

2013 Annual Report



**Salem Cancer
Institute**
A part of Salem Health



**KNIGHT
CANCER INSTITUTE**
Oregon Health & Science University

Affiliated for Better Health



“Exceptional experience every time.”

This is the vision statement of Salem Health. Our Salem Cancer Institute team of physicians and clinical and support staff are living up to it every day for the benefit of our patients.

At Salem Cancer Institute, “it takes a team” has become our informal motto. From cancer specialists to primary care physicians, from outpatient treatment services to inpatient care, and from support services to patient navigation, we are a team.

It is our pleasure to share with you our accomplishments from 2013. We look forward to an exciting year ahead!

Sincerely,

Nancy Boutin, MD
Medical Director,
Salem Cancer Institute

Steven Taylor
Director,
Salem Cancer Institute

National accreditation

Salem Cancer Institute has been accredited as a comprehensive community cancer program by the Commission on Cancer (CoC) since 1952. In 2010, we added accreditation by the National Accreditation Program for Breast Centers (NAPBC) to our résumé.

These accrediting bodies visit us every three years to survey our performance on rigorous standards and goals. Our 2013 surveys netted us the highest level of accreditation from the NAPBC and full accreditation from the CoC with commendation in seven out of eight possible areas.

Some examples of the CoC goals we accomplished in 2013 include:

- Developing community standards of care using evidence-based data.
- Increasing the percentage of newly diagnosed cancer patients who are evaluated for genetic risk factors.
- Referring people who smoke and who have enrolled in the lung cancer screening program to a smoking cessation program.



Physicians Eric Laro, cancer committee chair (right) and Mark Magilner, cancer liaison physician, are leading our cancer program and ensuring that we meet Commission on Cancer standards.

Lung Cancer Screening Program

Salem Cancer Institute launched a Lung Cancer Screening Program in January 2013 after thorough review of the National Lung Screening Trial (NLST).

The trial demonstrated that high-risk patients screened yearly with low-dose computed tomography (LDCT) had a 20 percent lower chance of dying of lung cancer than those screened with chest x-ray. In addition, cancers caught at the earliest, most treatable stage (stage I), increased from 21 percent to 40 percent.

Salem Cancer Institute was the first major cancer program in Oregon to establish a fully organized program with a carefully managed registry. Another unique part of our program provides an opportunity to enroll in a quality of life study, developed by our clinical research team. The aim of the study is to evaluate the stress response of participants during the screening process and determine if lung cancer screening has an effect on smoking behavior. One-third of patients screened in 2013 took part in the study.

Salem Cancer Institute lung cancer screening scorecard Jan. 14, 2013 to Dec. 31, 2013

Total patients enrolled	310
Normal results	198 (74%)
Follow-up recommended	69 (25%)
Biopsies	6 (2%)
Cancer diagnosis (2 stage I, 2 stage IV)	4 (1.5%)

An LDCT success story

Kathrine Reed credits her brush with breast cancer for saving her life.

At a follow-up visit with her surgeon, Kathrine asked about other cancer screenings she might need. As a longtime smoker who recently quit, she knew her risk was above average.

The surgeon referred her to the LDCT screening for lung cancer at Salem Cancer Institute, and the test revealed a stage-one tumor.

“I think that was the best \$99 I have ever spent,” she said. “Most people are stage four.” Because Kathrine’s cancer was caught at such an early stage, her treatment was straightforward and her outlook for the future is bright.

“Thank God for my surgeon and the one good thing I got out of breast cancer—it saved my life.”



Exemplary outcomes

The combination of highly skilled physicians and specialists, comprehensive treatment options, significant volume and advanced technology has made Salem Cancer Institute a leader in treatment outcomes in Oregon and the western United States. The chart below summarizes key data points from the CoC's National Cancer Data Base.

