

# 2018 ANNUAL REPORT

*Calaway • Young*  
CANCER CENTER



# WELCOME

## *A letter from Executive Director, Ann Wilcox*



“How do you thank a group of, at one time strangers, now friends, for working so hard with you to save your life? For making a daunting and terrifying time a warm and loving time. The kindness, compassion and care that you all have shown me is overwhelming. For this, each and every one of you will not ever be forgotten. Cheers to you all!!”

As I recently read the above message from a grateful patient, I was reminded of why we do the work we do here at the Calaway•Young Cancer Center. It is my obligation, and my honor, to ensure that every person with a cancer diagnosis who walks through our doors has an experience similar to the one above.

In 2018, the Calaway•Young Cancer Center continued our journey towards excellence in a number of ways, many of which would not be possible but for the diligence of our medical staff, the compassion of our healers, and the generosity of our community.

In February, Jo Bershenyi, manager of Integrated Therapies at Valley View, received the national EPIC Hero Award for her tremendous work benefiting our patients. The EPIC Hero Award, nominated by patients, recognizes an individual who is making a difference in the journey of a cancer patient. The award is bestowed annually by Epic Experience, a Denver-based nonprofit organization offering complimentary week-long outdoor experiences for individuals diagnosed with cancer.

In June, we held our annual survivorship celebration with an overflowing room of cancer survivors, their family and friends, and staff from the Calaway•Young Cancer Center. Survivor Renee Ramage brought the room to tears with her heartfelt words of finding strength through her diagnosis. We also recognized Gino Rossetti, a fellow survivor, donor, and volunteer leader. Our survivorship celebration is a continuation of our survivorship program, now in its fifth year.

June was also a time of renewal for our Cancer Coffee Walk & Talk support group, who traveled to Moab, Utah to skydive for colon cancer survivor Ruth

Barber’s 81st birthday. Fellow jumper Bridget Steel commented afterwards, “If we can go through all the things we’ve been through, we can do anything really.” The ability for us to provide our patients with opportunities for togetherness and comradery remains one of my greatest joys.

In September, our annual fundraising event, Rally the Valley, raised over \$140,000 in donations so those undergoing cancer treatments here may receive support services, emergency assistance, and integrated therapies such as massage, acupuncture and yoga at no cost. Through the Valley View Foundation we are also able to offer Paxman® cold caps, preventing hair loss caused by certain chemotherapy drugs. This commitment to whole-person health is what continues to set us apart from traditional cancer treatment facilities. We remain thankful for the philanthropy from our community in continuing this tradition.

This year, Valley View also recognized the need for a comprehensive breast health team in the Roaring Fork Valley to better serve patients who were traveling long distances from home to receive care. The Calaway•Young Cancer Center committed resources to Valley View’s breast health program, providing patients with a suite of services across the breast health spectrum from prevention through recovery from a breast cancer diagnosis. We are excited to offer our patients a seamless experience and look forward to the continued evolution of this program.

We also saw the departure of our Cancer Committee Chair, Armando Armas, MD, this autumn. Please join me in wishing Dr. Armas the best in his new endeavors.

We now welcome Radiation Oncologist, Peter Rossi, MD, to this role. Dr. Rossi has been with the Calaway•Young Cancer Center since 2017 and brings a wealth of knowledge in the sophisticated treatment options in the field of radiation oncology.

Since 2012, our goal has been to support patients through every stage of their cancer care. As we look towards the future, I remain grateful to the individuals who have led us this far, and those whose current efforts are redefining the way we approach cancer treatment in this valley and beyond.

A handwritten signature in black ink that reads "Ann Wilcox". The signature is written in a cursive, flowing style.

# LETTER *from the Cancer Committee Chair*

Cancer touches the lives of too many people in our community. As the Chair of the Cancer Committee at the Calaway•Young Cancer Center at Valley View, I look forward to carrying on my predecessors' steadfast commitment to bringing world-class cancer treatment to our valley.

Since receiving our three-year accreditation with commendations from the American College of Surgeons Commission on Cancer in 2015, we have continued to meet and exceed national standards set for exemplary cancer care. The Commission on Cancer endorsement confirms to our community that treatment at the Calaway•Young Cancer Center is performed at the same high level as that delivered by much larger and more well-known institutions.

In 2018, we remained dedicated to providing the full spectrum of cancer care to each of our patients. We do this by taking a team approach to every patient, knowing that each person who walks through our doors has a unique set of needs. This approach improves the quality of our care, reduces errors and ensures delivery of the most appropriate treatment for each individual patient.

In radiation oncology, we offer advanced radiation services including intensity modulated radiation therapy, volumetric modulated radiation therapy, high dose rate brachytherapy, low dose rate brachytherapy, intracranial stereotactic radiosurgery, extracranial stereotactic body radiation therapy, image guided radiation, respiratory gated radiation, and superficial radiation therapy. In medical oncology, we offer the most advanced targeted therapies and immunotherapies, in addition to more traditional chemotherapy. We utilize advanced genetic testing of tumors to detect mutations that can be targeted. This advanced use of genetic testing for "precision" treatment is happening every day and is absolutely state-of-the-art. We hold the highest accreditations in our departments, and we believe our expertise and breadth of care is equal to an academic center, though accessible to our community at all times.

