACS Nano*, researchers describe injecting gold nanoparticles in mammary tissue to enhance the imaging of early signs of breast cancer.

Mammography remains the clinical-standard screening test for detecting breast cancer. However, a recognized limitation of this X-ray procedure is that dense breast tissue shows up as white masses and fibers on an image and can obscure the presence of microcalcifications — potential signs of early cancer development. Other imaging methods including ultrasound, magnetic resonance imaging (MRI) and molecular breast imaging (MBI) can also find abnormalities, but each has its own limitation, such as high cost or poor resolution. Researchers Lisa Cole, Tracy Vargo-Gogola and Ryan K. Roeder wanted to improve patients' options.

The researchers boosted the contrast of mammography X-rays by modifying gold nanoparticles with molecules that bind specifically to microcalcifications. They injected a low dose of these nanoparticles into the mammary glands of mice with dense tissue. The engineered particles made the microcalcifications brighter on the

X-rays and, therefore, easier to distinguish. The mice showed no obvious side effects. Although further research would be required, the scientists say the technique could eventually translate into more reliable breast cancer detection for women with dense mammary tissue.

The authors acknowledge funding from Saint Joseph Health System, the Walther Cancer Foundation and the National Science Foundation.

*"Working with SJHS, we have the unique opportunity to conduct research in the community hospital setting. At Harper Cancer Research Institute (HCRI), we know that research cures cancer, but research can't be conducted without support. Funding from SJHS has enabled HCRI scientists to make important progress in our breast cancer research program, specifically in the areas of cancer health disparities and improving mammography (with additional support from the Kelly Cares Foundation). We are grateful for the funding to enable us to conduct this important translational research."*

— M. Sharon Stack, PhD  
Ann F. Dunne and Elizabeth Riley Director  
Harper Cancer Research Institute  
Kleiderer-Pezold Professor of Biochemistry  
Department of Chemistry & Biochemistry  
University of Notre Dame



The Paqui and Brian Kelly Comprehensive Breast Center and Harper Cancer Research Institute teamed up on a research project and produced a publication that was highlighted in an American Chemical Society press release.

This research project has received further funding from the Kelly Cares Foundation and Saint Joseph Health System for 2016. Read "Contrast-Enhanced X-Ray Detection of Microcalcifications in Radiographically Dense Mammary Tissue Using Targeted Gold Nanoparticles" at <http://pubs.acs.org/doi/abs/10.1021/acs.nano.5b02749>.



CONTRAST-ENHANCED X-RAY DETECTION OF MICROCALCIFICATIONS IN RADIOGRAPHICALLY DENSE MAMMARY TISSUE USING TARGETED GOLD NANOPARTICLES





## Cancer Registry

The Cancer Registry is fundamental to providing outcomes for the improvement of care to patients before and after a diagnosis of cancer. At Saint Joseph Health System, our Cancer Registry has a rich database comprised of diagnoses, staging, treatment and outcome-related information on more than 6,487 cancer cases accessioned at our facility since our reference year of Jan. 1, 2005.

In 2014, there were a total of 940 new cancer cases diagnosed at SJHS, representing a 9 percent increase in new cancer cases. The largest population of cases diagnosed was in Saint Joseph County at 66 percent, an increase of 8 percent from last year. In 2014, there were 31.5 percent more women diagnosed at SJHS with a new cancer than men, compared with an estimated 47.1 percent nationally.

Cancer data collected on SJHS patients are followed for life. Follow-up ensures continued medical surveillance and monitors the health status of the population of patients diagnosed at SJHS. This information provides the documentation of residual disease or its spread, recurrences or the discovery of a new malignancy in a patient. Follow-up information must be comprehensive and subsequent treatments are included in the patient database.

Outcomes and end-results data enable physicians and researchers access to clinical best practices and quality of care. To meet the Commission on Cancer standard of 80 percent follow-up, the follow-up coordinator ensures that all cases diagnosed and/or treated at SJHS are followed yearly. Ongoing data collection and continued lifetime observation is currently maintained on 6,487 patients. The current follow-up rate is 99.05 percent for patients diagnosed in the last five years and 98.58 percent for all patients in the database. Follow-up information is obtained by reviewing the patient's medical record, from the managing physician and (only if necessary) by contacting the patient.