Cancer Program Practice Profile Reports

Performance Rates, 2011 (Latest performance data available nationally)

	Salem Cancer Institute	All CoC-approved programs
Breast cancer - Select measures		
Breast conservation surgery rate for women with AJCC clinical stage 0, I, or II Breast Cancer	69.4%	64%
Needle biopsy to establish diagnosis of cancer precedes surgical excision/resection	90.4%	82%
Radiation therapy is considered or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with ≥ 4 positive regional lymph nodes	93.8%	74.3%
Radiation therapy is administered within one year of diagnosis for women under age 70 receiving breast-conserving surgery for breast cancer	99%	92%
Combination chemotherapy is considered or administered within four months of diagnosis for women under age 70 with AJCC T1c No Mo, or Stage II or III ERA and PRA positive breast cancer	75%*	92.6%
Tamoxifen or third-generation aromatase inhibitor is considered or administered within one year of diagnosis for women with AJCC T1c No Mo, or Stage II or III ERA and/or PRA positive breast cancer	100%	90.6%
Colon cancer - Select measures		
Adjuvant chemotherapy is considered or administered within four months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer	77.8%**	90.9%
At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer	89.1%	87.8%
Rectal cancer (select measures)		
Radiation therapy is considered or administered within six months (180 days) of diagnosis for patients under the age of 80 with clinical or pathologic AJCC T4 No Mo or Stage III receiving surgical resection for rectal cancer	100%	92%

*Percentage reflects three cases where treatment was administered outside the recommended timeframe due to patient preference.
 ** Percentage reflects two cases where treatment was administered outside the recommended timeframe due to patient preference.



ATTRACTING TOP SPECIALISTS | Gynecologic Oncology

Meagan McFarland, FNP

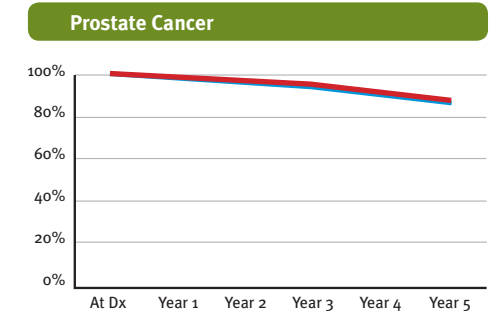
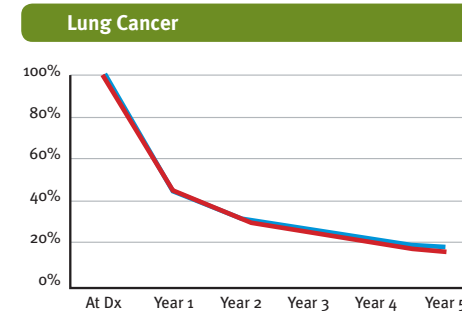
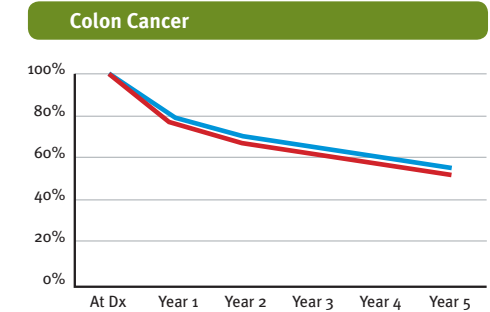
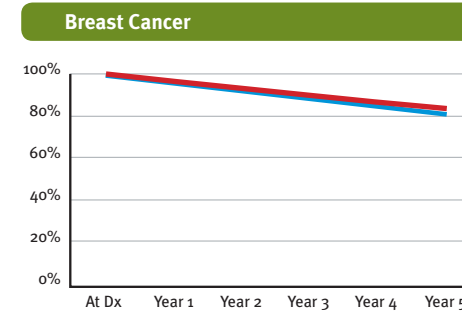
Meagan joined our gynecologic oncology program in April 2013 after completing her undergraduate and Master of Nursing degrees at Oregon Health & Science University. She is a family nurse practitioner with background in primary care and hospice. Meagan also works in the palliative care service at Salem Hospital.

Five-year observed survival rates

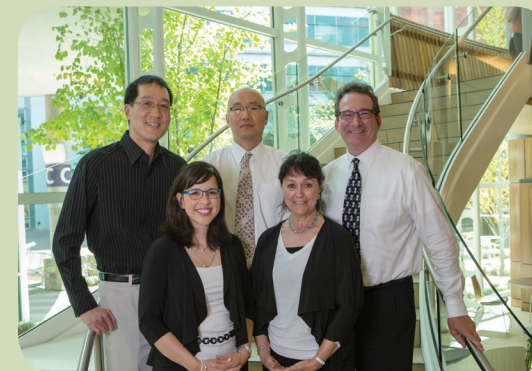
The Commission on Cancer (CoC) tracks survival rates by tumor site and cancer stage, compiling data from 1,489 CoC-approved facilities nationwide. The comprehensive and impartial data gathered for this effort shows survival rates at Salem Cancer Institute to be comparable to or higher than the national average.