To truly take a team approach to patient care means involving specialists from across Valley View and beyond, such as urologists, general surgeons,

thoracic surgeons, gastroenterologists, dermatologists, otolaryngologists, pulmonologists, medical neurologists, neurosurgeons, and reconstructive surgeons, all as part of your care team. We also provide genetic counseling services, nutrition consultations, oncology nurse navigation and social services support. This group meets bi-weekly for our general cancer conference, during which treatment plans for each patient are reviewed. Trust me when I say that our patients will never be alone on their cancer journey.

The Calaway•Young Cancer Center also recognizes the importance of emotional health and wellbeing, which is why our Integrated Therapies department provides their services at no charge to our cancer patients, thanks to the philanthropy of our local community through the Valley View Foundation. Financial assistance for our cancer support groups and emergency assistance are also provided by the Valley View Foundation.

Our Office of Clinical Research (OCR) also continues to thrive. Established in 2015, the OCR provides patients with access to innovative clinical trial treatment options right here in the Roaring Fork Valley. Since then, there have been 36 clinical trials opened and over 70 of our patients have participated while remaining close to home. Presently, we have sixteen clinical trials open.

All these reasons and more brought me to the Calaway•Young Cancer Center from Emory University in 2017, and I am eager to continue the tradition of excellence set by my colleagues and the staff and administration here at Valley View.

Sincerely,



Dr. Peter Rossi  
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.

Lung cancer is an identified area of need in the area served by the Calaway•Young Cancer Center. According to the Colorado Department of Public Health and Environment, the community served by the Center has a lung cancer rate of 23.5 per 100,000 people. The use of cigarettes by adults in Garfield County, the county in which the center is located, is 15.6 percent. Women who smoked during pregnancy, and women who recently gave birth and smoked prior to pregnancy, have a rate of 9.8 percent. The community served is also 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

In response to this community need, two evidence-based prevention programs were hosted:

**Smoking Cessation.** *Quit Smart* is an evidence-based, multi-component tobacco cessation program. Eight (8) individuals participated in the program. In 2017, the effectiveness of this program is demonstrated through the improved physician referral process to *Quit Smart*. In 2017, there was a focus on the effectiveness of follow-up. The Lung Center has a process to follow up with all positive findings.

**Radon Testing.** To raise awareness about the role of radon in lung cancer and to 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 2017, 233 families benefited from this radon education and eight received a testing kit from Garfield County.

One evidenced-based screening program was also offered, designed to reduce the incidence of late-stage lung cancer. Low-dose computed tomography (CT) is an evidence-based national guideline and intervention that can help support the detection of lung cancer at an early stage. At Valley View, this screening is offered to qualified persons with one hundred twenty-eight (128) low-dose CT scans ordered in 2017. Seventeen (17) scans had positive findings. The Lung Center has a process to follow up with all positive findings.



# LUNG CANCER *prevention*

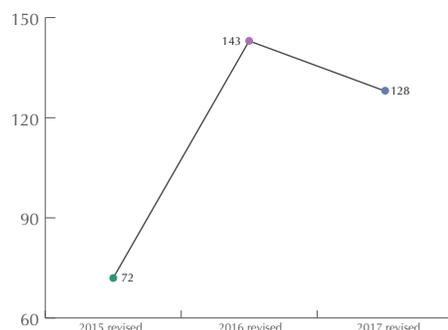
## Radon testing

### Radon Testing

2017 Radon Testing   Pediatric Partners at Valley View	
Three year-old wellness visit education	233
Quantity of kits distributed	8
Quantity of kits used	3
Use rate	38%

