The St. Joseph Hospital Cancer Committee is pleased to present our Annual Report, featuring program activities in 2009 and cancer statistics for the most recently completed calendar year (2008).

**St Joseph Hospital Cancer Center**

**Vision Statement**

The 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.
It is hard to find better cancer care anywhere in the United States than here at St. Joseph Hospital (SJH) and from the providers of Whatcom County. There are three observations to support that statement.

#1  In the Fall of 2009, we had a presentation by one of the most respected, internationally known, major, national academic cancer centers. We were in discussions about a possible affiliation. It quickly became clear to those of us present in the room, that we provide equal if not better care. We attempt to provide evidence based medicine and measure our compliance more than they thought was necessary. We are more committed to National Cancer Institute sponsored clinical trials. While they are cutting back services in some aspects of their mission, we are developing new relations with Western Washington University (WWU) to expand our research and mission. Like only some of their clinics, we have a robust electronic medical record, and we have immediate access to imaging and lab. We have increasing integration between medical and radiation oncology which now include shared patient rounds.

#2  Many patients seek a holistic approach to Cancer Care. St. Joseph Hospital Cancer Program has provided a large variety of support services for our patients for several years. In reviewing information from other programs across the US, we seem to have a more robust program than most. Volunteers provide a host of complementary therapies: massage, acupuncture, hypnosis, energy healing, and Reike. We have a “Look Good – Feel Better” program, an art therapy support group, and an affiliation with Bellingham Athletic Club for fitness while on cancer treatments. There are support groups for Prostate Cancer, a woman’s group, a family support group, children’s
group, and through Hospice, a grief support group. In addition, patients receiving radiation have access to a cancer support coordinator and dietary consultation.

The most dramatic evidence of the excellent cancer care in this community is found in the attached survival curves for the four leading cancers in the US. These tables are cancer-free survival for SJH compared to the national oncology data base composed of a thousand cancer registries, large and small from around the entire US. It is apparent that the chance of disease-free survival in this community for these serious cancers is better than in the overall national results.

Isn’t there a popular phrase? “Why go anywhere else?” That phrase certainly seems appropriate for Whatcom County cancer care.

Ian Thompson, MD
St. Joseph Hospital Cancer Statistics, 2008

TABLE 1 shows the number of new malignancies diagnosed and/or treated at St. Joseph Hospital for 1998 to 2008. 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 1,220 new cases diagnosed, 206 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 and bladder cancers.

It is noted in 2008 that there was a rise in the incidence, compared to previous years’ trends, for bladder, endometrium, and melanoma.

<table>
<thead>
<tr>
<th>Table 1: Cancers by Site, St. Joseph Hospital</th>
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<tbody>
<tr>
<td>blade</td>
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<tr>
<td>brain/CNS^</td>
</tr>
<tr>
<td>breast*</td>
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<tr>
<td>cervix (invasive)</td>
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<td>colon &amp; rectum</td>
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<tr>
<td>lung</td>
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<tr>
<td>lymph/myel/leuk</td>
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<tr>
<td>ovary</td>
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<tr>
<td>pancreas</td>
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<tr>
<td>prostate</td>
</tr>
<tr>
<td>testicular</td>
</tr>
<tr>
<td>melanoma*</td>
</tr>
<tr>
<td>upper GI</td>
</tr>
<tr>
<td>other</td>
</tr>
<tr>
<td>unknown</td>
</tr>
</tbody>
</table>

TOTAL | 828 | 805 | 840 | 906 | 953 | 1007 | 1036 | 1079 | 1079 | 1215 | 1220 |

*these numbers include in situ cases which are not reported on national statistics

^excluding benign brain (required to collect starting 2004) 19 dx in 2008
CHART and TABLE 2 compare Whatcom County cancer incidence with age-adjusted national estimates. Over the years, there appears to be an increased incidence of cancer in Whatcom County compared to nationally for breast, bladder, melanoma, lymphomas, ovary, and prostate cancer. This finding has been fairly consistent from year to year. This year, there is a local increase for prostate, melanoma, endometrium, and breast. Breast cancer incidence is elevated again this year, but is no different than the past two years. Many breast patients are completely treated outside the hospital these days, and our increased numbers may partially represent capturing that outpatient group. Since the 2008 national incidence are estimates, most likely, any differences are due to random sampling, and the completeness of our registry.