## 2015 primary site table, Mishawaka Medical Center, featuring 2014 statistics

PRIMARY SITE	TOTAL	SEX		Analytic	Non Analytic	STAGE DISTRIBUTION - ANALYTIC CASES ONLY					
		M	F			STG 0	STG I	STG II	STG III	STG IV	88/UNK
<b>ORAL CAVITY &amp; PHARYNX</b>	<b>24</b>	<b>19</b>	<b>5</b>	<b>17</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>7</b>	<b>3</b>
Lip	1	1	0	1	0	0	0	0	1	0	0
Tongue	5	4	1	3	2	0	1	0	0	2	0
Salivary Glands	3	3	0	3	0	0	1	0	0	2	0
Floor of Mouth	3	3	0	1	2	0	0	1	0	0	0
Gum & Other Mouth	1	0	1	1	0	0	0	1	0	0	0
Tonsil	6	5	1	4	2	0	0	0	2	2	0
Hypopharynx	1	1	0	1	0	0	0	0	0	1	0
Other Oral Cavity & Pharynx	4	2	2	3	1	0	0	0	0	0	3
<b>DIGESTIVE SYSTEM</b>	<b>212</b>	<b>122</b>	<b>90</b>	<b>166</b>	<b>46</b>	<b>4</b>	<b>16</b>	<b>33</b>	<b>37</b>	<b>50</b>	<b>26</b>
Esophagus	10	10	0	6	4	0	0	2	3	1	0
Stomach	24	16	8	18	6	0	2	1	4	10	1
Small Intestine	6	3	3	5	1	0	1	0	3	1	0
Colon Excluding Rectum	47	26	21	38	9	3	5	12	7	8	3
Rectum & Rectosigmoid	39	28	11	25	14	0	5	4	7	7	2
Anus, Anal Canal & Anorectum	5	1	4	3	2	1	0	0	1	1	0
Liver & Intrahepatic Bile Duct	17	15	2	15	2	0	1	4	2	4	4
Gallbladder	3	0	3	2	1	0	0	0	0	2	0
Other Biliary	5	1	4	4	1	0	0	1	1	0	2
Pancreas	39	18	21	34	5	0	2	9	4	15	4
Retroperitoneum	1	0	1	0	1	0	0	0	0	0	0
Peritoneum, Omentum & Mesentery	7	0	7	7	0	0	0	0	5	1	1
Other Digestive Organs	9	4	5	9	0	0	0	0	0	0	9
<b>RESPIRATORY SYSTEM</b>	<b>173</b>	<b>97</b>	<b>76</b>	<b>145</b>	<b>28</b>	<b>0</b>	<b>28</b>	<b>11</b>	<b>28</b>	<b>76</b>	<b>2</b>
Nose, Nasal Cavity & Middle Ear	1	0	1	0	1	0	0	0	0	0	0
Larynx	10	6	4	8	2	0	3	0	1	4	0
Lung & Bronchus	160	89	71	137	23	0	25	11	27	72	2
Trachea, Mediastinum & Other Respiratory Organs	2	2	0	0	2	0	0	0	0	0	0
<b>BONES &amp; JOINTS</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>SOFT TISSUE (INCLUDING HEART)</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>
<b>SKIN EXCLUDING BASAL &amp; SQUAMOUS</b>	<b>19</b>	<b>14</b>	<b>5</b>	<b>15</b>	<b>4</b>	<b>0</b>	<b>8</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>
Melanoma -- Skin	18	13	5	14	4	0	8	6	0	0	0
Other Non-Epithelial Skin	1	1	0	1	0	0	0	1	0	0	0
<b>BREAST</b>	<b>243</b>	<b>3</b>	<b>240</b>	<b>190</b>	<b>53</b>	<b>39</b>	<b>77</b>	<b>47</b>	<b>14</b>	<b>12</b>	<b>1</b>
<b>FEMALE GENITAL SYSTEM</b>	<b>158</b>	<b>0</b>	<b>158</b>	<b>126</b>	<b>32</b>	<b>4</b>	<b>78</b>	<b>11</b>	<b>18</b>	<b>13</b>	<b>2</b>
Cervix Uteri	26	0	26	14	12	0	6	3	2	3	0
Corpus & Uterus, NOS	94	0	94	85	9	1	63	7	9	4	1
Ovary	27	0	27	20	7	0	5	1	7	6	1
Vulva	8	0	8	6	2	3	3	0	0	0	0
Other Female Genital Organs	3	0	3	1	2	0	1	0	0	0	0
<b>MALE GENITAL SYSTEM</b>	<b>66</b>	<b>66</b>	<b>0</b>	<b>47</b>	<b>19</b>	<b>1</b>	<b>3</b>	<b>30</b>	<b>5</b>	<b>8</b>	<b>0</b>
Prostate	59	59	0	40	19	0	1	28	3	8	0
Testis	6	6	0	6	0	0	2	2	2	0	0
Penis	1	1	0	1	0	1	0	0	0	0	0
<b>URINARY SYSTEM</b>	<b>103</b>	<b>73</b>	<b>30</b>	<b>83</b>	<b>20</b>	<b>32</b>	<b>28</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>1</b>
Urinary Bladder	65	53	12	51	14	31	10	5	1	4	0
Kidney & Renal Pelvis	34	16	18	28	6	1	17	2	5	2	1
Ureter	2	2	0	2	0	0	1	0	1	0	0
Other Urinary Organs	2	2	0	2	0	0	0	0	0	2	0
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	<b>24</b>	<b>10</b>	<b>14</b>	<b>18</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>
Brain	7	3	4	4	3	0	0	0	0	0	4
Cranial Nerves Other Nervous System	17	7	10	14	3	0	0	0	0	0	14
<b>ENDOCRINE SYSTEM</b>	<b>23</b>	<b>4</b>	<b>19</b>	<b>21</b>	<b>2</b>	<b>0</b>	<b>15</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>
Thyroid	20	3	17	20	0	0	15	2	2	0	1
Other Endocrine including Thymus	3	1	2	1	2	0	0	0	0	0	1
<b>LYMPHOMA</b>	<b>74</b>	<b>39</b>	<b>35</b>	<b>53</b>	<b>21</b>	<b>0</b>	<b>10</b>	<b>6</b>	<b>12</b>	<b>25</b>	<b>0</b>
Hodgkin Lymphoma	6	3	3	4	2	0	0	2	1	1	0
Non-Hodgkin Lymphoma	68	36	32	49	19	0	10	4	11	24	0
<b>MYELOMA</b>	<b>17</b>	<b>6</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>LEUKEMIA</b>	<b>28</b>	<b>20</b>	<b>8</b>	<b>19</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>
Lymphocytic Leukemia	10	6	4	3	7	0	0	0	0	0	3
Myeloid & Monocytic Leukemia	16	13	3	14	2	0	0	0	0	0	14
Other Leukemia	2	1	1	2	0	0	0	0	0	0	2
<b>MESOTHELIOMA</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>
<b>KAPOSI SARCOMA</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>MISCELLANEOUS</b>	<b>32</b>	<b>14</b>	<b>18</b>	<b>21</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>
<b>TOTAL</b>	<b>1,206</b>	<b>494</b>	<b>712</b>	<b>940</b>	<b>266</b>	<b>80</b>	<b>266</b>	<b>156</b>	<b>127</b>	<b>203</b>	<b>108</b>

