



# 2017 ANNUAL REPORT



Calaway • Young  
CANCER CENTER



VALLEY VIEW

# WELCOME

*We are proud of our outcomes in cancer care and treatment.*



The Calaway•Young Cancer Center team is fully committed to putting our knowledge, experience and energy forward to ensure the best possible outcome for each patient. We stand by and for our mission, **“to be the leader for excellence in personalized care and healing.”**

The dedication and commitment of every staff member aides in creating the comprehensive program we deliver to every patient, every day.

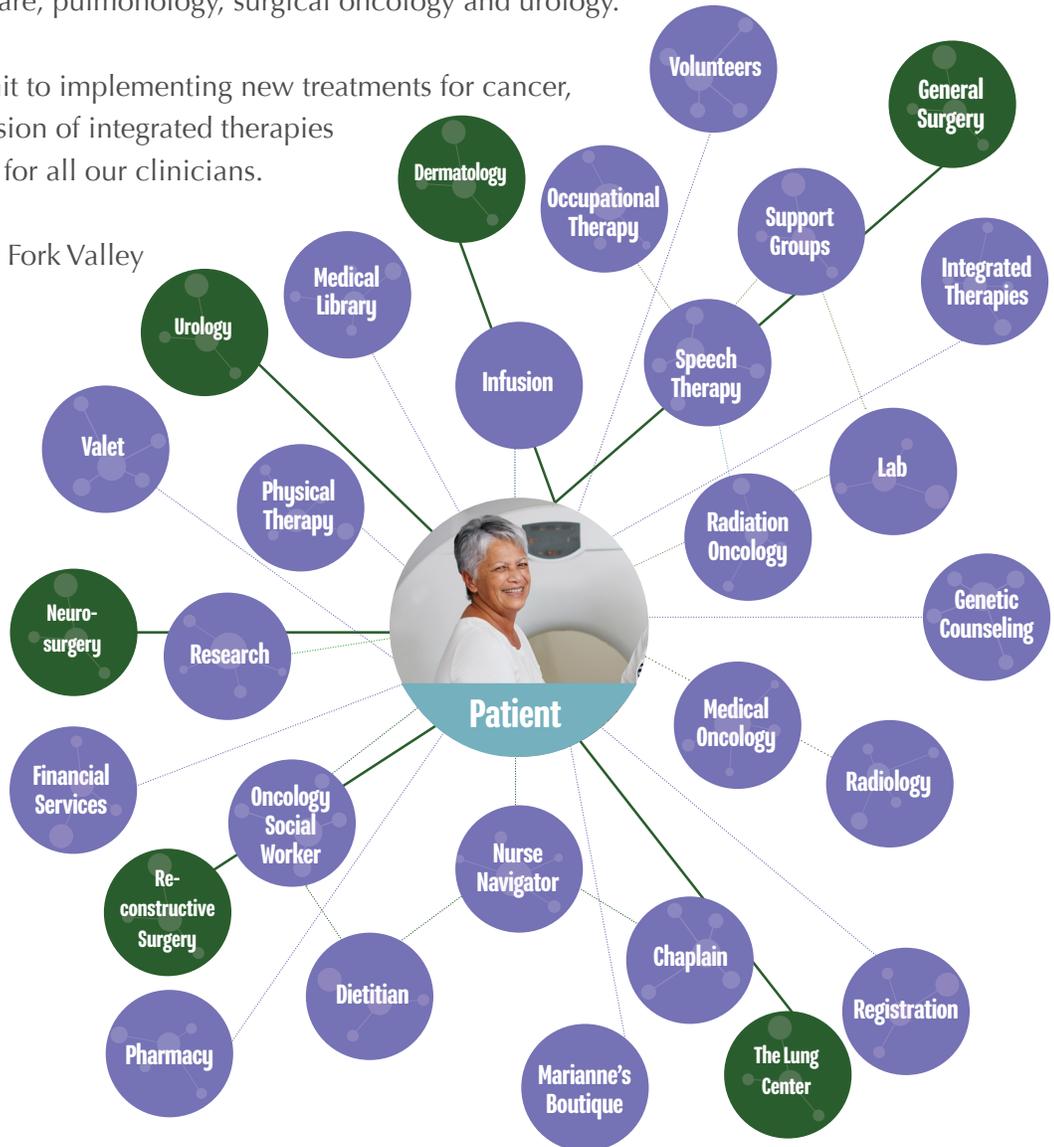
The Calaway•Young Cancer Center offers a multidisciplinary patient-centered cancer program that ensures quick access to advanced imaging services including; breast MRI and ultrasound, CT scan, low-dose lung CT scan, mammography and MRI. Our care model includes tumor conference participation, clinical navigators and social support services and our center encompasses the following specialties: general surgery, ENT, gastroenterology, reconstructive surgery, genetics, gynecology, hematology, oncology, palliative care, pulmonology, surgical oncology and urology.

As we look to the future we commit to implementing new treatments for cancer, additional clinical trials, an expansion of integrated therapies and the continuation of education for all our clinicians.

We are proud to serve the Roaring Fork Valley and beyond.

Sincerely,

Ann Wilcox  
Executive Director  
Calaway•Young Cancer Center



## *Our Patient-Centered Points of Care*

# LETTER *from the Cancer Committee Chair*

2017: Following the mission to be a leader for excellence and personalize care and healing.

In September 2012 under the mission of Valley View, our community came together to establish Calaway•Young Cancer Center to be the leader for excellence in healing our patients with cancer. Our commitment to patient-centered care combines the talents of highly skilled nurses, doctors, therapists

and other gifted caregivers with the most advanced technology in a healing environment.

All patients are managed with a multidisciplinary approach combining all of our skills to achieve unparalleled quality. The services include state-of-the-art radiation oncology, medical oncology, rehabilitation medicine, integrative therapies,

excellent multispecialty care, patient navigation, nutritional services in consultation, genetic counseling, social services, and spiritual care.

