



PeaceHealth  
St. Joseph Medical Center

## Cancer Center 2011 Annual Report



*In honor  
of those people  
of courage  
who enter  
these doors*



Commission  
on Cancer

*A multidisciplinary program of the  
American College of Surgeons*

**The PeaceHealth St. Joseph Cancer Committee is pleased to present our Annual Report, featuring program activities in 2011 and cancer statistics for the most recently completed calendar year (2010).**

### *PeaceHealth St Joseph Cancer Center Vision Statement*

The PeaceHealth St. Joseph Cancer Center serves its community by striving to prevent cancer and treating those affected by cancer with competence, compassion and respect.

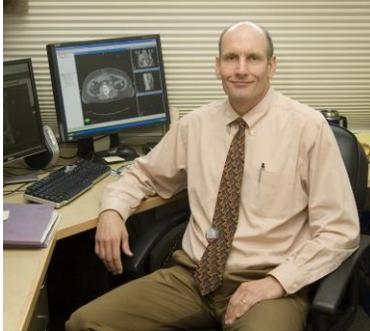
The Center provides integrated diagnostic, treatment and support services.

The Center promotes cancer prevention and early detection through education, responsible individual health choices and development of efficient and accessible screening services.

The Center's program provides responsive, comprehensive and cost effective patient care services. An interdisciplinary team of physicians, nurses, social workers and other professionals collaborate to meet the physical, emotional and social needs of patients and their families.

Careful data collection and voluntary participation in clinical trials allows access to the latest advances and furthers research efforts.

## PeaceHealth St. Joseph Cancer Committee - 2011 Chairman's Report



by Michael Taylor, MD, FACRO  
Cancer Committee Chair, Cancer Program Medical Director

Our focus this year centered around the goal, “Improving the Patient Experience.” We furthered this goal through both current, tangible changes and future planning. In Whatcom County we offer patients the best tests available (including a new PET scanner), the best new treatment drugs available, the best available clinical trials to advance the art, and the best radiation therapy including stereotactic ablation and Tomotherapy IMRT. Kim Moses brought experience, energy, and a passion for patient care to the newly formed position of Cancer Navigator. She first dove into facilitating the complex process of taking patients with head and neck cancers from diagnosis to and through multimodality treatment. After early success corralling various medical types involved with head and neck cancer care, she has branched into lung cancer. Kim combines work on a systems level with individual support for patients. Future plans call for more navigators. Medical Oncology now enjoys the support of a dedicated patient care coordinator, Margie Katz. She meets with patients as they start the daunting process of receiving chemotherapy or other systemic agents. Emotional, psychological, financial, and practical day-to-day care needs are assessed, and help is provided. This model is an extension of the invaluable service provided by Mary Rosenquist in Radiation Therapy. The Clinical Trials office has been approved for more FTE support. Survivorship, described as the path traveled by patients after treatment ends, needs work on both a national and local level. We’re exploring the best way to promote and staff a survivorship program. These supports to patients are generally not reimbursed and demonstrate PeaceHealth’s commitment to enhancing the cancer care experience. This is even more remarkable considering the environment we now wrangle with where every day seems to bring news of another drop in reimbursement.

In addition to the patient support expansions noted above, a major physical expansion moves closer to reality as building design meetings transition to philanthropy efforts. Our field behind the HEC center will soon transform into a warm, healing-oriented cancer center where radiation and infusion services will be provided under one roof. The plan calls for supportive and complementary services to be offered right there. We hope to build the structure for the future with expansion options designed in.

Until the doors open to the new center, we intend to continue our effort to improve the patient experience with both staff and system improvements. We are proud of the care delivered today and look forward to more hands using ever better tools to cradle patients from diagnosis through treatment and well into survivorship.

Michael Taylor, MD

## PeaceHealth St. Joseph Cancer Statistics, 2010

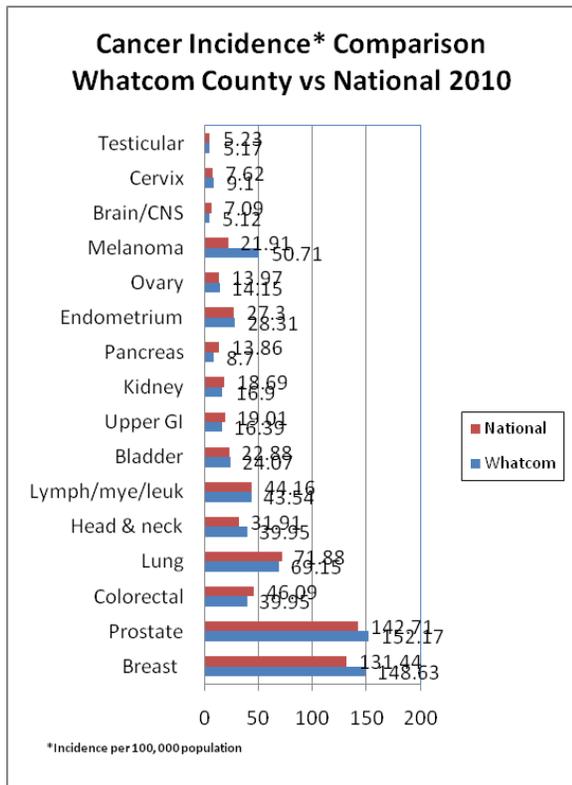
CHART 1 shows the number of new malignancies diagnosed and/or treated at PeaceHealth St. Joseph Medical Center for 2000 to 2010. The hospital pathology department reviews almost all pathology in Whatcom County. Hence for the last several years nearly all pathology from Whatcom County is accessioned into the registry, and is likely a true reflection of the incidence of cancer in this county. Of the 1145 new cases diagnosed, 186 cases were diagnosed and treated in the physician office only. Most other hospitals and communities only report hospital cases. Hence our results are more accurate and may explain some of the differences in our results. One would expect a higher number of cases in our Registry, and hence a higher cancer incidence, in cancer that are managed only in physician offices. This would include, for example, melanoma, prostate and bladder cancers. Our registry also includes in-situ cancer for melanoma and breast which are not reported on national statistics.