\*Exclusions: Not Male and Not Female

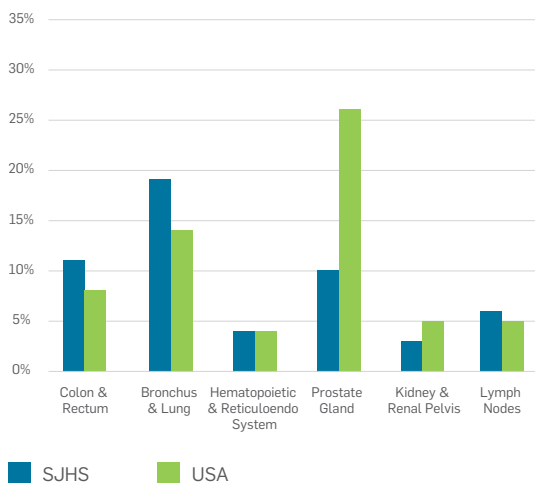
## 2014 Cancer Incidence Report by site and sex

There were 940 new cancer (analytic) patients diagnosed and/or treated at SJHS in 2014, of which 59.3 percent were female patients and 40.7 percent were male patients. According to the American Cancer Society, Cancer Facts & Figures 2015, there will be an estimated 51 percent new cancers diagnosed in men and 49 percent new cancer cases diagnosed in women.

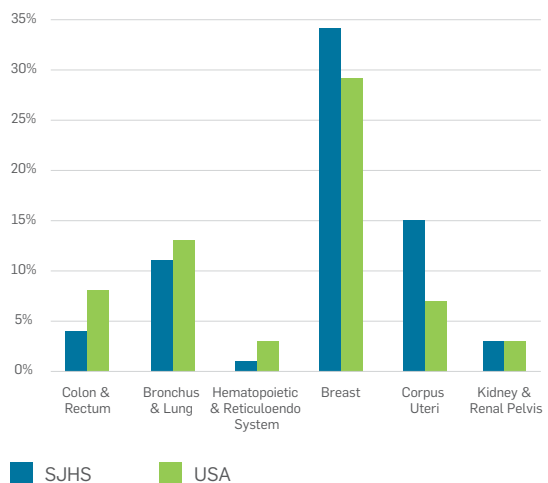
This graph shows cancer cases diagnosed at SJHS compared to those new cancer cases collected throughout the United States for both men and women in 2014. Most significant is the almost double percentage of corpus uteri cases collected at SJHS compared to the US percentages. These figures, although they appear relatively high, show that 93 percent of these cases were diagnosed at an early stage with a curative treatment course.

Thanks to technology and a dedicated Gynecologic Oncologist, Dr. Michael Method who provides highly specialized care to the female patients in this community.