We achieved a “three-year with commendation” accreditation from the Commission on Cancer in 2015 confirming our commitment to the highest national standards of quality care. As result of our new accreditation we have access to the National Cancer Database (NCD B); a valuable tool to help us stay on track of our goal of achieving the highest quality standards.

Our clinical research program continues to grow with several new active clinical trials available for

tumors ranging from lymphoma to lung cancer. It is our goal to provide a full range of early phase and advanced phase clinical trials to our patients providing them access to many new otherwise inaccessible investigational therapies without traveling away from their homes.

Community outreach remains part of the back bone of our cancer center. These programs include a multiyear project for lung cancer screening, smoking cessation counseling, and radon awareness and mitigation. We also provide outreach medical oncology care to patients and Meeker, Rifle, and Aspen. This program has provided oncology care to patients whom otherwise, or too frail or unable to travel.

We owe a great debt of gratitude to all the members of this wonderful community for supporting our cancer center including our administrative team, the Valley View Board of Trustees, and dedicated members of our Western Slope community.

Sincerely,



Dr. Armando Armas  
Cancer Committee Chair  
Calaway•Young Cancer Center



# COMMUNITY *outreach*

The Calaway•Young Cancer Center is committed to the community it serves. The Center is pursuing a multi-year effort to help prevent and support the early detection of lung cancer.

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Lung cancer is the third most common cancer in the communities served by the Center. For 2016, lung cancer was also the third most common kind of cancer for patients of the Center. Fifty-seven (57) percent of those lung cancer diagnoses were late-stage.

Tobacco smoking is the main cause of lung cancer, according to the American Lung Association. Garfield County, the county in which the Center is located, has tobacco use rates that exceed the state of Colorado rates. For example, adult cigarette use is 19.8% in the county compared to 16.3% for the state. To help prevent lung cancer, Valley View offers an evidence-based, multi-component tobacco cessation program, Quit Smart. Participation in the program in 2016 increased fifty (50) percent.

The community served is designated Zone 1, a high radon potential, by the Colorado Department of Public Health and the Environment. Long-term radon exposure can cause lung cancer. To raise awareness about the role of radon and help families test for radon, Valley View's pediatric practice continues to lead a unique radon testing kit initiative. During three-year, well-child visits, providers educate parents on the importance of radon testing in their homes.

Through a collaboration with Garfield County Environmental Health, parents receive a coupon for a free radon testing kit. In 2016, nearly 200 families benefited from this radon education and approximately 100 received a testing kit from Garfield County.

Low-dose computed tomography (CT) is an evidence-based screening that can help support the detection of lung cancer at an early stage. At Valley View, this screening is offered to qualified persons. In 2016, fifty (50) low-dose CT scans were ordered. The data is being mined to complete findings.

The Center is proud to offer these programs to our community. With this continued effort, the Center hopes to impact the number of lung cancer diagnoses as well as the number of patients with late-stage lung cancer disease.