It is noted in 2010 that there was a rise in the incidence, compared to previous years' trends, for Lung and Head and Neck Cancers, and a decline in Prostate and Breast Cancers

<b>Cancers by Site, PeaceHealth St. Joseph</b>										
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
<b>bladder</b>	43	52	46	48	52	30	36	50	42	47
<b>brain/CNS<sup>^</sup></b>	7	16	10	10	14	16	15	14	22	10
<b>breast*</b>	161	147	167	163	191	190	206	206	250	217
<b>cervix (invasive)</b>	4	7	5	5	9	7	7	6	5	9
<b>colon &amp; rectum</b>	71	57	97	84	88	95	94	92	86	78
<b>endometrium</b>	23	23	27	28	23	23	25	33	27	28
<b>head &amp; neck</b>	37	41	47	41	50	51	58	55	74	80
<b>kidney</b>	24	26	24	22	25	26	28	26	28	33
<b>lung</b>	96	108	106	114	116	128	110	131	131	135
<b>lymph/myel/leuk</b>	70	65	80	73	94	75	112	89	93	85
<b>ovary</b>	10	10	12	13	19	6	7	19	16	14
<b>pancreas</b>	19	12	9	20	21	19	28	17	27	17
<b>prostate</b>	179	217	196	177	175	184	216	203	175	147
<b>testicular</b>	3	10	5	10	7	10	7	2	8	5
<b>melanoma*</b>	78	85	96	119	98	120	128	150	117	119
<b>upper GI</b>	26	24	33	24	27	30	27	38	35	32
<b>other</b>	46	42	40	57	53	50	96	61	64	63
<b>unknown</b>	9	11	7	28	17	19	15	28	16	26
<b>TOTAL</b>	<b>906</b>	<b>953</b>	<b>1007</b>	<b>1036</b>	<b>1079</b>	<b>1079</b>	<b>1215</b>	<b>1220</b>	<b>1216</b>	<b>1145</b>
*these numbers include in situ cases which are not reported on national statistics										
<sup>^</sup> excluding benign brain (required to collect starting 2004) 14 dx in 2010										
<b>(above is Chart 1)</b>										

CHART 1 and GRAPH 2 compare Whatcom County cancer incidence with age-adjusted national estimates. Over the past years, there appeared to have been an increased incidence of cancer in Whatcom County compared to nationally for breast, bladder, melanoma, and prostate cancer. In 2009 and again in 2010 bladder, lymphoma, and ovarian cancer rates which had previously been elevated declined to national incidence. Breast and Prostate cancer incidence is still higher, even though there is a continuing lessening than previous. The Melanoma cancer incidence remains higher than national numbers, and again, head and neck cancer incidence has risen.

There is no clarity as to why the breast cancer incidence numbers are repeatedly higher. Our community does include DCIS and many breast patients are completely treated outside the hospital these days, and our increased numbers may partially represent capturing that outpatient group.



	Whatcom	National
Breast	<b>148.63</b>	<b>131.44</b>
Prostate	<b>152.17</b>	<b>142.71</b>
Colorectal	39.95	46.09
Lung	69.15	71.88
Head & neck	39.95	31.91
Lymph/mye/leuk	43.54	44.16
Bladder	24.07	22.88
Upper GI	16.39	19.01
Kidney	16.9	18.69
Pancreas	8.7	13.86
Endometrium	28.31	27.3
Ovary	14.15	13.97
Melanoma	<b>50.71</b>	<b>21.91</b>
Brain/CNS	5.12	7.09
Cervix	9.1	7.62
Testicular	5.17	5.23

\*Incidence Per 100,000 Population

Once again the incidence in Whatcom County of prostate cancer is higher in our community; although the 2010 numbers are again lower than the previous year.. However, prostate cancer incidence is noticeably lower than the late 1980s. The increased numbers are most likely explained by the use of prostate screening in the community; however screening in being performed increasingly less often and this observation may be reflected by the continuingly decreased incidence in our community.

The increase in melanoma is difficult to evaluate. An in-depth evaluation by Victor Chan from WWU was performed on melanoma this year, which supported an novel explanation correlating melanoma incidence to in-migration for the Southwest USA.

CHARTS 3 & 4 look at the stages of cancer diagnosed in Whatcom County as compared to the National Oncology Data Base (NODB). This is the second time we have used national numbers from the NODB for comparisons. Regional (Greater Puget Sound) numbers are no longer readily available, but using the NODB comparison gives a far broader perspective on our performance. It appears that for breast, prostate, lung and colon cancer, the stage at which the cancer was diagnosed at St. Joseph Hospital is essentially equivalent (accounting for small sample size) to the national numbers.