### 2014 TOP COMPARISON OF MALE CANCERS



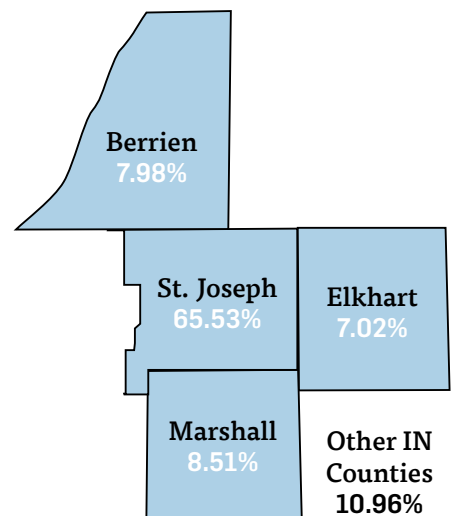
### 2014 TOP COMPARISON OF FEMALE CANCERS



## Cases by county

In 2014, there were a total of 940 cancer patients diagnosed at SJHS. The largest population of patients were from Saint Joseph County representing 65.53 percent of the cases treated and/or diagnosed at SJHS.

We are continuing to expand our services to serve all cancer patients in this region and beyond.

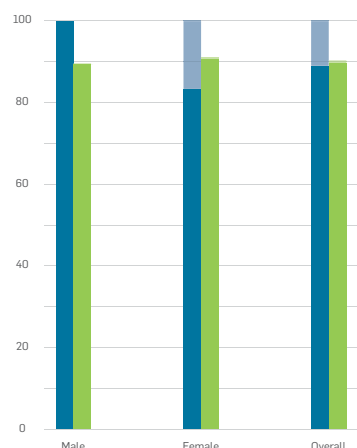


## Rapid Quality Reporting System quality measures for breast and colon cancer

The Commission on Cancer has developed a number of tools used by CoC-accredited cancer programs to evaluate and compare the care delivered to patients diagnosed and/or treated at our facility.

These graphs represent a comparison of SJHS - 2013 data compared to national data.

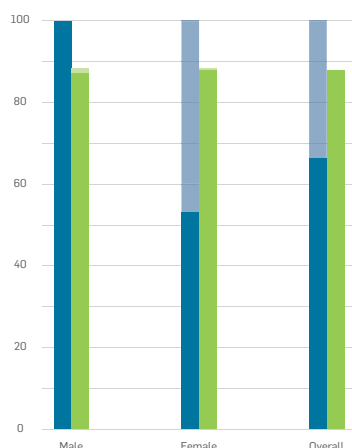
### REMOVAL OF 12 REGIONAL LYMPH NODES FOR COLON CANCER BY GENDER



Saint Joseph Health System			
Strata	N Cases	Rate	95% CI
Male	10	100	100-100
Female	17	94.1	82.9-100
Overall	27	96.3	89.2-100

All Programs (United States)			
Strata	N Cases	Rate	95% CI
Male	16,188	89.4	88.9-89.8
Female	16,769	90.9	90.4-91.3
Overall	32,957	90.1	89.8-90.4

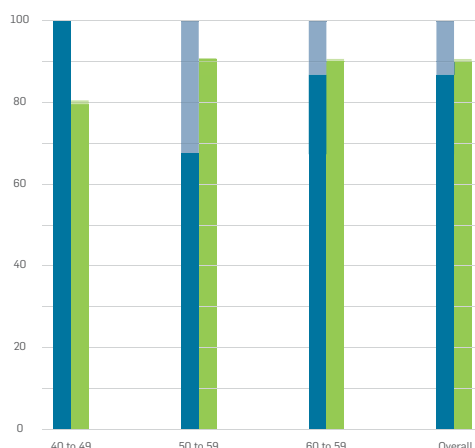
### ADJUVANT CHEMOTHERAPY FOR COLON CANCER BY GENDER



Saint Joseph Health System			
Strata	N Cases	Rate	95% CI
Male	3	100	100-100
Female	6	83.3	53.5-100
Overall	9	88.9	68.4-100

All Programs (United States)			
Strata	N Cases	Rate	95% CI
Male	4,360	87.4	86.4-88.4
Female	3,971	87.9	86.8-88.9
Overall	8,331	87.6	86.9-88.3

### RADIATION FOLLOWING BREAST CONSERVATION SURGERY BY AGE



Saint Joseph Health System			
Strata	N Cases	Rate	95% CI
40 TO 49	6	100	100-100
50 TO 59	9	88.9	68.4-100
60 TO 69	23	95.7	87.3-100
Overall	38	94.7	87.6-100