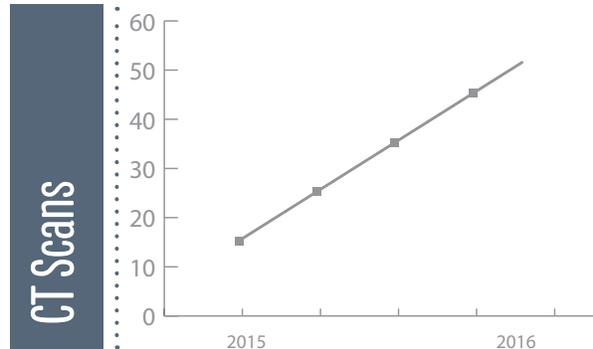
# LUNG CANCER *prevention*

## Radon testing

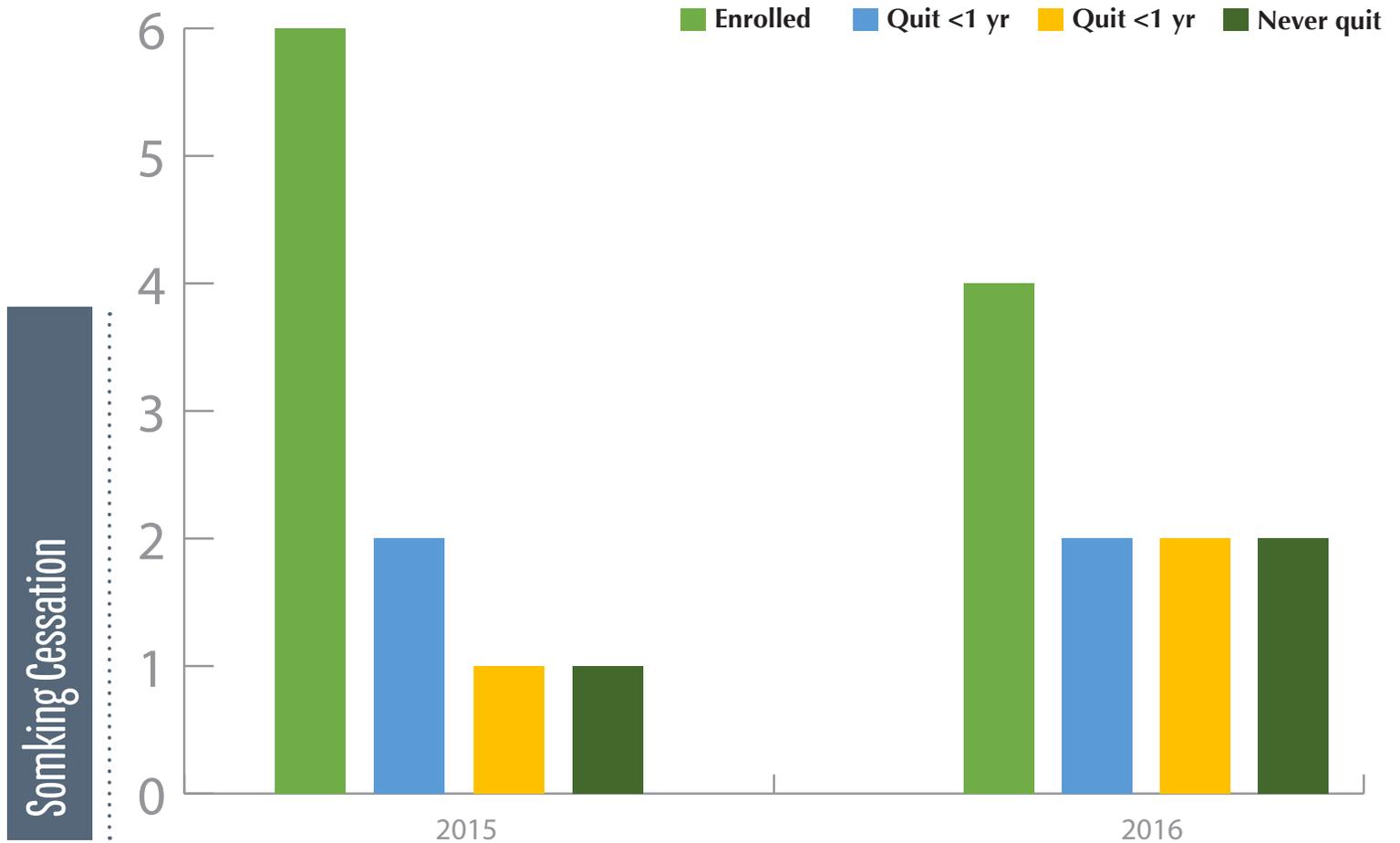
**Radon Testing**

2016 Radon Testing   Pediatric Partners at Valley View	
Three year-old wellness visit education	188
Quantity of kits distributed	100+
Quantity of kits used	13
Use rate	13%
% above 4 pCi/L	23%

## Total low-dose CT scans ordered



## Smoking Cessation Program at Valley View



# CANCER COMMITTEE MEMBERS

## CANCER COMMITTEE MEMBERS

### REQUIRED MEMBERS 2016

Diagnostic Radiology  
Pathology  
General Surgery  
Radiation Oncologist,  
    Cancer Committee Chair  
    Cancer Conference Coordinator  
Medical Oncologist / CLP  
Executive Director  
Oncology Nurse Leadership  
Social Worker,  
    Psychosocial Services Coordinator  
Cancer Registry Quality Coordinator  
Community Outreach Coordinator  
Clinical Research Coordinator  
QI Coordinator/ PI  
Genetic Counselor

Jason DiCarlo, MD  
Rob Macaulay, MD  
Brad Nichol, MD  
  
Bruce Greene, MD  
Armando Armas, MD  
Ann Wilcox, BSN  
Irene Selbrede, RN, BSN, OCN  
  
Kate Klos, MSW, LCSW  
Shannon Hart, CTR  
Stacey Gavrell  
Cheryl Page, CCRP  
Michelle Krelovich

### ADHOC MEMBERS

Pulmonology  
Medical Oncology  
Registered Dietician  
Pharmacist  
Physical Therapy/Rehab Services  
Pastoral Care  
Chief, Ancillary  
Librarian

Suresh Khilnani, MD  
Douglas Rovira, MD  
Mallory Silliman, RD  
Jo Ann Yacko, Pharm D  
Sarah Pocker, PT  
Sean Jeung  
Dewane Pace  
Jean Winkler

# SURVIVORSHIP PROGRAM

## *update*

Everyone coping with a diagnosis of cancer is a survivor and has unique needs.

### *Survivorship Defined*

There are currently 15 million Americans living with a diagnosis of cancer in the United States. The Calaway•Young Cancer Center survivorship program is designed to help identify and meet the needs of patients undergoing or having completed treatment for cancer.

Survivorship is about encouraging patients to steer their own course - by taking ownership of their care, staying active despite the fatigue, sharing their experiences, embracing new interests, and evolving to be their best self-advocate.



### **Matt Stinson, PA**

Matt joined the Valley View family almost 20 years ago and lives in the valley with his wife and three children. He obtained his undergraduate degree from Colorado State University and completed his medical training at the University of Utah. Matt specializes in the management of cancer symptoms and cancer treatment side effects, survivorship and follow-up, and palliative care.

Through the survivorship program, Matt takes the time necessary to answer questions in a calm, peaceful environment, from diagnosis forward, and he helps patients not only survive, but thrive.



### *Survivorship Program*

Now in its fourth year, the Calaway•Young Cancer Center survivorship program continues to be a valuable resource for patients completing their cancer treatment.

In 2016, more than 330 patients and their families have utilized the survivorship program which offers a personalized treatment summary, a cancer-specific survivorship care plan, and individualized counseling session for patients and their families.

With cancer's many unanticipated challenges, the survivorship program addresses a patient's physical, psychological, social, and spiritual facets to achieve a well-balanced, happy and healthy life.

# INTEGRATED THERAPIES

*Offering a variety of complementary, individualized treatments, in addition to support services and classes, for both patients and caregivers.*



The Integrated Therapies staff provides exceptional care for patients and caregivers throughout the cancer center.

In 2016 the scope of treatments offered by our therapists continue to expand, ranging from massage to labyrinth facilitation.

**MASSAGE THERAPY** The manual manipulation of soft body tissues (muscle, connective tissue, tendons and ligaments) to enhance a person's health and well-being.

**Indications:** Muscle pain and soreness, joint pain and stiffness, muscle spasms, tension headaches, neuropathy, fatigue, stress and anxiety, surgery recovery, edema, and limited range of motion.

**CRANIOSACRAL THERAPY** Involves gentle hands-on care that encourages the emergence of new levels of order in mind and body allowing for reduced stress, anxiety, pain, and symptoms related to treatment.

**Indications:** Migraine headaches, chronic pain, feelings of hopelessness, fatigue, insomnia, stress and anxiety, surgery/procedure /treatment preparation and recovery, palliative care, and sleep disturbances.

**ACUPUNCTURE** The modality of Chinese medicine that applies the insertion of fine needles into specific points on the body with the purpose being to stimulate the body's Qi. (vital energy)

**Indications:** Body aches and pains, mental and emotional distress, nausea, fatigue, headaches, hot flashes, dry mouth, weakened immune function, sleep disturbances, neuropathy, digestive issues, and lack of appetite.