Salem Cancer Institute vs. CoC Comprehensive Community Centers

■ Salem Cancer Institute ■ CoC Comprehensive Community Centers



Led by our Radiation Oncology and Medical Oncology teams, Salem Cancer Institute cares for an average of 300 patients each day.



Radiation Oncology team, from left: Sam Wang, MD, PhD; Nancy Reyes-Molyneux, MD; Matt Kang, MD; Arnella Hennig, MD; Matt Gordon, MD.



Medical Oncology team, from left: Natasha Tiffany, MD; Chuck Petrunin, MD; Renee Prins, MD; John Strother, MD; Bud Pierce, MD, PhD.

Tumor site committees: Improving cancer care through collaboration

Our physicians spent more than 800 hours engaged in improving cancer care through tumor site committees in 2013.



Gastrointestinal (GI) committee highlights Robert Ponec, MD, Chair

- Met six times during 2013 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Developed and approved clinical practice guidelines for postcolonoscopy colorectal cancer diagnosis.
- Collaborated with OHSU to hold a symposium where pancreatic, hepatoma, and esophageal cases were presented.
- Established a task force with physicians from both Salem and OHSU to focus on complex malignancies, including liver tumors, and developed shared pathways of care.
- Added radiofrequency ablation to our transarterial chemoembolization (TACE) program as a treatment option for patients with liver cancer.
- Explored a potential hepatitis C screening program as a joint effort with OHSU.
- Established preoperative carcinoembryonic antigen (CEA) testing for all newly diagnosed colon cancers.
- Welcomed primary care representation to the committee.



Gynecologic Oncology committee highlights Elizabeth Munro, MD, Chair

- Established quarterly meetings between Salem Cancer Institute and OHSU to discuss future planning for the Gynecologic Oncology program.
- Reviewed quality standards and performance at each meeting.
- Increased provider coverage to five days a week.
- Welcomed new providers, Koenraad De Geest, MD, and Meagan McFarland, FNP.
- Reached an agreement with OHSU to continue to grow the program and recruit another provider for six days of coverage.
- Transitioned gynecologic oncology clinic to Epic Ambulatory for improved electronic medical record.
- Reviewed gynecologic oncology clinic data:
 - 237 new patient visits
 - 1,645 clinic visits
 - 198 surgeries in Salem
 - 133 office procedures
 - 254 chemotherapy patients



Breast committee highlights NAPBC Nationally Accredited Breast Center Beth Dayton, MD, Chair Natasha Tiffany, MD, Vice-Chair

- Met 10 times during 2013 with physicians representing the full spectrum of cancer care, including primary care.
- Reviewed quality standards and performance at each meeting.
- Developed and approved clinical practice guidelines including molecular testing for recurrence of breast cancer, postmastectomy chest wall radiotherapy following reconstruction, and the assessment and treatment of lymphedema.
- Implemented assessment of lymphedema risk in breast cancer cases reviewed at Cancer Conference.
- Determined that HER2 positive breast cancer patients should see medical oncology to discuss neo-adjuvant treatment preoperatively.
- Supported West Valley Hospital in improving their “door to diagnosis” time, including decreasing the number of days from screening mammogram to diagnostic mammogram and from screening mammogram to biopsy.
- Received the highest level of accreditation from the National Accreditation Program for Breast Centers (NAPBC) in December 2013.



Thoracic committee highlights Everett Mozell, MD, Chair

- Met 12 times during 2013 with physicians representing the full spectrum of cancer care, including primary care.
- Reviewed quality standards and performance at each meeting.
- Planned and developed a lung cancer screening program that launched Jan. 14, 2013.
- Supported the development of a quality-of-life study for patients in the lung cancer screening program.
- Partnered with Salem Pulmonary Associates to continue to develop the lung nodule clinic. As of December 2013, 330 patients have been seen in the nodule clinic, all within a week of referral.
- Reviewed navigational bronchoscopy data with 56 cases performed from July 2012 to December 2013.
- Held a community event, Shine a Light on Lung Cancer, to raise awareness and inform the public about lung cancer screening.