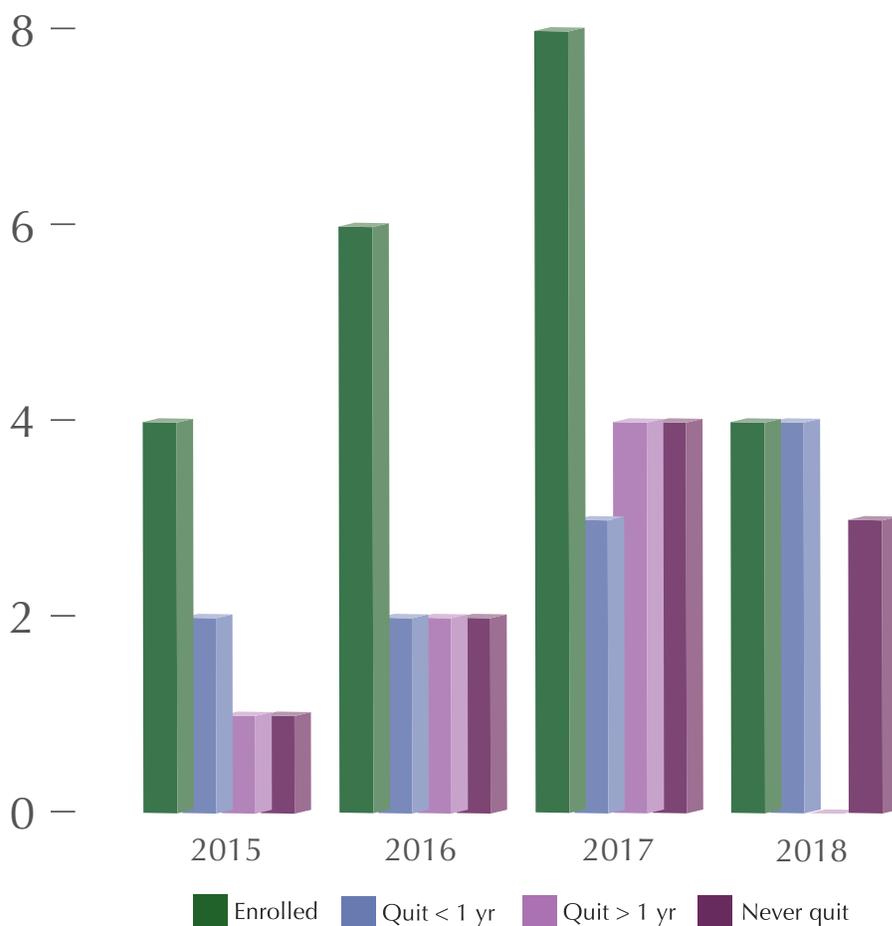
## Total low-dose CT scans ordered

### CT Scans



## Smoking Cessation Program at Valley View

### Smoking Cessation



# CANCER COMMITTEE MEMBERS

## CANCER COMMITTEE MEMBERS

### REQUIRED MEMBERS 2018

Diagnostic Radiology

Pathology

General Surgery

Radiation Oncologist

Medical Oncologist,

CLP

Cancer Committee Chair

Oncology Administrator,

Executive Director

Oncology Nurse Leadership,

QI Coordinator

Social Worker,

Psychosocial Services Coordinator

Cancer Registry Quality Coordinator,

CTR

Community Outreach Coordinator

Clinical Research Coordinator

Cancer Conference Coordinator

Genetic Counselor

Palliative Care Professional

Jason DiCarlo, MD

Frank Holmes, MD

Brad Nichol, MD

David Marcus, MD

Armando Armas, MD

Ann Wilcox, BSN

Hans Lindblom, RN

Pam Lalis, LCSW

Shannon Hart, CTR

Stacey Gavrell, MHA

Cheryl Page, CCRP

Peter Rossi, MD

Katie Lemas, CGC

Matt Stinson, PA-C

### ADHOC MEMBERS

Registered Dietician

Pharmacist

Rehabilitation Services

Pastoral Care

Librarian

American Cancer Society Representative

Patient Navigator

Mallory Silliman, RDN

Alex Frederick, Pharm D

Sarah Pocker, PT

Jamie Kelkenberg, PT, DPT

Sean Jeung

Jean Winkler

Kat Kovacic

Sarah Houston, RN, OCN

Heather Prokaski, RN

Kristin Johnston, RN

# 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 fifth year, the Calaway Young Cancer Center survivorship program continues to be a valuable resource for patients completing their cancer treatment. Over the years, hundreds of 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 to discuss in detail issues important to cancer patients following treatment.

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 caregivers and patients undergoing treatment at Calaway•Young Cancer Center*

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

In 2018 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 hand-held 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.

**ACUPUNCTURE** Involves the use of fine needles to stimulate the body's natural healing response. Research shows that acupuncture works via mechanical stimulation of muscle and collagen fibers, as well as signaling to the brain. In the hands of well-trained practitioners, it is a very safe and rather relaxing procedure.

**Indications:** Pain, nausea and vomiting, mental and emotional distress, hot flashes, dry mouth, sleep disturbance, digestive issues and peripheral neuropathy.

**SOUND THERAPY** The use tuning forks and singing bowls on and around the body to create relaxation, grounding, calm and balance.

**Indications:** Stress management, neuropathy, fatigue, transition support, feelings of hopelessness, uncomfortable with massage



*Donations to the Valley View Foundation's Rally Fund benefit patients through support groups, emergency assistance, and integrated therapies.*



# REGISTRY DATA

## 2017 cancer conference report

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.

### PRIMARY SITES PRESENTED IN 2017

- Colon
- Breast
- Melanoma
- Lymphoma
- Kidney
- Stomach
- Prostate
- Lung
- Ovary
- Cervix
- Base of Tongue
- Bladder
- Endometrium
- Brain
- Rectal
- Esophagus
- Tonsil
- Liver
- Appendix
- Pancreas
- Bile Duct
- Renal Pelvis
- Ureter/Urethra
- Sarcoma
- Mouth

Multidisciplinary conferences are held on 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.