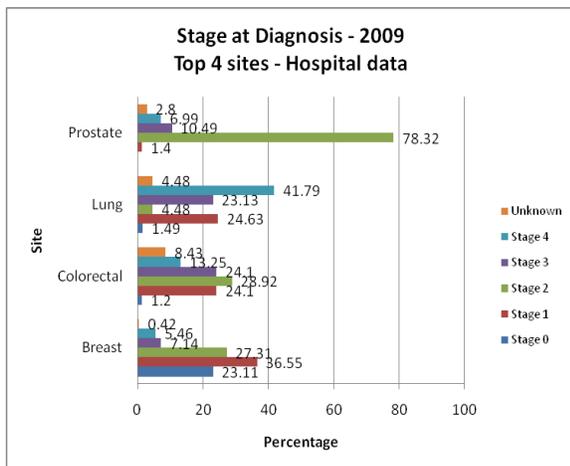


Chart 3

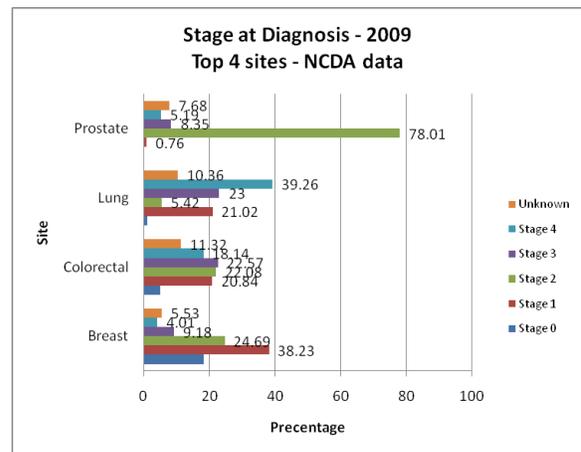


Chart 4

In summary, the 2009 statistics show a fairly consistent pattern of cancer incidence, with an increased number of melanoma, prostate, breast and for the first time head and neck cancer.

**PeaceHealth Vision 2012**  
*Every PeaceHealth patient will receive safe, evidence-based, compassionate care...every time, every touch.*

**PeaceHealth Mission**  
*We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.*

**PeaceHealth Values**

- *Respecting individual human dignity and worth*
- *Stewardship*
- *Social justice*
- *Collaboration*

## PeaceHealth St. Joseph Cancer Survival Statistics, 2010

Each year, the cancer program compares its survival results for the 4 major cancers with national data, in order to measure the overall effectiveness of our care. The national data used again this year was from the National Oncology Data Base (NODA). This data bank consists of over a thousand cancer programs registries throughout the nation of all sizes and compiled by Elekta (the registry software vendor).

Survival curves on CHARTS 1 through 4 demonstrate the overall observed survival for each of the four major sites.