![Cancer Incidence Comparison Chart]

**TABLE 2**

<table>
<thead>
<tr>
<th>Cancer Incidence* Comparison</th>
<th>Whatcom County vs. National 2008</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Whatcom</td>
</tr>
<tr>
<td>Breast</td>
<td>163.4</td>
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<tr>
<td>Prostate</td>
<td>215.2</td>
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<tr>
<td>Colorectal</td>
<td>48.2</td>
</tr>
<tr>
<td>Lung</td>
<td>68.6</td>
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<tr>
<td>Head &amp; neck</td>
<td>28.8</td>
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<tr>
<td>Lymph/mye/leuk</td>
<td>46.6</td>
</tr>
<tr>
<td>Bladder</td>
<td>26.2</td>
</tr>
<tr>
<td>Upper GI</td>
<td>19.9</td>
</tr>
<tr>
<td>Kidney</td>
<td>13.1</td>
</tr>
<tr>
<td>Pancreas</td>
<td>8.9</td>
</tr>
<tr>
<td>Endometrium</td>
<td>34.1</td>
</tr>
<tr>
<td>Ovary</td>
<td>18.6</td>
</tr>
<tr>
<td>Melanoma</td>
<td>73.3</td>
</tr>
<tr>
<td>Brain/CNS</td>
<td>7.3</td>
</tr>
<tr>
<td>Cervix</td>
<td>5.2</td>
</tr>
<tr>
<td>Testicular</td>
<td>2.1</td>
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</tbody>
</table>

*Incidence Per 100,000 Population

Once again the incidence in Whatcom County of prostate cancer is higher in our community; showing a fairly stable overall increase over the past several years. However, prostate cancer incidence is noticeably lower than the late 1980’s. The increased numbers are most likely explained by the use of prostate screening in the community; however screening in being performed somewhat less often and this observation may be reflected by the decreased incidence in our community as compared to the 1980s.

The increase in melanoma is difficult to evaluate. An in-depth evaluation was performed on melanoma last year, which supported an impression, offered by Fred Hutchinson Cancer Research Center (FHCRC) and Washington State epidemiologists that the increase was possibly associated with having WWU students in the community. The larger number of young people who actually do not live here full time could be affecting the numbers. Again, our Registry does include patients who are diagnosed and treated outside of the hospital, so this might result in an increase number. The state however requires all cancer cases to be reported, so county wide data ought to be accurate. The increase this year is dramatic. The Cancer Committee is exploring the possibility of an in-depth epidemiologic review with WWU through the Critical Junctures program.
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.

In summary, the 2008 statistics show a fairly consistent pattern of cancer incidence, with an increased number of melanoma, prostate, endometrial, and breast cancers. The most dramatic difference lies in melanomas and this finding needs a detailed epidemiologic evaluation.

St. Joseph Hospital Cancer Survival Statistics, 2008

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 this year was from the National Oncology Data Base (NODB).

This year the data was presented to the Registry using “Adjusted Survival”, which may also be understood as Disease Specific Survival. The previous annual reports have been observed survival. Adjusted survival calculates the survival of those patients who died of their disease. Observed survival calculates survival regardless of cause of death.

Survival curves on CHARTS 1 through 4 demonstrate the overall adjusted survival for each of the four major sites.
Charts 5 through 8 compare our survival for the 4 major cancers broken out by stage of cancer stage with NODB survival. These again are adjusted survival rates.
Looking at our cancer statistics using Adjusted Survival it is quite clear that the adjusted survival for the 4 major cancers at SJH is noticeably superior to the national data, and this difference holds for most all stages and diagnoses.