Genito-Urinary (GU) committee highlights Nancy Reyes-Molyneux, MD, Co-Chair Jaffer Bashey, MD, Co-Chair

- Met six times during 2013 with physicians representing the full spectrum of cancer care.
- Reviewed quality standards and performance at each meeting.
- Developed a shared decision making tool for early detection of prostate cancer.
- Reviewed national guidelines for prostate cancer screening and revised our community standard.
- Communicated the importance of clinical staging and access to different treatment modalities to community urologists.
- Created a clinical pathway for early medical oncology input for hormone resistant prostate tumors.
- Worked with our clinical research department to open the Men’s Eating and Living (MEAL) study to look at how diet might affect prostate cancer outcome for those under active surveillance.

Partnerships benefit patient care

Partnering with OHSU Knight Cancer Institute

We have had an affiliation with OHSU Knight Cancer Institute since 2007. Through this important partnership, cancer specialists from Salem Cancer Institute and OHSU are combining efforts and expertise to strengthen a comprehensive, coordinated cancer program.

Highlights of 2013 included:

- Continuing joint education symposiums between physicians in both programs.
- Strengthening our gynecologic oncology program by adding a third OHSU physician, Koenraad De Geest, MD, OHSU Gyn-Onc Section Chief.
- Streamlining patient care and sharing of medical records through OHSU Connect and Epic Everywhere.
- Developing shared clinical protocols and pathways for liver cancer.
- Increasing visits by OHSU genetic counselors to twice a month and jointly recruiting a full-time genetic counselor.
- Building upon our transarterial chemoembolization (TACE) program by adding radiofrequency ablation as a treatment option for patients with liver cancer.
- Ongoing promotion of the affiliation between our programs.

A new partnership with Willamette Valley Medical Center

In December 2013, Salem Cancer Institute began a new era of cooperation with Willamette Valley Medical Center (WVMC) in McMinnville. We now provide a variety of cancer program management services to WVMC including:

- Medical physics.
- Cancer registry services.
- Assistance with their Commission on Cancer accreditation, the operation of their cancer committee and overall program growth and support.

The next step of this collaboration is to begin discussions with OHSU, Salem, and WVMC to create a three-part cancer agreement, thus bringing McMinnville into the existing affiliation between Salem Cancer Institute and OHSU Knight.

Strengthening relationships in nearby communities

Other signs of Salem Cancer Institute's commitment to cooperation with providers across the region included:

- Analyzing improving services in Silverton, Mt. Angel and Woodburn.
- Hematology Oncology of Salem seeing patients weekly in Silverton and Woodburn.
- Outreach to Mt. Angel providers to connect with Salem Cancer Institute services.

Support services for patients and families

Cancer nurse navigators are oncology certified nurses, helping patients and families identify needs, solve problems and find resources as they navigate their cancer journey. **Our licensed clinical social worker** provides counseling and coping strategies to manage the emotional aspects of cancer diagnosis, treatment and survivorship. **Nutrition consultations** are available with a registered dietitian. **Genetic counseling** in partnership with OHSU is offered at Salem Cancer Institute. **Clinical trial opportunities** are offered including phase II, phase III, and quality of life studies. **Peer navigator program** provides the support and guidance of more than 20 cancer survivors who volunteer to share their experiences with patients and families. **Support groups and education opportunities** are available to patients and family members.

Our team of social workers and cancer nurse navigators have more than 600 patient contacts a month.



Connecting with the community

Salem Cancer Institute partners with local organizations to support, host, and participate in many cancer awareness events and activities.

Over the past year we:

- Reached 900 cancer survivors through our support groups and yoga class.
- Had 270 people attend our cancer education and survivorship classes.
- Connected with 5,395 people at local events including Relay for Life, Play for a Cure Oregon, the Discover Pink Walk and more.
- Held a head and neck cancer screening in partnership with OHSU Knight Cancer Institute.
- Recruited 70 people to our Relay for Life team and raised \$3,500 for local patient assistance and support programs.