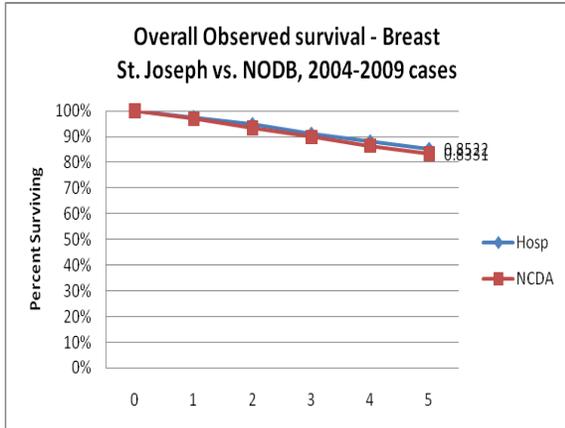


Chart I

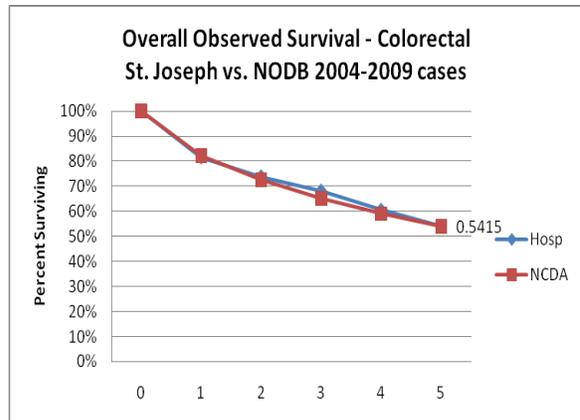


Chart 2

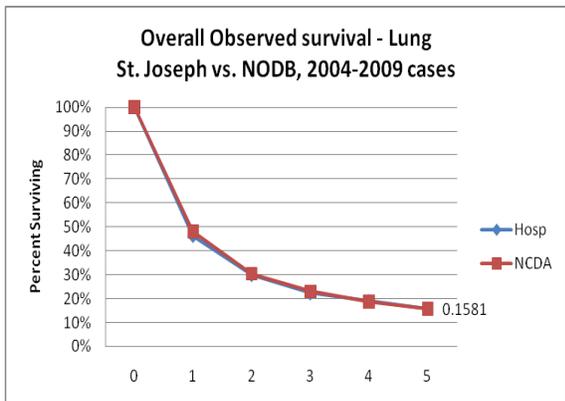


Chart 3

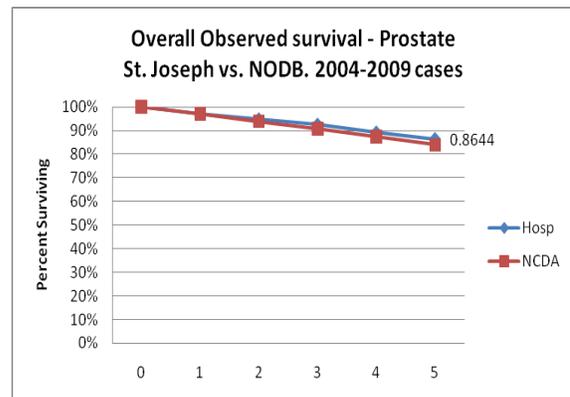


Chart 4

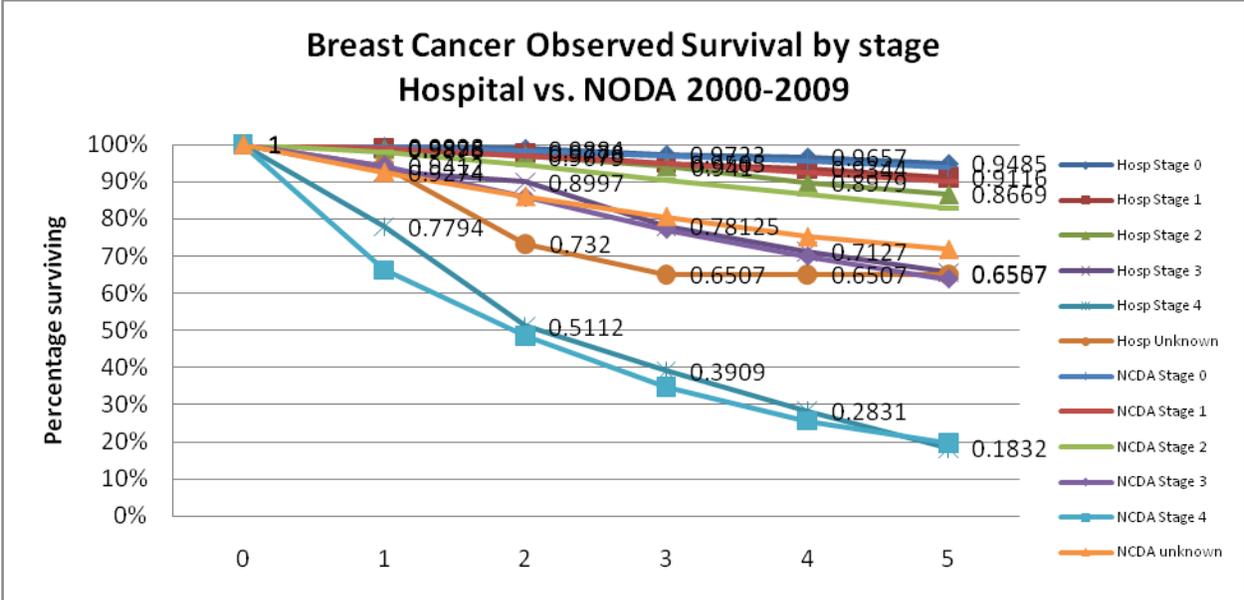


Chart 5

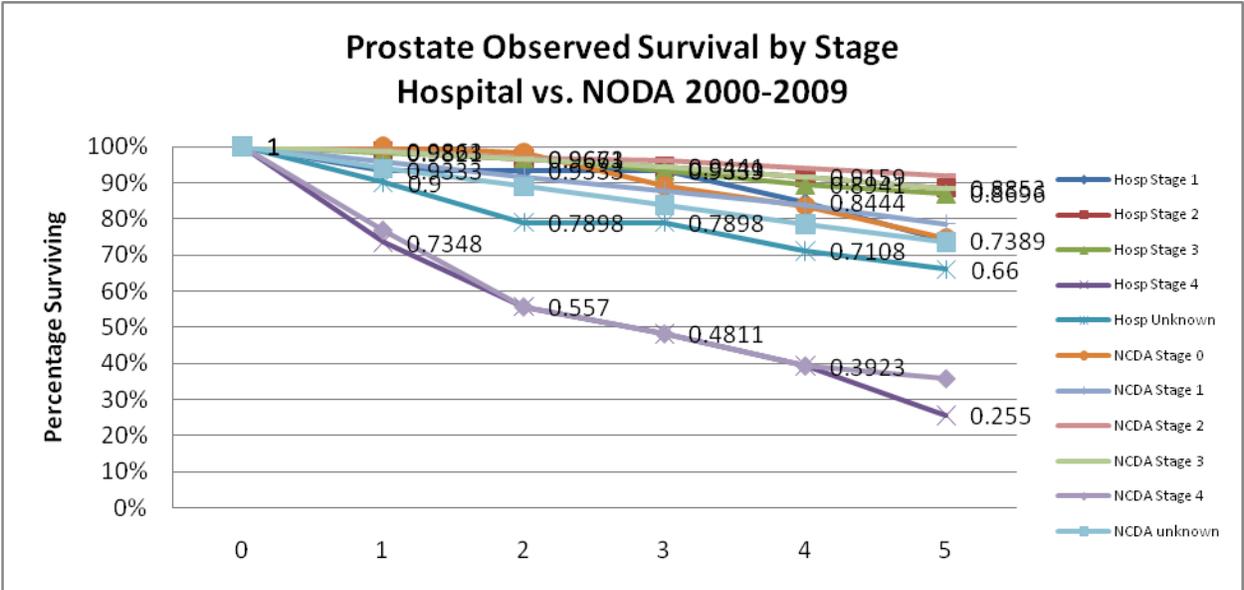


Chart 6

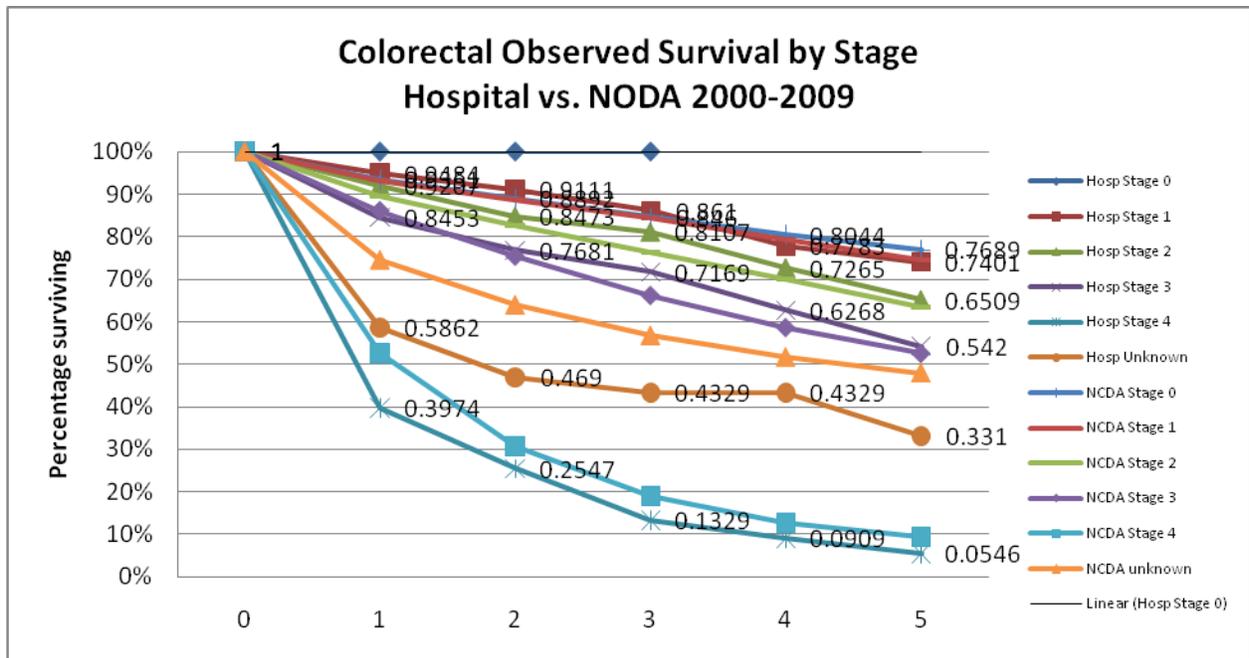


Chart 7

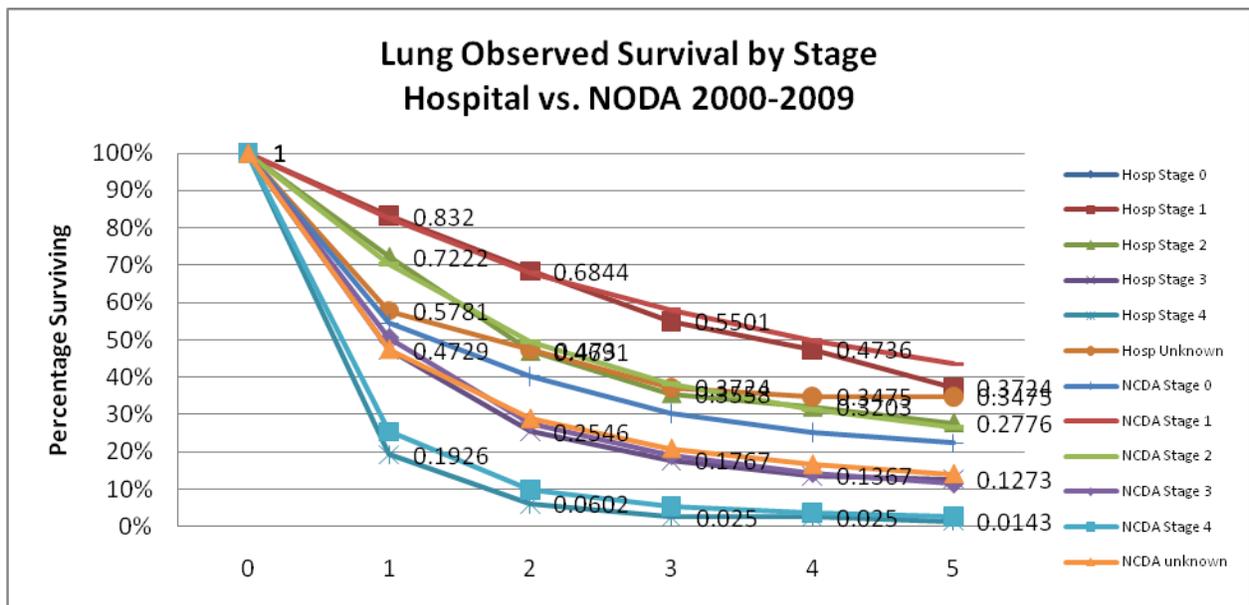


Chart 8

The Peacehealth St. Joseph Medical Center observed survival in 2010 for the four major cancers overall and broken down by stage are presented above and compared to the NODA 2009 data for similar diagnosis and staged patients. 2009 data was the most recent data from the NODA due to 2010 being a transition year for obtaining older cases that had been updated.

Stage for stage and diagnosis by diagnosis PeaceHealth St. Joseph Medical Center is superimposable and essentially identical to the NODA data.

# PeaceHealth St. Joseph Cancer Center – 2011 Quality Studies

This report summarizes the 2011 Quality Studies performed by the PeaceHealth St. Joseph Medical Center Cancer Committee. Although the best measure of quality in cancer care is survival of our patients, which is reported in the Survival Section and are excellent, other measures are useful to assess the overall performance of the Cancer Program.