During 2017, we had a total of 31 General Cancer Conferences and Site-Focused (Breast, GU, GI & Lung) Cancer Conferences were held in which 138 analytic cases were presented prospectively.

The Calaway•Young Cancer Center at Valley View Hospital Cancer Registry operates under the direction and guidance of the Cancer Committee. The reference date for the organization is January 1, 2013. There were 318 cases added to the Registry in 2017; 308 of those cases were analytic cases with initial diagnosis and/or first course of treatment done here. 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; prepares for and provides a Cancer Registry report and documents Cancer Committee attendance and minutes; documents Cancer Conference information; supplies reports from the registry database to medical and administrative staff; reports 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 94% and the Commission on Cancer requires a rate of 80% follow-up on all patients. Our follow-up rate of analytic cases for the past 5 years is also at 94% with a required rate of 90%.

The registrars are members of the National Cancer Registrars Association (NCRA), and Colorado Cancer Registrars Association (CCRA). Both participate in educational events annually to maintain certification status as well as attending a regional or national conference at least every 3 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  
Kelli Aimar, CTR*

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

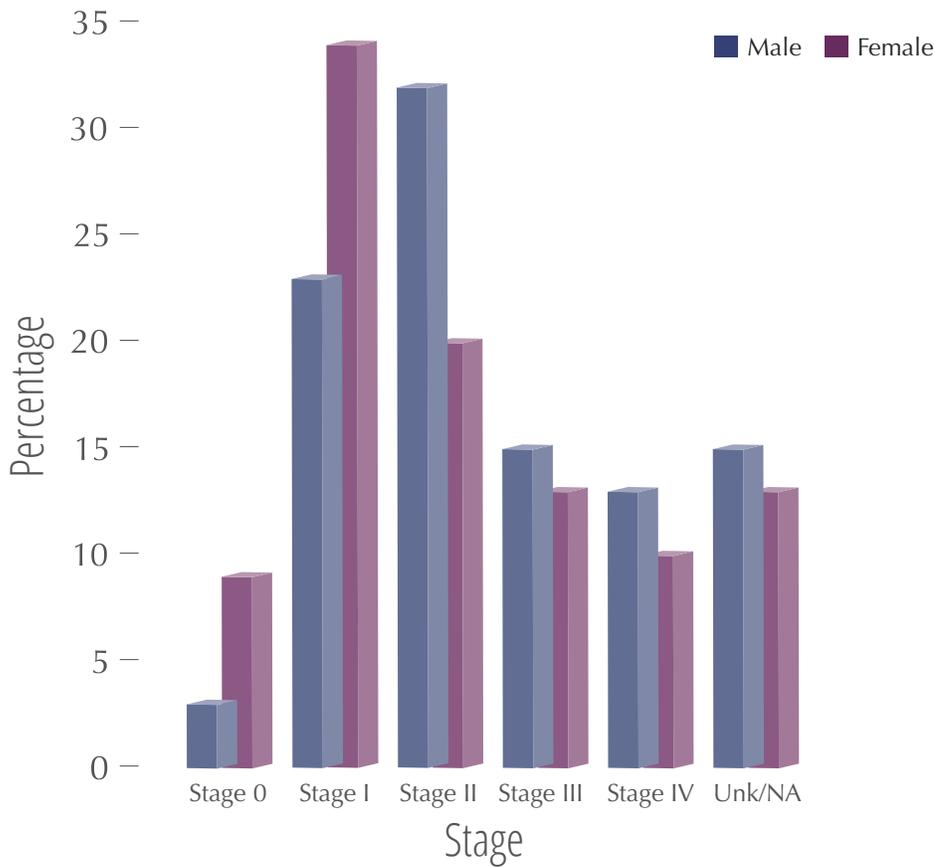
# PRIMARY SITE DATA

Primary Site	Total (%)	Sex		Class of case		Stage Distribution - Analytic Cases Only					
		M	F	*Analytic	**NonA	Stg 0	Stg I	Stg II	Stg III	Stg IV	88/UNK
<b>ORAL CAVITY &amp; PHARYNX</b>	7 (2.2%)	5	2	7	0	0	0	0	0	7	0
Tongue	2 (0.6%)	1	1	2	0	0	0	0	0	2	0
Floor of mouth	1 (0.3%)	1	0	1	0	0	0	0	0	1	0
Nasopharynx	1 (0.3%)	1	0	1	0	0	0	0	0	1	0
Tonsil	3 (0.9%)	2	1	3	0	0	0	0	0	3	0
<b>DIGESTIVE SYSTEM</b>	45 (14.2%)	25	20	45	0	1	5	11	10	9	9
Esophagus	6 (1.9%)	5	1	6	0	0	0	1	3	1	1
Stomach	4 (1.3%)	3	1	4	0	1	0	0	0	3	0
Small intestine	2 (0.6%)	2	0	2	0	0	0	0	0	0	2
Colon excluding rectum	13 (4.1%)	5	8	13	0	0	3	4	2	2	2