Thank you to The Salem Hospital Foundation

The Salem Hospital Foundation continued their generous support of cancer services in 2013.

One example is the capital investment of \$365,000 to support the development of an integrative wellness center to be completed in 2014.

They supported our lung cancer screening program by dedicating \$24,750 to provide screening for up to 250 patients who could not otherwise afford to participate. Contributions of just over \$61,000 supported patient assistance programs such as transportation, pharmacy cards, chemotherapy and one-time small cash grants for cancer patients in need.

Another \$14,000 provided ongoing support for Salem Cancer Institute programs, including education materials, a yoga instructor, Chemo Bags, and SOFTEE recovery camisoles for women recovering from breast cancer surgery.

In-hospital care and support services

The integrated inpatient oncology unit includes 16 oncology certified nurses, three hospice and palliative care nurses, and nine medical-surgical certified nurses.

Inpatient palliative care services focus on relief of symptoms, increased comfort and improved quality of life for patients and their families with any life-limiting disease. Our program brings combined expertise from multiple areas to address the physical, emotional and spiritual needs of our patients.

An oncology certified dietitian helps patients in the hospital manage treatment effects through diet and nutrition.



ATTRACTING TOP SPECIALISTS | Gynecologic Oncology

Koenraad De Geest, MD

Dr. De Geest joined our gynecologic oncology program in November 2013. He is the gynecologic oncology division chair at OHSU and a renowned specialist in his field. Before joining OHSU in 2013, Dr. De Geest was director of the division of gynecologic oncology and the fellowship program at the University of Iowa. Earlier, he was vice-chairman in the Department of Obstetrics and Gynecology and director of gynecologic oncology at Rush University Medical Center in Chicago, Illinois. He currently practices at both Salem Cancer Institute and OHSU Knight Cancer Institute.



Salem Cancer Registry: Improving treatments and outcomes since 1960

Salem's Cancer Registry is among the oldest in the United States and includes data from over 60,000 cases. Registry data allows physicians, researchers and public health professionals to track disease, treatment trends and efficacy.

Our team includes four cancer registrars and a follow-up clerk who ensure that timely, accurate, and complete cancer data is collected and maintained. Data is collected from Salem Cancer Institute, West Valley Hospital, Silverton Hospital, Santiam Hospital and local outpatient facilities. Additionally, we are also providing abstracting services for Willamette Valley Medical Center in McMinnville.

Physicians use Registry information to improve treatment planning, staging and continuity of care. The Registry also provides data on survival, treatment and extent of disease to the National Cancer Data Base, the CoC and the Oregon State Cancer Registry.

The Registry is the cornerstone of achieving the coveted status of CoC accreditation from the American College of Surgeons.

Salem Cancer Institute Cancer Registry

Case Distribution

Primary site	New cases* seen in 2012	New cases* seen in 2013	Total of cases in registry 2000-2013
Breast	337	375	4,695
Colorectal	141	134	2,121
Lung	243	253	2,997
Lymphoma/Leukemia	150	143	1,673
Prostate	227	227	3,805
Other/Undefined	810	812	9,289
Total	1,908	1,944	24,580

* New Cases: Total number of new cases seen at Salem Hospital that utilized services—includes all Class of Cases.



ATTRACTING TOP SPECIALISTS | Medical Oncology

Renee Prins, MD

Dr. Prins earned her medical degree at Loma Linda University School of Medicine in Loma Linda, California. She joined Hematology Oncology of Salem in August 2013 after completing her residency, chief residency and hematology/oncology fellowship training at OHSU. Dr. Prins specialized in lymphoid malignancies in fellowship, and now sees general hematology and oncology patients.

Physicians specializing in cancer care

Our physicians are committed to providing coordinated oncology care for each patient. They work closely with referring providers to ensure the best clinical outcomes. Every physician at Salem Hospital is board-certified or board-eligible and will be certified within five years of initial appointment.