**HEALING TOUCH** A form of energy therapy that promotes a sense of well-being and relaxation which supports the body's natural ability to heal.

**Indications:** Anxiety, depression, surgery recovery, strengthen immune system, feeling unsettled or unbalanced, sleep disturbances, acute and chronic pain.

**HEARTMATH® MENTORING** Program designed to coach participants in creating heart coherence which can help reduce stress and increase energy.

**Indications:** Stress management, depression, anger, grief, trouble coping, restless mind, feelings of hopelessness, chronic pain, heart conditions, and disease management.

**MANUAL LYMPH DRAINAGE** Hands on light massage technique specifically developed to manage the condition of lymphedema.

**Indications:** Heaviness/achiness in limb, radiation treatment with or without lymph node removal resulting in unresolved swelling, history of cancer treatment with radiation treatment, surgery, injury, and large volume of lymph node removal.

**YOGA THERAPY** A restorative practice using body postures and the breath to harmonize and unite mind, body, and spirit.

**Indications:** Sore/tight/weak joints and muscles, loss of balance, stress and anxiety, fatigue, feelings of loneliness, feelings of being scattered, range of motion, and sleep disturbances.

**TAI CHI/QI GONG** Exercise practiced as a sequence of graceful flowing movements in harmony with nature that help to balance body, mind, and spirit.

**Indications:** Sore/tight/weak joints and muscles, loss of balance, stress and anxiety, fatigue, feeling disconnected, and feelings of loneliness.

**LABYRINTH FACILITATION** By virtue of their design and singular path Labyrinths assist in helping a person to experience present moment awareness and help to hold as well as reveal experiences of life's journey. As a tool for mindfulness practice, walking a labyrinth or using a handheld labyrinth board can be representative of a path of pilgrimage and discovering the sacred in everyday life.

**Indications:** Stress, anxiety, chronic pain, surgery/procedure/treatment preparation.

**ART THERAPY** Art has become an integral component of holistic care for patients and families, as stated by The Art for Cancer Foundation. The process of art is not only a creative activity, but also a safe, therapeutic process that is both healing and life enhancing. Patients

and guests gain coping skills, can be distracted from pain and the stages of their illness, engage more socially and experience a reduction in their stress.

**Indications:** Stress, anxiety, and emotional or psychological side effects of diagnosis of cancer and subsequent treatment.

## **GUIDED IMAGERY, MEDITATION**

**& RELAXATION** Techniques used for pain relief, helping patients to tolerate medical procedures, modulating the effects of medication and stimulating the healing response. The use of these practices assist patients in taking a more active role in the healing process offering ways to cope, accelerate recovery, and calm the mind by accessing the nervous system processes.

**Indications:** Stress, anxiety, chronic pain, surgery/procedure/treatment preparation, smoking cessation, and sleep disturbances.



*Donations to the year-round Rally campaign and culminating event, Rally the Valley, benefit patients through survivorship programs, integrative therapies and Marianne's Boutique.*

# REGISTRY DATA

## *2016 cancer conference report*

Multidisciplinary conferences are held every 1st and 3rd Thursday, for general cancer conferences. A site focused GU/GI/lung cancer conference is held as needed on the 2nd Monday of the month.

Treatment plans are reviewed in consultation with radiologists, pathologists, general surgeons, medical oncologists, radiation oncologists and other specialties. This format benefits both the patient and the physician by providing a forum in which experts from varied disciplines can discuss different treatment options for prospective cases.

During 2016, we had a total of 33 General Cancer Conferences and Site-Focused (Breast, GU, GI & Lung) Cancer Conferences were held in which 177 analytic cases were presented prospectively.

Physicians are encouraged to submit cases for presentation by contacting the cancer registry prior to the upcoming cancer conference at 970.384.7586.

### PRIMARY SITES PRESENTED IN 2016

- Colon
- Breast
- Melanoma
- Lymphoma
- Kidney
- Parotid
- Prostate
- Lung
- Ovary
- Cervix
- Base of Tongue
- Bladder
- Endometrium
- GE Junction
- Rectal
- Esophagus
- Anal Canal
- Spleen
- Thymoma
- Plasmacytoma
- Tonsil
- Liver
- Appendix
- Pancreas
- Myeloma
- Glottis
- Intra- & Extra-hepatic
- Bile Duct



The cancer registry at Valley View operates under the direction and guidance of the cancer committee.

There were 325 cases added to the registry in 2016; 314 of those cases were analytic cases with initial diagnosis and/or first course of treatment done at the center. The cancer program and registry is an accredited cancer program through the American College of Surgeons Commission on Cancer (CoC) Accreditation Program.

The Commission on Cancer provides stringent standards and a program review of healthcare facilities that participate in its program.

The cancer registry staff consists of one full-time certified tumor registrar (CTR) and one part-time CTR. The

cancer registrars collect and analyze all reportable and supplemental data; prepare for and provide a cancer registry report and document cancer committee attendance and minutes; document cancer conference information; supply reports from the registry database to medical and administrative staff; and report all cases to the Colorado Central Cancer Registry.

Our cancer registry also follows patients annually to obtain any health changes and provide information for survival and outcomes data. Follow-up is an important function of the registry and increases the chances patients will receive appropriate medical care for early detection and treatment of recurrent or new cancers. As we know, early detection could improve chances of survival. The follow-up rate for all analytic patients is at 93% and the Commission on Cancer requires a rate of 80% follow-up on all patients. We currently meet the required follow-up rate of analytic cases for the past five years.

The registrars are members of the National Cancer Registrars Association (NCRA), and Colorado Cancer Registrars Association (CCRA). Our full-time CTR currently holds the position of immediate-past president of the Colorado Cancer Registrars Association. Both participate in educational events annually to maintain certification status as well as attending a regional or national conference at least every three years.

Cancer registry data is available for multiple uses, including reporting of results and evaluation of quality of care for our patients, along with research needs and educational purposes.