Rectum & rectosigmoid	7 (2.2%)	2	5	7	0	0	1	0	4	0	2
Anus, anal canal & anorectum	1 (0.3%)	0	1	1	0	0	0	1	0	0	0
Other biliary	5 (1.6%)	2	3	5	0	0	1	1	0	2	1
Pancreas	7 (2.2%)	6	1	7	0	0	0	4	1	1	1
<b>RESPIRATORY SYSTEM</b>	23 (7.2%)	8	15	23	0	0	7	1	5	8	2
Larynx	2 (0.6%)	2	0	2	0	0	0	0	2	0	0
Lung & bronchus	21 (6.6%)	6	15	21	0	0	7	1	3	8	2
<b>SOFT TISSUE</b>	3 (0.9%)	2	1	3	0	0	0	0	2	0	1
Soft tissue (including heart)	3 (0.9%)	2	1	3	0	0	0	0	2	0	1
<b>SKIN EXCLUDES BASAL &amp; SQUAMOUS</b>	33 (10.4%)	20	13	31	2	7	16	3	3	1	1
Melanoma - skin	32 (10.1%)	19	13	31	1	7	16	3	3	1	1
Other non-epithelial skin	1 (0.3%)	1	0	0	1	0	0	0	0	0	0
<b>BREAST</b>	63 (19.8%)	0	63	61	2	7	28	19	5	1	1
<b>FEMALE GENITAL SYSTEM</b>	10 (3.1%)	0	10	9	1	0	2	0	3	0	4
Corpus & uterus, NOS	7 (2.2%)	0	7	7	0	0	2	0	1	0	4
Ovary	5 (1.5%)	0	1	1	0	0	0	0	1	0	0
Vulva	1 (0.3%)	0	1	0	1	0	0	0	0	0	0
Other female genital organs	1 (0.3%)	0	1	1	0	0	0	0	1	0	0
<b>MALE GENITAL SYSTEM</b>	73 (23.0%)	73	0	72	1	0	15	44	10	3	0
Prostate	73 (23.0%)	73	0	72	1	0	15	44	10	3	0
<b>URINARY SYSTEM</b>	20 (6.3%)	17	3	18	2	3	8	1	1	3	2
Urinary bladder	10 (3.1%)	10	0	8	2	2	4	1	0	1	0
Kidney & renal pelvis	8 (2.5%)	5	3	8	0	1	4	0	1	1	1
Other urinary organs	2 (0.6%)	2	0	2	0	0	0	0	0	1	1
<b>BRAIN &amp; OTHER NERVOUS SYSTEM</b>	6 (1.9%)	4	2	6	0	0	0	0	0	0	6
Brain	3 (0.9%)	3	0	3	0	0	0	0	0	0	3
Cranial nerves other nervous system	3 (0.9%)	1	2	3	0	0	0	0	0	0	3
<b>ENDOCRINE SYSTEM</b>	7 (2.2%)	3	4	7	0	0	3	0	2	0	2
Thyroid	5 (1.6%)	2	3	5	0	0	3	0	0	0	0
Other endocrine including Thymus	2 (0.6%)	1	1	2	0	0	0	0	0	0	2
<b>LYMPHOMA</b>	10 (3.1%)	4	6	10	0	0	2	2	1	4	1
Hodgkin Lymphoma	1 (0.3%)	0	1	1	0	0	0	1	0	0	0
Non-Hodgin Lymphoma	9 (2.8%)	4	5	9	0	0	2	1	1	4	1
<b>MYELOMA</b>	2 (0.6%)	2	0	2	0	0	0	0	0	0	2
Myeloma	2 (0.6%)	2	0	2	0	0	0	0	0	0	2
<b>LEUKEMIA</b>	4 (1.3%)	2	2	4	0	0	0	0	0	0	4
Lymphocytic Leukemia	3 (0.9%)	1	2	3	0	0	0	0	0	0	3
Myeloid & Monocytic Leukemia	1 (0.3%)	1	0	1	0	0	0	0	0	0	1
<b>MESOTHELIOMA</b>	1 (0.3%)	1	0	1	0	0	0	0	1	0	0
<b>MISCELLANEOUS</b>	11 (3.5%)	9	2	9	2	0	0	0	0	0	9
<b>TOTAL</b>	<b>318</b>	<b>175</b>	<b>143</b>	<b>308</b>	<b>10</b>	<b>18</b>	<b>86</b>	<b>81</b>	<b>43</b>	<b>36</b>	<b>44</b>