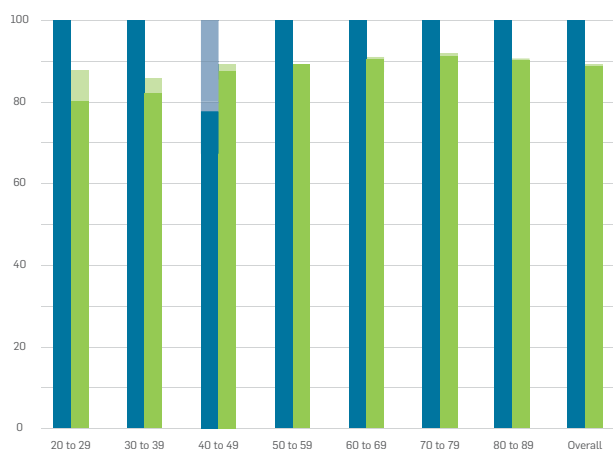
All Programs (United States)			
Strata	N Cases	Rate	95% CI
40 TO 49	9,827	90.5	89.9-91.1
50 TO 59	17,943	91.3	90.9-91.8
60 TO 69	21,971	91.2	90.8-91.6
Overall	50,858	91	90.7-91.2

### KEY

■ SJHS ■ All Programs (United States)



## HORMONE THERAPY FOR BREAST CANCER BY AGE



### KEY

■ SJHS ■ All Programs (United States)

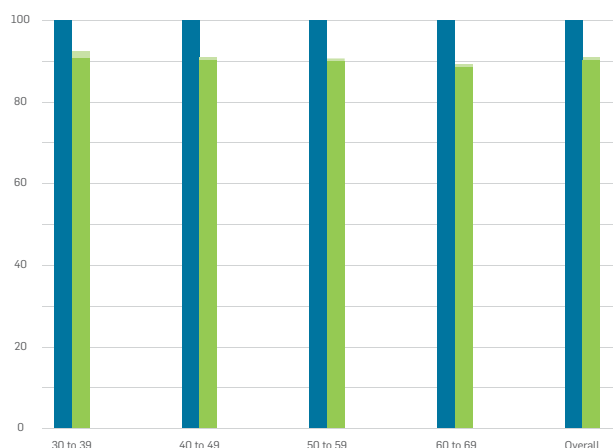
### Saint Joseph Health System

Strata	N Cases	Rate	95% CI
20 TO 29	1	100	100-100
30 TO 39	2	100	100-100
40 TO 49	13	92.3	77.8-100
50 TO 59	6	100	100-100
60 TO 69	15	100	100-100
70 TO 79	5	100	100-100
80 TO 89	3	100	100-100
Overall	45	97.8	93.5-100

### All Programs (United States)

Strata	N Cases	Rate	95% CI
20 TO 29	413	84.3	80.7-87.8
30 TO 39	2,289	84.3	82.8-85.8
40 TO 49	14,123	88.6	88-89.1
50 TO 59	18,236	89.8	89.3-90.2
60 TO 69	19,042	90.7	90.3-91.1
70 TO 79	11,468	92.2	91.7-92.7
80 TO 89	4,075	91.7	90.8-92.5
Overall	70,014	90.1	89.8-90.3

## MULTI-ADJUVANT CHEMOTHERAPY FOR BREAST CANCER BY AGE



### KEY

■ SJHS ■ All Programs (United States)

### Saint Joseph Health System

Strata	N Cases	Rate	95% CI
30 TO 39	1	100	100-100
40 TO 49	3	100	100-100
50 TO 59	3	100	100-100
60 TO 69	5	100	100-100
Overall	12	100	100-100

### All Programs (United States)

Strata	N Cases	Rate	95% CI
20 TO 29	180	95	91.8-98.2
30 TO 39	849	93.8	92.1-95.4
40 TO 49	3,186	92.4	91.5-93.3
50 TO 59	4,209	90.9	90-91.7
60 TO 69	3,371	88.8	87.8-89.9
Overall	11,795	91	90.5-91.5



## Specialized cancer conferences with specialized physician care

Weekly multidisciplinary conferences form a key part of providing patients and their primary care physicians with the best and most appropriate diagnostic and therapeutic options for the particular type and stage of disease. These weekly conferences allow experts an opportunity to discuss treatment options, risks, benefits and outcomes.

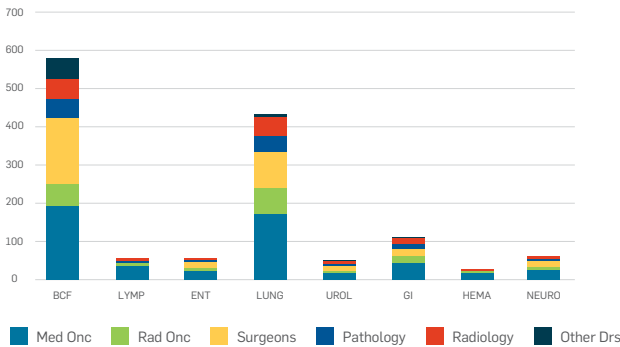
During case review, the patient's radiology films and pathology slides are reviewed in order to make treatment decisions according to national guidelines. Representatives from surgery, pathology, medical oncology and diagnostic and radiation oncology attend.

The meetings are open to any healthcare professional who is involved in caring for our cancer patients and also include plastic surgeons, physician assistants, mental healthcare professionals, nurses, nurse navigators, cancer registrars and genetic counselors. Patients are often invited by their managing physician to attend these forums.