The cancer registry is staffed by:  
Shannon Hart, CTR - Lead  
Nancy May, CTR

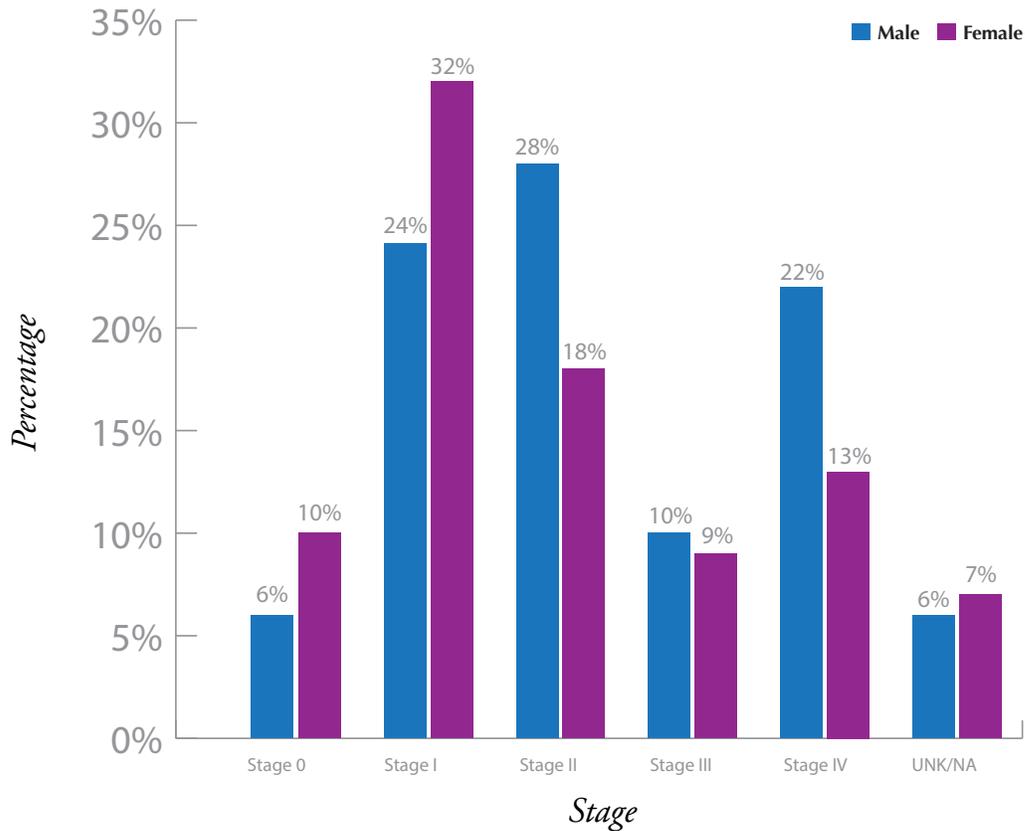
# PRIMARY SITE DATA

Primary Site	Total (%)	Sex		Class of case		Stage Distribution - Analytic Cases Only					
		M	F	*Analytic	**NA	Stg 0	Stg I	Stg II	Stg III	Stg IV	88/UNK
<b>ORAL CAVITY &amp; PHARYNX</b>	10 (3.1%)	7	3	10	0	0	1	1	3	5	0
Tongue	5 (1.5%)	3	2	5	0	0	1	0	0	4	0
Salivary glands	1 (0.3%)	0	1	1	0	0	0	1	0	0	0
Floor of mouth	1 (0.3%)	1	0	1	0	0	0	0	0	1	0
Tonsil	3 (0.9%)	3	0	3	0	0	0	0	3	0	0
<b>DIGESTIVE SYSTEM</b>	46 (14.2%)	28	17	44	1	1	6	14	5	12	7
Esophagus	6 (1.8%)	3	3	6	0	0	0	1	0	3	2
Stomach	3 (0.9%)	2	1	3	0	0	0	0	0	2	1
Small intestine	1 (0.3%)	1	0	1	0	0	1	0	0	0	0
Colon excluding rectum	19 (5.8%)	12	7	18	1	1	2	7	2	4	2
Rectum & rectosigmoid	4 (1.2%)	2	2	4	0	0	0	2	1	0	1
Anus, anal canal & anorectum	2 (0.6%)	2	0	2	0	0	0	1	1	0	0
Liver & intrahepatic bile duct	3 (0.9%)	2	1	3	0	0	2	0	0	0	1
Pancreas	8 (2.5%)	5	3	8	0	0	1	3	1	3	0
<b>RESPIRATORY SYSTEM</b>	32 (9.9%)	17	15	32	0	0	9	5	7	11	0
Larynx	2 (0.6%)	2	0	2	0	0	1	0	0	1	0
Lung & bronchus	30 (9.3%)	14	14	28	0	0	8	5	7	10	0
<b>SOFT TISSUE</b>	2 (0.6%)	1	1	2	0	0	1	0	0	1	0
Soft tissue (including heart)	2 (0.6%)	1	1	2	0	0	1	0	0	1	0
<b>SKIN EXCLUDES BASAL &amp; SQUAMOUS</b>	22 (6.8%)	16	6	22	0	5	13	1	0	3	0
Melanoma - skin	21 (6.5%)	15	6	21	0	5	13	1	0	2	0
Other non-epithelial skin	1 (0.3%)	1	0	1	0	0	0	0	0	1	0
<b>BREAST</b>	48 (14.8%)	0	48	45	3	9	18	10	4	2	2
<b>FEMALE GENITAL SYSTEM</b>	11 (3.4%)	0	11	9	2	0	5	0	2	1	1
Cervix Uteri	2 (0.6%)	0	2	2	0	0	1	0	0	1	0
Corpus & uterus, NOS	5 (1.5%)	0	5	5	0	0	4	0	0	0	1
Ovary	2 (0.6%)	0	2	2	0	0	0	0	2	0	0
Vulva	2 (0.6%)	0	2	0	2	0	0	0	0	0	0
<b>MALE GENITAL SYSTEM</b>	73 (22.7%)	72	0	70	3	0	18	40	4	9	0
Prostate	74 (22.8%)	72	0	70	2	0	18	40	4	9	0
<b>URINARY SYSTEM</b>	25 (7.8%)	23	2	25	0	9	7	1	2	6	0
Urinary bladder	18 (5.6%)	19	0	18	0	9	4	0	2	3	0
Kidney & renal pelvis	6 (1.9%)	4	2	6	0	0	3	1	0	2	0
Other urinary organs	1 (0.3%)	1	0	1	0	0	0	0	0	1	0
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	8 (2.5%)	2	5	7	0	0	0	0	0	0	8
Brain	2 (0.6%)	1	1	2	0	0	0	0	0	0	2
Cranial nerves other nervous system	7 (1.9%)	1	5	6	0	0	0	0	0	0	6
<b>ENDOCRINE SYSTEM</b>	8 (2.5%)	1	6	8	1	0	5	2	0	0	1
Thyroid	7 (2.2%)	0	7	7	0	0	5	2	0	0	0
Other endocrine including Thymus	1 (0.3%)	1	0	1	0	0	0	0	0	0	1
<b>LYMPHOMA</b>	15 (4.6%)	9	6	15	0	0	3	1	2	8	1
Hodgkin Lymphoma	3 (0.9%)	1	2	3	0	0	1	1	0	1	0
Non-Hodgin Lymphoma	12 (3.7%)	8	4	12	0	0	2	0	2	7	1
<b>MYELOMA</b>	6 (1.8%)	3	3	6	0	0	0	0	0	0	6
Myeloma	6 (1.8%)	3	3	6	0	0	0	0	0	0	6
<b>LEUKEMIA</b>	8 (2.5%)	6	2	8	0	0	0	0	0	0	8
Lymphocytic Leukemia	5 (1.5%)	4	1	5	0	0	0	0	0	0	5
Myeloid & Monocytic Leukemia	2 (0.6%)	2	0	2	0	0	0	0	0	0	2
Other Leukemia	1 (0.3%)	0	1	1	0	0	0	0	0	0	1
<b>MISCELLANEOUS</b>	8 (2.5%)	2	6	8	0	0	0	0	0	0	8
<b>TOTAL</b>	<b>322</b>	<b>189</b>	<b>133</b>	<b>314</b>	<b>8</b>	<b>24</b>	<b>85</b>	<b>75</b>	<b>29</b>	<b>58</b>	<b>43</b>