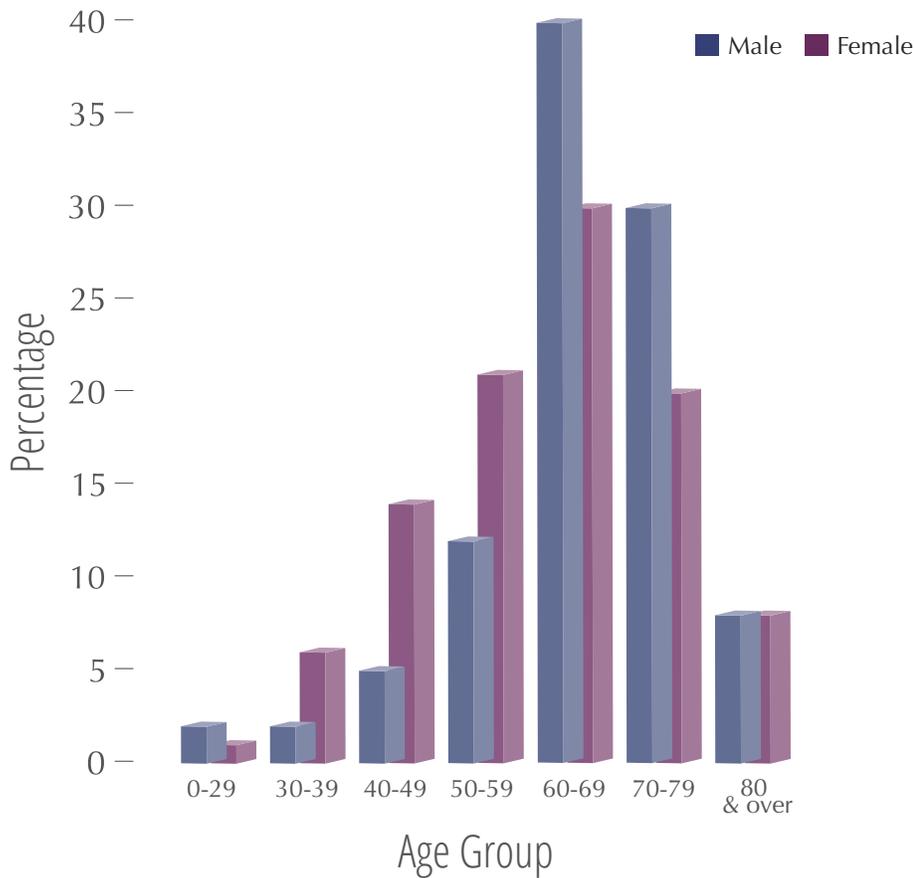
\*Analytic = First diagnosed and/or first course of treatment at this facility. \*\*Non-analytic = First diagnosis and first course of treatment elsewhere.