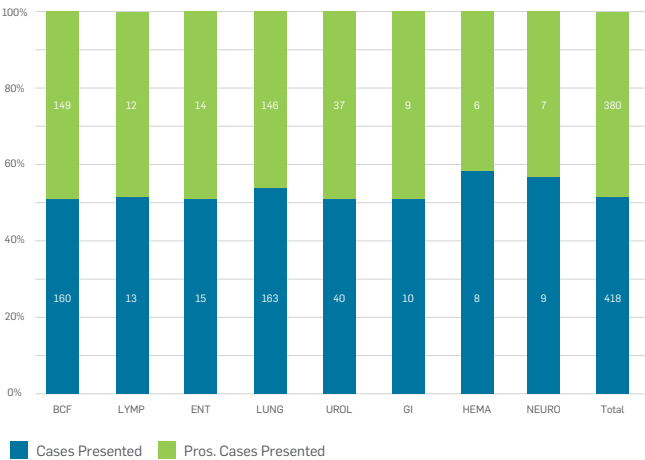
Because SJHS offers an accredited cancer program of the American College of Surgeons Commission on Cancer, the oncology committee routinely monitors cancer conference activities to ensure that the conferences provide consultative services to express an effective treatment plan and to offer education to those in attendance.

# 2014 Cancer Conference activities

## SAINT JOSEPH HEALTH SYSTEM MULTIDISCIPLINARY ATTENDANCE



## SAINT JOSEPH HEALTH SYSTEM CASE PRESENTATION



Parameswaran Venugopal, MD, Co-Director of the Lymphoma Program and Associate Director, Section of Hematology and Stem Cell Transplantation at Rush University Medical Center in Chicago, specializes in the treatment of hematologic malignancies.

Patrick J. Stiff, MD, Director of the Cardinal Bernardin Cancer Center at Loyola University, specializes in diagnosing and treating patients with blood related disorders, malignancies and cancer.

Both of these clinical experts are a part of a multidisciplinary team, working in conjunction with other specialists, to ensure the highest possible standard of care to patients in this community. These one-hour conferences are held at Michiana Hematology Oncology in the Education Center beginning at 6:30 am.

Monthly Lymphoma Meeting	Number of Cases Presented
February 7	4
March 7	5
May 2	6
June 6	5
August 1	6
September 5	4
October 3	4
Quarterly Hematologic Meeting	Number of Cases Presented
February 3	5
May 5	5
September 8	5



*Seven areas are essential to ensure compliance with the requirements set by the oncology committee:*