The **Pathology Department** annually reports on adherence to CAP protocols to assure proper cancer information is given to providers. In addition they report on accuracy of diagnosis by outside referral and second reads. The Pathology Department, year after year, performs at an exemplary level. <N:\CANCER COMMITTEE\CANCER CMTE MINUTES\2011 Minutes\5-2011\5-12-11 Path CAP update.doc>

The **Radiology Department** annually reports on accuracy of Mammograms and % of positive reads. They also report on accuracy on cancer related interpretations by second reads. The Radiology Department, year after year, performs at an exemplary level. <N:\CANCER COMMITTEE\CANCER CMTE MINUTES\2011 Minutes\3-2011\Radiology 2011.doc>

There were two QA studies completed this year. Both were NCCN comparison studies.

## NCCN COMPARISONS

The ACOS recommends that patient's treatments are compared to treatment guidelines to ensure that patients are receiving proper evidence based medicine. The Cancer Committee has chosen to identify selected cases at Tumor Board for review, as well as to perform two or more specific cancer site reviews compared to the NCCN. The NCCN is an association of NCI Funded major cancer centers which review medical evidence and create care guidelines based on that evidence.

It has been the Cancer Committee policy to accept an 80% compliance with NCCN Guidelines, since the PeaceHealth Cancer Program is not monolithic, nor are local patients as compliant with recommendations as those who would choose to go to a major referral Cancer Center

This year, the Cancer Committee decided to look at two malignancies in the "low to mid range" of incidence which have a poor prognosis. In the past, the committee has looked at fairly rare tumors as well as common tumors and those with expected good outcomes. Previous studies have shown excellent comparisons to national data. Looking at this year's two cancer diagnostic group provide a broad review across the spectrum.

## HEPATOMAS

NCCN recommends a standard set of workup for staging. PeaceHealth St. Joseph Medical Center patients were appropriately staged except for chest CT imaging as recommended by NCCN.

There are two pathways in the treatment management of Hepatomas, based the stage of the cancer but also on co-morbidities and performance status. There is a definitive pathway and a palliative/supportive pathway. Although patients are referred for Hepatic Resections, which are not performed locally, other "definitive" treatments,

embolization, and RFI are available. All patients were treated according the NCCN Guidelines, and survival was as good if not slightly better than national numbers.

However, Child's Status which is an indicator of performance status and ability to tolerate definitive treatment was quite often not found in medical records. <\\Sjhres\data\Workgrps\CCC\CANCER COMMITTEE\QA studies\2011 Studies\Primary Hepatocellular ca.doc>

## GLIOBLASTOMA MULTIFORME

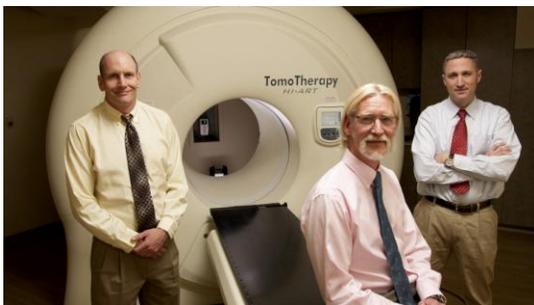
Glioblastoma Multiforme is essentially a fatal, rapidly progressing disease. Like Hepatomas, there are two treatment pathways primarily based on performance status. Definitive treatment consists of maximum surgical intervention, with post of radiation and chemotherapy. Although the majority of SJMC patients received all three modalities, the NCCN allows for any single modality, or combination to be an acceptable definitive treatment. Hence, those who received definitive treatment all met NCCN criteria. And local survival perfectly overlapped national survival numbers. (Of note, there remain 2 patients treated prior to the study's review dates who are still alive without evidence of disease.)

Similar to the Hepatoma Study, a lack of documentation of Performance Status (in this case Karnofsky status) was noted in the majority (60%) of patient medical records. <\\Sjhres\data\Workgrps\CCC\CANCER COMMITTEE\QA studies\2011 Studies\GBM study & guidelines.doc>

## TEACHING POINTS

PeaceHealth St. Joseph Medical Center providers need to be more diligent in stating the performance status of their patients. Clearly performance status drives the appropriate decisions, but diligence to documentation would be helpful.

## Radiation Oncology Update, 2011



by William Hall, III, MD, Radiation Oncology Medical Director  
St. Joseph Cancer Center

### Mission Values and People:

- 56% of patients returned our patient satisfaction survey. 88% would highly recommend us to a friend or family member who needs treatment. "Adequate information about what to expect" remains our lowest score 61% very satisfied (up from 55% last year)
- Implemented national best practice patient reported distress scale implemented during each RN weekly visit – documented 100% compliance. Next goal will be to assess the impact of this intervention.
- Radiation Oncology retreat January 2011
- Team Steps/Team building seminars June 2011. Improving work place communication and morale.

### **Collaboration**

- Initiation of head and neck navigator (Kim Moses). Preliminary meetings with ENT/Rad Onc moving quickly to design program that will improve the patient experience, streamline/standardize evaluation and follow-up and hopefully improve outcomes.
- Navigator to start with head and neck program and then expand to lung and then other sites.
- Infusion Oncology RNs now participating by phone in weekly interdisciplinary care planning conference with Rad Onc chart rounds for patient receiving concomitant chemotherapy and radiation.