Cardiothoracic

Kai Engstad, MD

Gastroenterology

Richard Brandes, MD
Michael Buck, MD
Makkaleem Em, MD
Lawrence Gates Jr., MD
Katherine Hoda, MD
Patricia Kao, MD
Robert Ponec, MD
Edward Schultheiss, MD
Christian Speer, MD
Srinivasan Subramanian, MD

General surgery

Catherine Boulay, MD
Glena Caton, MD
Christine Clarke, MD
G. Andrew Clarke, MD
Beth Dayton, MD
Kristopher Dozier, MD
Jonathan Durning, MD
J. Mark Evans, MD
Ronald Jaecks, MD
Jiyoun (Liz) Kim, MD
Eric Laro, MD
Gloria Marlowe, MD
Everett Mozell, MD
Rajan Nair, MD
Alison Smith, MD
William S. Strauss, MD

Surgeons performing thoracic surgery

Jonathan Durning, MD
Kai Engstad, MD
Eric Laro, MD
Everett Mozell, MD

Gynecologic oncology

Koenraad De Geest, MD
Meagan McFarland, NP
Melissa Moffitt, MD
Elizabeth Munro, MD

Medical oncology

Diane Cockburn, ANP
Phoebe Harvey, MD
Jan Merin, MD
Charles Petrunin, MD
William Pierce, MD, PhD
Renee Prins, MD
Mark Rarick, MD
Jeffery Schwab, FNP
John Strother, MD
Natasha Tiffany, MD

Neurosurgery

Magdalena Banasiak, MD
Maurice Collada, MD
Valerie Coon, MD
Jerry Hubbard, MD
Julie York, MD

Otolaryngology

Joseph Allan, MD
John Donovan, MD
Bruce Johnson, MD
Gary Nishioka, MD
Douglas Skarada, MD
Clark Thompson, MD

Palliative care

Nancy Boutin, MD
Meagan McFarland, NP
Jennifer Neahring, MD
Eriko Onishi, MD

Pathology

Alicia Kavka, MD
Lawrence Konick, MD
Mark Magilner, MD
Clark McDonald, MD
Pamela Smith, MD
Penny Vanderveer, MD
Daryl Vogel, MD, PhD
Debbie Wu, MD

Plastic surgery

Edwin Austin, MD
Bruce Carter, MD
Dann Leonard, MD
Keith Neaman, MD
William Nisbet, MD

Pulmonary medicine

Fayez Bader, MD
Kamran Firoozi, MD
Saleh Ismail, MD
Martin Johnson, MD
Steven Marvel, MD
Nimeshkumar Mehta, MD
James Parosa, MD
Kavan Ramachandran, MD
Theodore Shultz, MD
John Silver, MD

Radiation oncology

Matthew Gordon, MD
Arnella Hennig, MD
Matthew Kang, MD
Nancy Reyes-Molyneux, MD
Samuel Wang, MD, PhD

Radiology

Scott Ambruster, MD
John Bradshaw, MD
S. Leon Burrows, MD
Richard Collins, MD
David Farthing, MD
Travis Fromwiller, MD
Michael George, MD
Sidney Green, MD
Michael Hanslits, MD
David Harrison, MD
Ken Hirasaki, MD
Kyu Kim, MD
Jose Novoa, MD
Michael Pass, MD
Jared Sadler, MD
Kathleen Scanlan, MD
Michael Smolin, MD
Sean Stack, MD

Interventional radiology

Michael Hanslits, MD
Ken Hirasaki, MD
Michael Pass, MD
Michael Smolin, MD
Sean Stack, MD

Urology





Jaffer Bashey, MD
Jason Crane, MD
David Elkins, MD
David Elmgren, MD
Timothy Fleming, MD
Anjana Ganeshappa, MD
Alan Hay, MD
Mark Mhoon, MD
Bradley Warner, MD



Salem Cancer Institute

A part of Salem Health



-  **Salem Cancer Institute**
Salem Cancer Institute ▲
-  **Gynecological Oncology**
Oncología ginecológica ▲
-  **Infusion & Wound Care**
Infusión y Cuidado de heridas ▲
-  **Resource Center**
Centro de recursos ▲

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Salem Cancer Institute is part of Salem Health, which includes Salem Hospital, West Valley Hospital, Willamette Health Partners and other affiliated health care organizations offering quality care to people in and around Oregon's Mid-Willamette Valley.



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