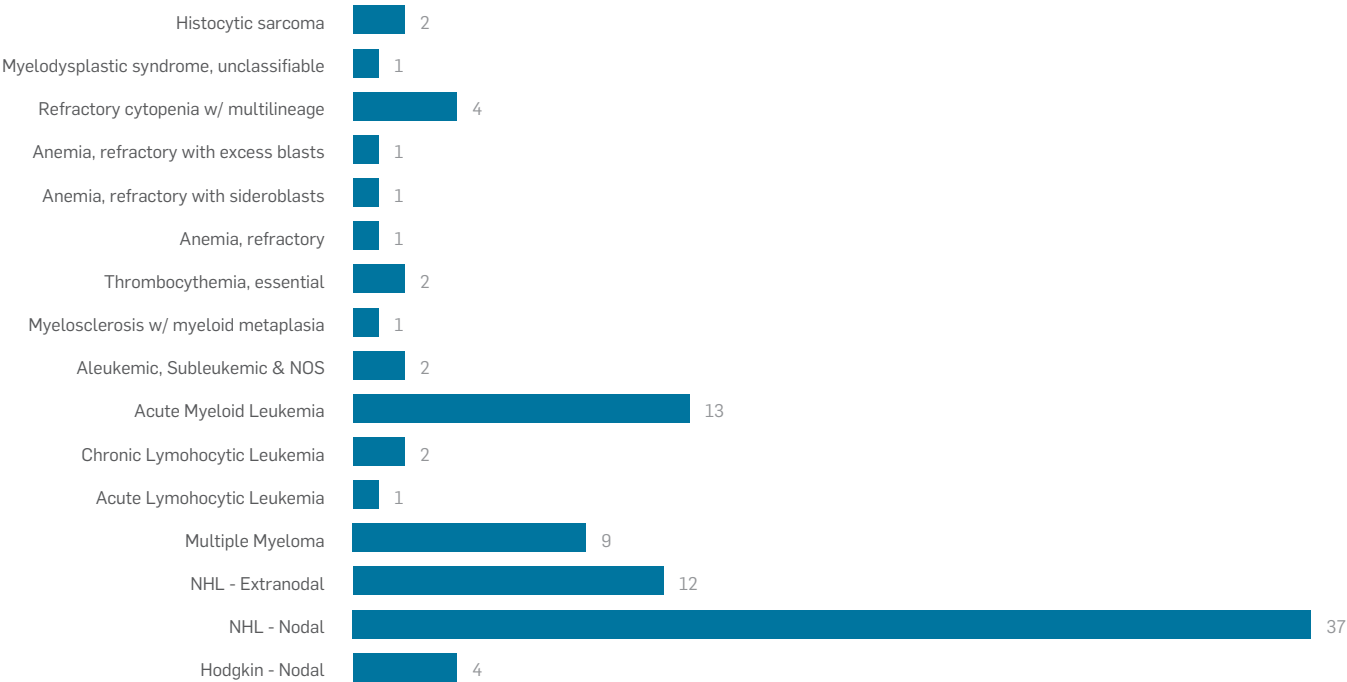
- Frequency – site-focused
  - Weekly breast and lung forums
  - Monthly gastroenterology, urology and lymphoma
  - Bi-monthly head and neck and neurosurgical
  - Quarterly hematology
- Multidisciplinary attendance
  - Board-certified physicians to include medical oncologist, radiation oncologist, general and specialty surgeons, diagnostic radiologist, pathologist, oncology nursing, rehabilitation physician and representatives, genetic professionals, clinical research representation, cancer registry, and service line administration.
- Total case presentation
  - 418 cases presented at the 2014 cancer forums
- Prospective case presentation
  - The oncology committee set the standard, requiring at least 75 percent of all cases discussed to be prospective in nature. In 2014, 380 of the 418 cases were prospective, exceeding the 75 percent requirement by reaching 91 percent.
- Discussion of AJCC TNM stage, prognostic indicators for all sites and treatment planning mainly following the National Comprehensive Cancer Network (NCCN) evidence-based treatment guidelines
  - Each case presented includes documentation of the clinical AJCC TNM stage assigned by the managing physician.
  - Evidence-based treatment guidelines are displayed on a monitor for review during case discussion on every case presented.
- Optional discussion
  - At SJHS our highly qualified team provides comprehensive clinical trial support at each cancer forum. Every patient is screened for possible eligibility of available clinical trials. Attendees are educated on new clinical trials that are offered at SJHS.
  - The conference policy is reviewed on an ongoing basis and presented to the oncology committee for approval to ensure compliance of our program.
- Additional areas included
  - Genetic testing and counseling is available at all breast, colorectal and lung cancer forums.
  - Two highly skilled genetic counselors also provide case presentations and genetic updates.



2014 analytic hematologic malignancies

SJHS had 94 new hematologic malignancies diagnosed and/or treated. Of the 94, 30 were cancers that arose in the bone marrow, 43 arose in the lymph nodes and 12 were extra nodal lymphoma diagnoses.

SAINT JOSEPH HEALTH SYSTEM - 2014 ACCESSION YEAR





## Fundraising for a new Mobile Medical Unit

Since 2006, Saint Joseph Health System Outreach Services has operated a Mobile Medical Unit (MMU). Equipped with an exam room, an intake area and a mammography room, the unit has provided more than 4,500 mammograms to women in need. The MMU primarily serves Elkhart, Marshall and St. Joseph counties.

SJHS is a leader in women's breast health and is committed to providing services to the poor and underserved. SJHS has been able to consistently provide mammograms on the Mobile Medical Unit to uninsured women for almost 10 years through the help of various grant awards and donations. The Indiana Breast Cancer Awareness Trust and Kelly Cares Foundation are strong partners in funding mammograms on the MMU for at-risk women under 40 and women over 40 who have nowhere else to turn for service. In 2014, the unit performed 1,290 screening mammograms, of which 156 were referred for diagnostic mammograms.

In 2010, the MMU upgraded from analog to digital mammography. It is now time to bring the next phase of mammography services for all women. A new unit will feature state-of-the-art 3-D tomosynthesis mammography technology.

A new unit will cost approximately \$1 million. The Foundation of SJHS has already begun fundraising and has secured more than \$385,000 in grant awards and event proceeds. The new MMU is slated to start serving the community in early 2017. To support this initiative, please contact Maria Harding at [hardingm@sjrmc.com](mailto:hardingm@sjrmc.com).

# Mary Sue Crimmins, Nurse Navigator, honored at Night of the Stars

Night of the Stars, the annual Coaches vs. Cancer event co-hosted by University of Notre Dame Men's Basketball Coach Mike Brey, honors four extraordinary individuals from our community. These individuals, in their daily lives, give of themselves through time and effort to fight the battle against cancer. All local Coaches vs. Cancer initiatives support the mission of the American Cancer Society. The Dedication Award is given to an individual who is dedicated to fighting cancer in their lifetime.

In 2015, we were proud to honor Mary Sue Crimmins, Nurse Navigator, at SJHS Paqui and Brian Kelly Comprehensive Breast Center. Mary Sue was nominated by Michael Rotkis, MD, General and Vascular Surgery, and celebrated in front of her entire team at the center on Jan. 30, 2015.