### **Future Goals:**

- Paperless chart (“mostly”) – ARIA coming in next few months. This should automate physician prescription of RT dose to start and then hopefully progress to a totally paperless system. Potential to work for a Medical Oncology paperless chart as well.
- Working to design radiation oncology specific treatment summary for patients that includes a very simple summary of treatment and follow-up plan. This may be achievable through ARIA
- Evaluating possibility of ACR accreditation.
- New facility design, equipment plan (Linac Replacement) and move strategies to implement our recently approved Business plan for the integrated cancer center.
- Work with Huron Group to assess therapy staffing levels and benchmarks

## **Medical Oncology Update, 2011**

By Dana Cunningham, Medical Oncology/Infusion Manager  
PeaceHealth Medical Group

The Integration and growth of Cancer Services continues to mesh into the comprehensive care we wish to provide for all of our patients who courageously walk this path. We eagerly await our new Cancer Center, anticipating fall/winter of 2012.

In the meantime, since October 4, 2010, cancer patients have been receiving their chemotherapy in the newly relocated infusion oncology unit at the hospital. Since our move, we have realized a significant reduction in drug costs. As a result of the cost savings, we have added some significant staff positions to enhance, even further, the patient experience while under-going cancer treatment:

- Medical Social Worker was added to better assess and assist the complexities of the patient with a new cancer diagnosis, financial assistance and resource mining to support patients and families
- Registered dietician assists patients with concerns and questions about eating, nutrition, sustaining weight, etc., while undergoing cancer treatment.
- Medical Oncology is fully staffed, 5 days/week, with volunteers who meet and greet and provide “chair-side” service to our patients while undergoing treatment, (there is a waiting list for volunteers who want to come to Medical Oncology).

We continue to deliver safe, evidence-based cancer care, by our continuation of monitoring and auditing such quality measure as, patient's central venous access device health, ensuring 100% compliance that all caregivers wash their hands before and after each patient contact, continued participation in QOPI auditing and quarterly delivery of RN education/competency sessions. Currently, 80% of the infusion oncology staff holds the distinction of oncology certified nurse, OCN.

## Pathology Department Update, 2011

by Greg Wolgamot, MD PhD

The Department of Pathology has completed multiple projects to improve the care of our cancer patients.

- In 2010, our cancer reporting templates were updated to reflect the newest edition of the Cancer Staging Manual. The use of these templates, along with complete tumor board case review, ensures 100% compliance with Standard 4.6 of the Commission on Cancer (CoC): "90% of eligible pathology reports that include a cancer diagnosis will contain the scientifically validated data elements outlined in the surgical case summary checklist of the CAP publication *Reports on Cancer Specimens*."
- In 2010 a strategy was initiated with the gastroenterologists, dermatologists, and the cancer committee to identify patients with Lynch syndrome (autosomal dominant predisposition to internal malignancy, particularly colon and endometrial cancer). Studies have shown that 14 years of life are saved per screened patient with Lynch. Thus far, we have identified 21 patients (and thus 21 families) that are Lynch candidates.
- In July 2011, we went live with a new FDA-approved molecular assay for HER2/neu amplification analysis for breast and gastric carcinomas. This assay is more accurate than the prior immunohistochemistry assay, and prevents repeat testing in 37% of patients, saving time as well as money.
- In August 2011 new guidelines were created to ensure that pathologists issue amendments to reports in a uniform fashion. This will enhance patient safety, so clinicians can more easily see updates to reports.
- Guidelines for molecular assays are in progress to ensure uniform, therapeutically-relevant approaches to molecular testing in common malignancies (including melanoma and carcinomas of the lung, colon, and nasopharynx).
- Telepathology continues to be successful at Ketchikan General Hospital: A remote microscope unit capable of digitizing slide images at high resolution allows pathologists in Bellingham to review slides for planned and emergent frozen sections, body fluids, and bloods smears. This ensures immediate access to a number of pathologists of various specialties, while saving expense by not having to employ a pathologist on site.

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A rigorous quality control program is employed. This includes 100% review of: all malignancies (except common skin cancers), intraoperative frozen section consultations, telepathology consultations, negative prostate biopsies, negative sentinel nodes, and inter-institutional case reviews. Statistics are monitored for individual pathologists as well as the group. Concordance rates are excellent. A recent CAP inspection of the Northwest Pathology Laboratory yielded zero deficiencies, which is very rare.

## Cancer Registry Update, 2011

by Shelly Smits, RHIT, CCS, CTR  
Registry Program Coordinator

The cancer registry is a component of the cancer program designed to collect information and conduct follow-up for reportable cancer and benign central nervous system tumors diagnosed and/or initially treated in the county. The cancer registry is a vital tool for programmatic and administrative planning and research and for monitoring patient outcomes. Data are collected according to the current Commission on Cancer (COC) data standards and coding instructions.

The PeaceHealth St. Joseph Medical Center Cancer Registry is continuing to grow with 1,216 new malignancies or reportable benign central nervous system tumors accessioned in 2009 (206 of those being physician office cases). In October 2010, the registry had documented follow-up rate with one-year currency of 99.5% of analytic cases diagnosed five years ago, which exceeds the national standard of 90% and a 99.1% follow-up rate for the whole registry since our reference date (1/1/2000). The registry currently conducts follow-up activities on approximately 11,330 cases yearly.

This year the registry had additional challenges by learning a new set of AJCC staging and collaborative staging rules as well as new data fields. Staff met this challenge head on and is continuing to perfect their skills.



*A multidisciplinary program of the  
American College of Surgeons*

The registry is collecting all cases diagnosed or treated within Whatcom County. The Commission on Cancer (COC) does not require cases diagnosed outside the hospital to be included, but the Cancer Committee has requested they be collected. The COC in October 2011 surveyed the Cancer Program and the surveyor recommended eight of eight commendations. The Cancer Program received a three-year approval rating with commendations.