# STATISTICAL SUMMARY OF ANALYTICAL CANCER REGISTRY DATA

Stage of diagnosis by sex

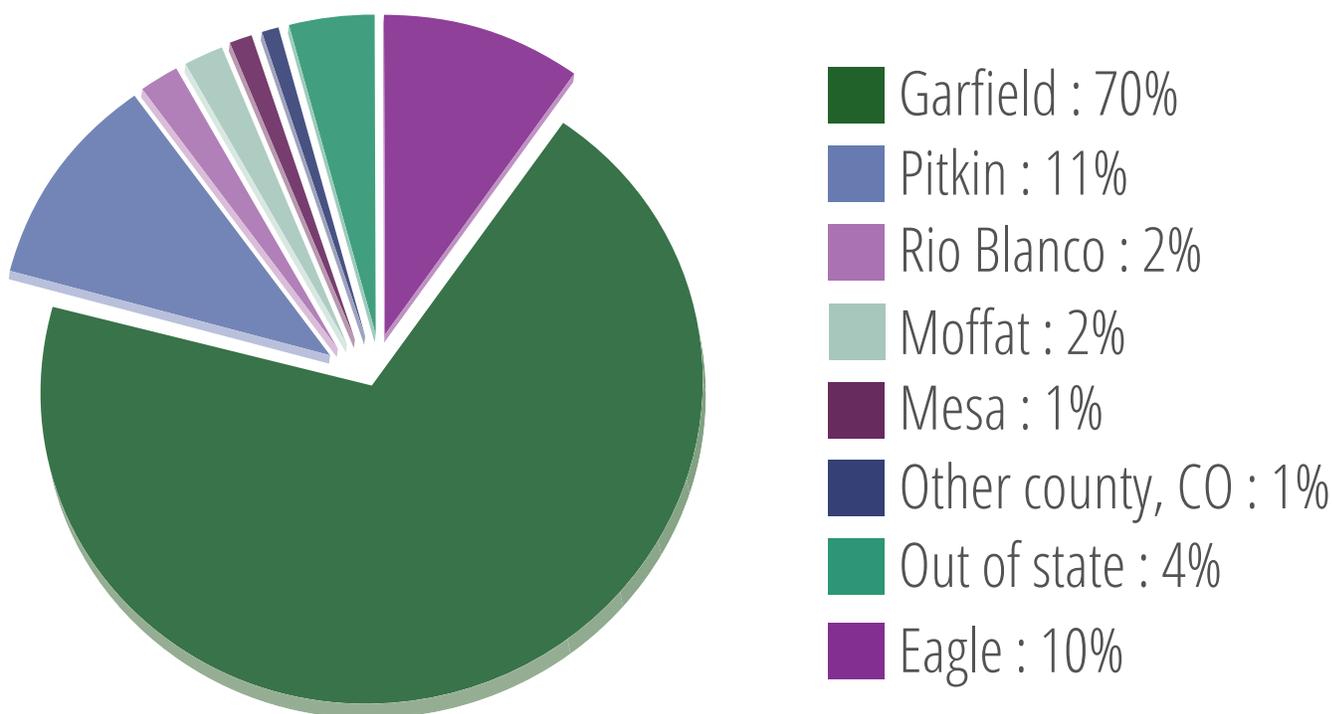


Age of diagnosis by sex



# STATISTICAL SUMMARY OF ANALYTICAL CANCER REGISTRY DATA

County at Diagnosis



Top Six Sites

Site	Calaway•Young Cancer Center	Colorado	United States
Breast	20%	15%	15%
Prostate	23%	12%	10%
Lung	7%	10%	13%
Melanoma	10%	7%	5%
Bladder	6%	5%	5%
Colorectal	3%	7%	8%

\* Data obtained from American Cancer Society Facts & Figures 2017 and Calaway•Young Cancer Center Cancer Registry

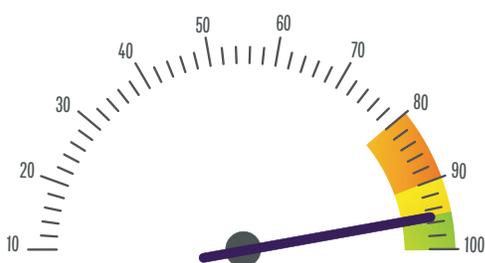
# RAPID QUALITY RESPONSE SYSTEM

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 (11/7/2017 to 11/7/2018) results for the breast measures.

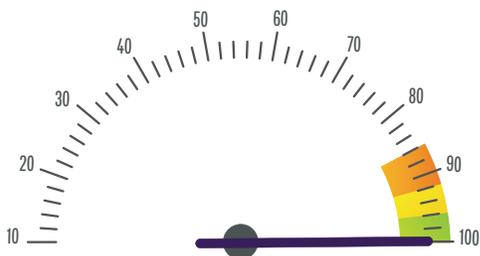
Gauge 1: 95.9% n = 24



## BCSRT

Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

Gauge 2: 100.0% n = 25

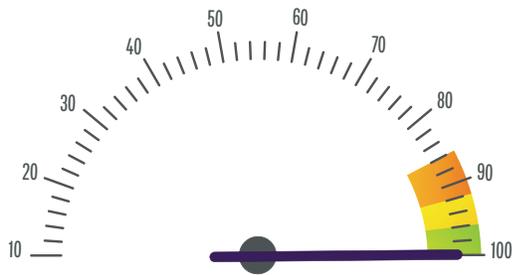


## HT

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.



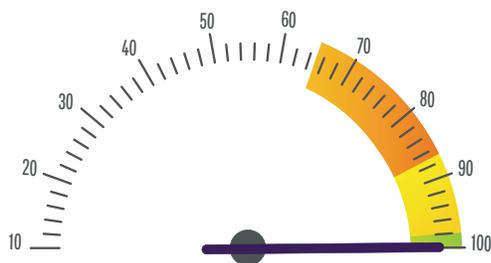
Gauge 3: 100.0% n = 1



### MASTRT

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

Gauge 4: 100.0% n = 1



### 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.

# CANCER PROGRAM PRACTICE PROFILE REPORT (CP3R)

## BREAST MEASURES

Study Focus

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

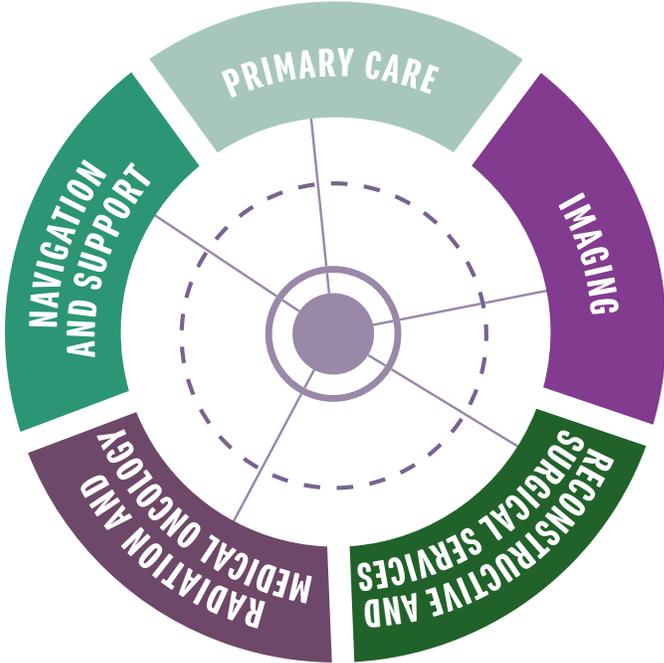
By reviewing this data, it helps the cancer committee to ensure our performance rates show the quality care we provide and the ability to address it immediately when the rates fall below the set goal percentage. Below are the measures that are being tracked starting in 2013 and going to 2017. The data shows that we either met or exceeded the set percentage rate for all the measures with the exception of one in 2016. The breast conservation is a surveillance measure only, where treatment versus outcome is not assessed.