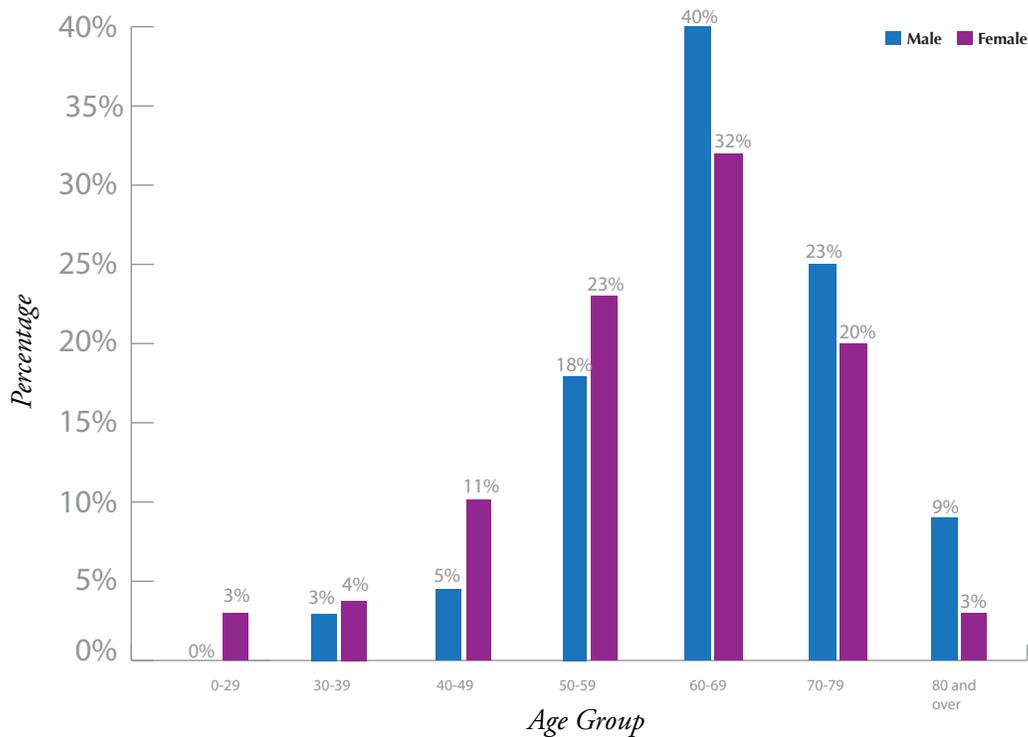
\*Analytic = First diagnosed and/or first course of treatment at this facility. \*\*Non-analytic = First diagnosis and first course of treatment elsewhere.