The Registrar responded to 17 special data requests from various physician and hospital staff cancer-related care studies so far in 2010. Registry data is also being used to help promote cancer screenings and awareness programs. Our registry shares data with the Washington State Registry and the National Cancer Data Base and continues to work closely with the Cancer Surveillance System (CSS) at Fred Hutchinson Cancer Research Center.

The Registrar also supports the cancer program's Tumor Board. Approximately 80% of all cancer cases pathologically diagnosed in the community are prospectively reviewed at this weekly conference. On average, 28 physicians from a broad range of specialties attend as well as representatives from hospice, social services, pharmacy, dietary and nursing.

## Cancer Outreach Update, 2011

by Carol Brumet, Outreach Coordinator



With a team of over 30 dedicated volunteers, the Outreach program continues to grow and patients remain the center of the focus. Patients who receive chemotherapy and/or radiation are nurtured by a devoted volunteer who also supports the staff in delivering compassionate care during difficult cancer treatment.

Survivorship will be a new focus of the Outreach program. A grant through the Livestrong Foundation was received to fund Cancer Transitions: Moving Beyond Treatment. Adult patients who have completed treatment may participate in the program which will include education and support on exercise, nutrition, emotional health and well-being. Also, in

partnership with the Whatcom Family YMCA, patients who are 90 days or more out of treatment can register to participate in a 12 week program called Exercise and Thrive. Trained Y staff will lead groups to regain strength, enhance self-esteem, improve their fitness and reduce the stress that a diagnosis of cancer can cause. Support groups, creative art class, meditation and nutrition education, all continue to be well attended. We have added a Brain Tumor Caregiver support group that is lead by a volunteer who lost her husband to brain cancer and has navigated the difficult journey.

To see what is offered for patients and their families, click the link on our website: <http://www.peacehealth.org/st-joseph/services/cancer-center/Pages/support-programs.aspx>

## Clinical Trials Update, 2011



by Cheryl Patz, RN, OCN, CCTC

To date, 27 patients have enrolled in research conducted by National Cancer Institute sponsored study groups. These include the Eastern Cooperative Oncology Group, Gynecology Oncology Group, National Cancer Institute of Canada, National Surgical Breast and Bowel Project, North Central Cancer Treatment Group, Puget Sound Oncology Consortium and the Southwest Oncology Group. Previously we participated in two types of research studies, prevention and treatment.

This year we began offering a third type of study which is called cancer control. These studies look at ways to help control a side effect that may be caused by the cancer itself or its treatment. The goal of a cancer control study is to improve a person's quality of life.

Two of our 27 participants consented to the newly opened cancer control study. The 27 total clinical trial participants represent 3.5 % of our newly diagnosed cancer patients. They receive all of their treatment and follow-up care locally in Whatcom County while contributing to research that will affect future cancer treatment worldwide.



## **Cancer Support Services Update, 2011**

**by Mary Rosenquist, RN, LMFT**  
Support Coordinator

The Peacehealth St. Joseph Cancer Center provides psychosocial support from initial diagnosis, through- out treatment and into survivorship for all cancer patients. As part of the Peacehealth evidence based medical care and compassionate care philosophy, the cancer center provides a professional staff of the Cancer Support Coordinators (Mary Rosenquist and a Medical Social Worker-Margie Katz) -that meets with cancer patients initially to provide assessment, resources and referrals in our community to meet their emotional, physical, spiritual and financial needs. They provide additional assistance with transportation, lodging, support groups and financial counseling and assistance. Our support groups are lead by professionally trained staff .They work closely with our patients' family and extended support system to provide and address quality of life issues. The cancer center support department networks with community providers and community programs,as well as state and national programs.

## **Pharmacy Department Update, 2011**

**by Judy Ashe**

This has been a year of change for the area of oncology pharmacy. We moved our satellite to the main hospital campus, had a change in staffing and implemented a pharmacist double-check system. We have been working very closely with the infusion center to streamline our chemotherapy preparation and delivery processes. We are developing a more user-friendly anemia management order set for the infusion nurses. We have been working hard to use a proactive approach to the drug shortages in the field of oncology to avoid any interruption of treatment for the patient.

The future of the oncology pharmacy program continues to grow. We will be precepting pharmacy residents in the spring and are looking forward to the continued planning of the Integrated Cancer Center construction project. Pharmacy has been directly involved in the evaluation of potential medical oncology software systems for the future Cancer Center. We will continue to look for ways the pharmacist can enhance patient care and safety.

## 2011 Cancer Committee Membership

**Ian L. Thompson, M.D., Past Chair**  
*Radiation Oncology*

**Margaret Jacobson, M.D., CLP**  
*Family Medicine/Whatcom Hospice Medical  
Director*

**Michael Smith, M.D.**  
*Radiology*

**Gregory Wolgamot, M.D.**  
*Pathology*

**James Miller, M.D.**  
*General Surgery*

**Patrick Nestor, M.D.**  
*Medical Oncology*

**Michael Taylor, M.D., FACRO Chair**  
*Radiation Oncology*

**William Hall, M.D.**  
*Radiation Oncology*

**Shelly Smits, RHIT, CCS, CTR**  
*St. Joseph Cancer Center Program  
Specialist*

**Karin Luce, R.N., BSN, OCN**  
*St. Joseph Nurse Manager MCU*

**Karen Ssebanakitta, R.N., M.S.**  
*St. Joseph Cancer Center Director  
Oncology, Hospice and  
Senior Community Services*

**Judy Ashe**  
*St. Joseph Pharmacy Services*

**Cheryl Patz, R.N., OCN, CCRC**  
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