Measure	Measure Type	Goal	2013	2014	2015	2016	2017
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%	94%
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%	96%	100%	100%	96%
Combination chemotherapy is recommended or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1cN0, or stage Ib-III hormone-receptor-negative breast cancer.	Accountability	N/A	100%	100%	100%	100%	100%
Breast conservation surgery rate for women with AJCC clinical stage 0, I or II breast cancer.	Surveillance	N/A	77%	89%	79%	94%	88%
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%	96%	100%	89%	100%
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with $\geq 4$ positive regional lymph nodes.	Accountability	90%	100%	NO DATA	100%	100%	NO DATA

Methods

# BREAST HEALTH TEAM *Multidisciplinary care*

In 2018, The Calaway•Young Cancer Center joined departments across Valley View to form a multidisciplinary breast health team, providing patients with seamless care from screening through recovery. Once a patient has been diagnosed with breast cancer, the Calaway•Young Cancer Center is able to provide coordinated care through our breast navigation, genetic counseling, surgery options, oncology care, chemotherapy, nutrition counseling, and support services.



**General Surgeon,  
Breast Surgeon**  
*Betsy Brew, MD, FACS*



**Plastic and  
Reconstructive Surgeon**  
*Jennifer Butterfield, MD*



**Medical Director of Radiology,  
Radiologist**  
*Jason DiCarlo, MD*



**Obstetrician and Gynecologist**  
*Brooke Halliwell, MD*



**Internal Medicine Provider**  
*Marti Opegard, MD*



**General Surgery**  
*Brad Nichol, MD*



**General Surgery**  
*Randall Ross, MD*

# NAVIGATION *team*



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



**Nurse Navigator**  
Kristin Johnston, RN, BSN, OCN



**Nurse Navigator**  
Heather Prokaski, RN, BSN



**Social Worker**  
Pam Lalis, LCSW



**Chaplin**  
Sean Jeung

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

Nurse navigators serve as a patient's compass on their healthcare journey, guiding patients to timely and quality care. Navigators also provide assistance in overcoming barriers to care through care coordination across the healthcare continuum. Our goal as nurse navigators is to provide personalized care to patients, families and caregivers. At Calaway•Young Cancer Center we provide nurse navigation for every cancer diagnosis.

Services provided by nurse navigation include:

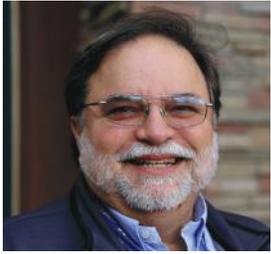
- Patient communication
- Provider communication
- Patient education
- Report review
- Care coordination
- In-patient discharge planning
- Triage
- Barrier removal
- Support services referrals

*“After your cancer diagnosis, you are inundated with information. You go home and do your own research, but ultimately have more questions. Pretty soon it can be overwhelming. Sarah Houston, a nurse navigator, is absolutely wonderful. If I have questions, I can call and talk to her. She will actually come to a lot of my appointments and take notes. Then, she’ll sit down with us after the meeting and go through it again. You are not just a patient; you are an individual, a real person.”*

*- Randy Linden, Calaway•Young Cancer Center patient*

# 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.

## 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.

## Paul Bunn, MD



Since 1975, I have worked with patients undergoing lung cancer treatment. I am a board-certified medical oncologist and a distinguished professor in the Division of Medical Oncology at the University of Colorado. As the founding director of the University of Colorado Cancer

Center, and former president of the American Society of Clinical Oncology, and former president and former CEO of the International Association for the Study of Lung Cancer, my research interests focus on novel therapies for lung cancer.

## Peter Rossi, MD



As a board-certified radiation oncologist, I work with the doctors on the cancer care team to create a personalized treatment plan for each patient. I have more than fifteen years of clinical experience and participate in multi-disciplinary care daily. I utilize multi-institutional academic research to provide my patients the very best possible care.

## Kathryn Hassell, MD



As a board-certified hematologist with 25 years of experience, I specialize in the treatment of patients with non-cancer blood disorders, providing outreach and clinic support at the Calaway•Young Cancer Center. I am passionate about working with patients on novel anticoagulant therapies and strategies.

## 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.

## 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.

## 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.



# 2018 ANNUAL REPORT

*Calaway • Young*  
CANCER CENTER



VALLEY VIEW

1906 BLAKE AVENUE  
GLENWOOD SPRINGS, CO  
81601

*PeopleCare. That's Valley View.*

970.384.7570 | [VVH.ORG/CALAWAY-YOUNG-CANCER-CENTER](http://VVH.ORG/CALAWAY-YOUNG-CANCER-CENTER)