# STATISTICAL SUMMARY OF ANALYTICAL CANCER REGISTRY DATA

## Stage of diagnosis by sex

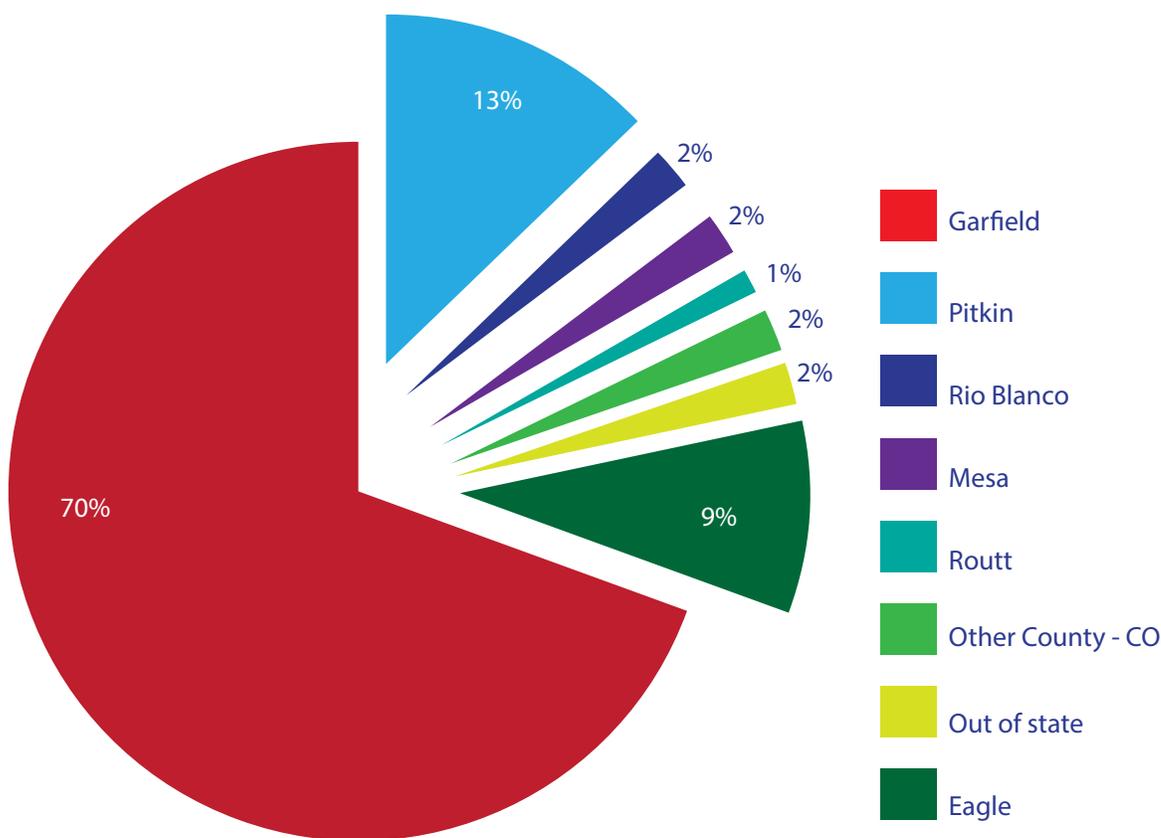


## Age of diagnosis by sex



# STATISTICAL SUMMARY OF ANALYTICAL CANCER REGISTRY DATA

County at Diagnosis



Top Six Sites

Site	Calaway•Young Cancer Center	Colorado	United States
Breast	15%	17%	15%
Prostate	24%	12%	11%
Lung	10%	10%	13%
Melanoma	7%	6%	5%
Bladder	6%	4%	5%
Colorectal	7%	7%	8%

\* Data obtained from American Cancer Society Facts & Figures 2016 and Calaway•Young Cancer Center Cancer Registry

# CANCER PROGRAM PRACTICE PROFILE REPORT (CP3R) BREAST MEASURES

The Commission on Cancer (CoC) Standards 4.4 & 4.5 requires Calaway•Young Cancer Center at Valley View performance rates for the measures listed below, which reflect benchmark compliance rates.

By reviewing this data, it helps the cancer committee to ensure our performance rates show the quality care we provide. Below are the measures reviewed over the past few years. Breast conservation is a surveillance measure only, where treatment versus outcome is not assessed.

Also reflected in the data below, performance rates are impacted by each patient’s treatment-option preference. In 2016, we were at 89.4% for the BCSRT measure due to two patients declining radiation treatment after a lumpectomy. As this treatment is recommended and considered standard of care, it caused a drop in our performance rate. We either met or exceeded the set performance rates for the other measures.

Study Focus

Measure	Measure Type	Goal	2013	2014	2015	2016
Image or palpation-guided needle biopsy (core or fine needle aspirate) of the primary site is performed to establish diagnosis of breast cancer.	Quality Improvement	80%	100%	100%	96%	91%
Tamoxifen or third generation aromatase inhibitor is recommended or administered within 1 year (365 days) of diagnosis for women with AJCC T1c or stage IB-III hormone-receptor-positive breast cancer.	Accountability	90%	90%	95.8%	100%	100%
Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer	Surveillance	N/A	76.5%	88.9%	79%	94%
Radiation is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conservation surgery for breast cancer.	Accountability	90%	100%	95.5%	100%	89.4%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with >= 4 positive regional lymph nodes.	Accountability	90%	100%	No data	100%	100%

Methods

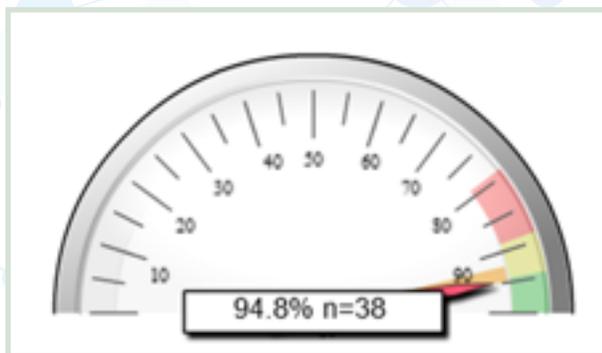
# RAPID QUALITY RESPONSE SYSTEM

Rapid Quality Response System Analysis allows the cancer committee to actively monitor and assess compliance with six National Quality Forum endorsed measures regarding treatment.

It assists in surveillance of care for breast and colon measures in real clinical time.

The following gauges reflect our YTD (10/5/2016 to 10/05/2017) results for the breast measures.

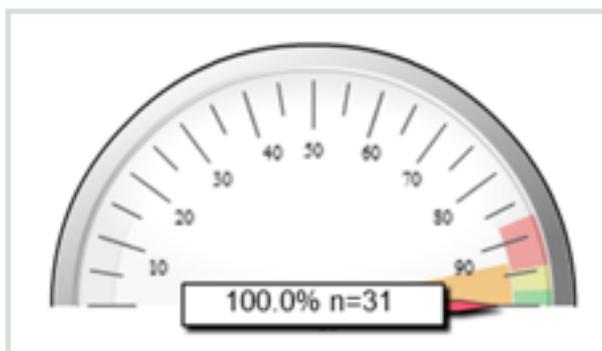
Gauge 1: 94.8% n = 38



## BCSRT

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 79 receiving breast conserving surgery for breast cancer.