At the 19th Annual Night of the Stars, July 31, 2015, at the private residence of Keith and Shelli Hatkevich in Granger, Mary Sue was celebrated in front of her peers, medical professionals from the Michiana region and community leaders for her longstanding commitment to providing excellent care.





## RiverBend relocates and expands to serve more survivors

In May 2015, after years of dreaming and planning, RiverBend Cancer Services moved into its new Wellness House in South Bend. Located at 3516 East Jefferson Blvd., the new facility offers additional programming and services for cancer survivors and their families.

This expansion is vitally important and comes at the right time. As people live longer because of earlier diagnoses and better treatments, the cancer-survivor population continues to grow. To serve this growing population, the new facility features a large resource library, a demonstration kitchen for nutrition and cooking classes, a workout room for exercise classes and a larger wig salon, among other amenities. Community and contemplative gardens will be added in the spring.

"We gave ourselves a couple of weeks to settle in and then began our new schedule of programs," says Kate Voelker, RiverBend's Executive Director. "And I have to say, it's been an amazing summer. Our new fitness and cooking classes have been well-attended. We've added several new cancer-specific support groups — gynecological, head and neck, and multiple myeloma — all because of demand."

The custom-designed facility offered RiverBend a chance to hone already-successful programs, as well as to take on emerging therapies and services seen only in larger cities. "I'd love it if everyone with cancer could come here," Voelker added. "We know it's not possible, but the programming we have touches every aspect of survivorship. We will continue to expand and help as many as come to us."

For 72 years, RiverBend has provided support at no cost for cancer survivors and their families. For a comprehensive list of programs and services offered, please call for a class and event schedule or visit [RiverBendCancerServices.org](http://RiverBendCancerServices.org).

 **RIVERBEND**  
CANCER SERVICES  
Help and Hope Around the Bend





### *A chance to live hopefully with cancer*

The list of services that RiverBend provides continues to grow thanks to the new Wellness House.

- Licensed counseling
- Nutrition classes
- Weight management for cancer survivors
- Exercise to boost vitality
- Yoga
- Reiki
- Massage
- Art expression
- Guided imagery
- Knitting and crocheting
- Euchre
- Gyna Girls gynecological support group
- Michiana NuTones and SPHONC support group for head and neck cancers
- Multiple myeloma support group
- Lymphedema support group
- Support groups for men, women, families and caregivers
- Wig salon
- Bra and prosthesis salon
- Nutritional products
- Community education class
- Prescription assistance\*

\*qualified clients



## 2015-2016 Oncology Committee

**William "Bill" Agnew, MS, ATC**  
Community Outreach Coordinator

**Bilal Ansari, MD**  
Medical Director  
Committee Chair

**Rachelle Anthony**  
American Cancer Society  
Representative

**Lisa Barnaby, CCRP**  
Clinical Research Coordinator

**Marian Brown, CTR**  
Cancer Conference Coordinator

**Gwen Ehler, RD, CSP, CD**  
Clinical Dietitian Supervisor

**Stacy Garton, MSW, LCSW**  
Psychosocial Services Coordinator

**Melissa Gillette, PhD, LCGC**  
Senior Genetic Counselor

**David Hofstra, CNMT, RT (N)**  
Quality Improvement Coordinator

**Dave Jentz, MD**  
Pathology

**Roger G. Klauer, MDIV, MD**  
Cancer Registry Quality Coordinator

**Jill Lowry, MA, MDIV**  
Pastoral Care Representative

**Truc Ly, MD, FACC**  
Specialty Surgeon

**Louis Pace, MSN, RN**  
Palliative Care Specialist

**Lisa Ribble – Fay, BS,  
PharmD, BCPS**  
Clinical Pharmacy Coordinator

**Michael Rotkis, MD**  
Breast Center Medical Director  
Cancer Liaison Physician

**Camilla Shaw, RN**  
Oncology Patient Navigator

**Terri S. Smith, RN**  
Case Manager

**Amelia Taggart, RN, OCN**  
Oncology Nurse Manager

**Binh Tran, MD**  
Radiation Oncology

**Linda Tuthill, MD**  
Diagnostic Radiology

**Kate Voelker**  
Community Services Specialist

**John Wachowiak, BSN**  
Manager, Nursing  
PACU, OTIC, OSP-OP  
Endoscopy

**Carol Walker, MSN, RNC-NIC**  
Administrative Service Line Director

**Katina Wood, RT(T), MBA, MS**  
Executive Director

**Kim Woofter, COO**  
Michiana Hematology Oncology



# Accreditations

## Accreditations

American College of Radiology  
American College of Surgeons Commission on Cancer  
American Council on Graduate Medical Education  
American Registry of Radiologic Technology  
Association for Clinical Pastoral Education  
College of American Pathologists  
The Joint Commission  
National Accreditation Program for Breast Centers