Gauge 2: 100.0% n = 31

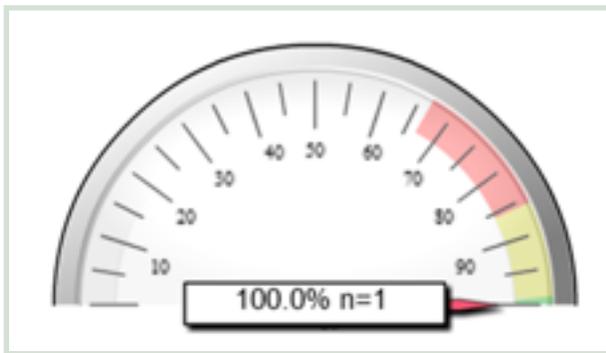


## HT

Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB-III hormone receptor positive breast cancer.



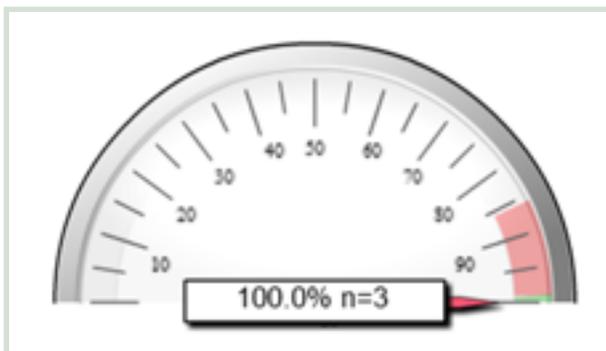
Gauge 3: 100.0% n = 1



### MASTRT

Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with  $\leq 4$  positive regional lymph nodes.

Gauge 4: 100.0% n = 3



### MAC

Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.



**Nurse Navigator**  
Sara Houston, RN, OCN



**Nurse Navigator**  
Kristin Johnston, RN



**Nurse Navigator**  
Heather Prokaski, RN

# ONCOLOGY

## *nurse navigators*

Oncology nurse navigation helps patients navigate the system to ensure prompt delivery of treatment and transition back into a normal routine after treatments.

The nurse navigators serve as a resource for teaching patients about their disease and side effects from treatments. Nurse navigators also empower patients to overcome barriers to care and access the many resources available in the valley. By working with an oncology nurse navigator, patients and their families can receive the following benefits:

- **Decrease time** between diagnosis and treatment
- **Assistance** with coordinating appointments between patients, families and all care givers
- **Additional support** to help reduce stress and anxiety
- **Arranging** language and interpretation services
- **Linkage** to social services available at Valley View and in the valley
- **Personalized continuing education** about disease, treatments and side effects
- **Encouragement** for making healthy choices for nutrition, exercise and quality of life
- **Improvement** of compliance to treatment, better outcomes and patient satisfaction

*Our medical and radiation oncologists utilize a collaborative care approach, working closely with other caregivers, primary care, surgeons and other medical specialists to provide high-quality, compassionate care.*

# OUR MEDICAL TEAM



## **Armando Armas, MD**

As the lead board-certified medical oncologist, I have the privilege of offering over twenty years of experience caring for patients. My experience stems from training at the Mayo Clinic and Memorial Sloan-Kettering Cancer Center and I am motivated to helping patients continue their longevity with the best quality of life.

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## **Bruce Greene, MD**

I am dedicated to patients' health and well-being and serve as the lead on the Valley View radiation oncology team. As a board-certified radiation oncologist, my peers and other healthcare professionals have recognized me as one of America's Best Doctors and Castle Connolly Top Doctors. These honors speak towards my commitment to caring for patients for over thirty-five years.

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## **Doug Rovira, MD**

For over twenty years, I have served patients in our valley as a board-certified medical oncologist. I specialize in the diagnosis, therapy and care of breast cancer patients as well as patients with cancer of the blood and lymphatic systems.

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## **David Marcus, MD**

My passion for caring for patients with cancer relates to my own personal experience as a cancer patient. This passion has led me into the field of radiation oncology where I completed my residency training at the Winship Cancer Institute of Emory University and I am now eligible as a board radiation oncologist. It is my pleasure to serve patients at Valley View as I have long dreamt of settling down with my family in the Roaring Fork Valley.

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## **Matt Stinson, PA-C**

For over 15 years, I have been part of the Valley View team serving the Roaring Fork communities. I am excited about the exceptional services we provide at the cancer center, and I consider it a real privilege to participate in our patients' journey through cancer diagnosis, treatment, and surveillance. I lead the survivorship program to assist patients in their transition from active cancer treatment back to enjoying their lives.

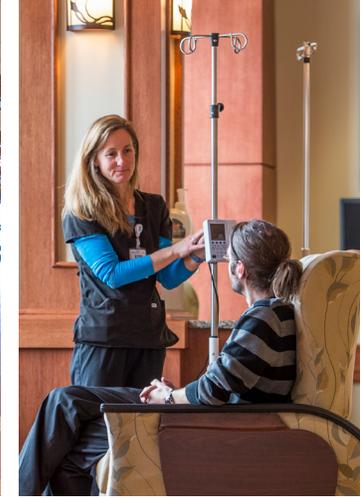
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## **Kim Burns, NP**

As an Oncology Nurse Practitioner with over 10 years' experience, I am privileged to care for patients and their families during this challenging time. I work collaboratively with the oncologists to provide comprehensive cancer care. My focus is on symptom management for patients receiving chemotherapy, as well as providing follow up care.

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# 2017 ANNUAL REPORT

## *Calaway • Young* CANCER CENTER



VALLEY VIEW

1906 BLAKE AVENUE  
GLENWOOD SPRINGS, CO  
81601

*PeopleCare. That's Valley View.*

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