The adjusted survival is only as good as the information obtained by the registry. For example if a patient dies of a complication of cancer and the complication is reported as a cause of death, and not the cancer itself, it would not appropriately reflect in this data. As a result, the “gold standard” for looking at survival is OBSERVED Survival. Observed survival data may be subject to age and co-morbidity biases though. The same information is presented through Charts 9-12 and Charts 13-16.
The improved survival for SJH patients is not as strong when reviewed this way, but still the superiority remains present.

**SUMMARY:**
SJH Registry patients have a notably improved adjusted survival, stage by stage for the 4 leading cancers. Overall survival was found to be equal or superior to the national registry data as well.

This information highlights the extremely high quality of care available to patients in this community.

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**St. Joseph Cancer Center – 2009 Quality Studies**

The Cancer Program, following the PeaceHealth commitment to transparency, publishes its quality reports each year. Using the same format, there is a summary with a link to the actual study. To compare the quality of care at SJH to benchmarks, the Cancer Committee utilizes National Cancer Center Network (NCCN) treatment guidelines. The NCCN is an organization of the large academic Cancer Centers in the US and they have review panels that review the medical literature and make recommended pathways of care for most cancers and stages.

**Pathology and Imaging Review:**

Year after year, the Pathology and Imaging Departments document “better than national” standard for oncology related work. This was also true in this year’s report.

The national accreditation organization for Pathologists, the College of American Pathologists (CAP), requires that cancer related pathology reports include specific information. Annually, an audit of compliance is performed. From May 5th through August 4th, there were 414 pathology reports generated. Of those, 170 cases were appropriate cases for CAP review. All 170 cases, 100 percent, met all CAP requirements.
Radiology reviews imaging of cases presented at Tumor Board. The second review ensures quality, and allows an “overread” benefit for patients. In 2009, 94% of cases were in agreement from initial read to “overread”. Previous years have reported a range of agreement from 93-97%.

In 2008, 18,928 Mammograms were performed. Fifty-seven cancers were detected in screening mammograms. This is equivalent to three cancers/1000 screens. The national rate is three to six cancers/1000 screens. In addition, the “call back” rate was eight percent with the national standard set at less than 10%.

Compliance with Tumor Board Recommendations for Lung Cancer:
In a previous study, only 38% of lung cancer cases were in compliance with NCCN Guidelines. As part of the initiative to improve this compliance, an effort was made to ensure most, if not all, cases be presented at Tumor Board. The number of lung cancer cases presented at Tumor Board rose from 53% in 2007 to 84% in the second half of 2008.

In the second half of 2008, for those cases presented at Tumor Board and treated at SJH, 80% were treated according to Tumor Board recommendations.

These two findings demonstrate a strong improvement, but it is important to recognize that significant staging and treatment often occurs prior to Tumor Board presentation.

Melanoma Treatment and Compliance with Surgical Guidelines:
Melanoma is a serious disease in Whatcom County with a much higher than expected incidence.

A review of melanoma treatment as it relates to NCCN Guidelines was undertaken, specifically looking at appropriate surgical margins as well as the appropriate use of lymph node evaluation. A review article in American Journal of Hematology and Oncology was used as a “benchmark”

For all melanoma patients and in all subgroups of patients, SJH patients received superior treatment when reviewing for appropriate surgical margins.

When evaluating the appropriate use of lymph node evaluation, SJH patients were in compliance far better for lymph node evaluation except for three patients (at par) and patients with ulcerations.

Because melanoma is significantly more frequent in Whatcom County, it is reassuring to know that patients here receive better than benchmark care in two critical areas of melanoma therapy.

Squamous Cell Cancer of Anal Canal Treatment Guidelines:
Anal cancer is an uncommon cancer. The Cancer Committee elected to look at an uncommon cancer to assess the depth of appropriate cancer care in the community. The appropriate care for anal cancer was compared to a “benchmark” study in the American Journal of Hematology and Oncology. Seventeen percent of SJH patients did not receive the NCCN recommended care, but 23% of the study patients also did not receive appropriate care. HIV-positive patients and those patients under 75 definitely had superior care, while those over the age of 75 might have had less than optimal care.

Overall, for a rare tumor, SJH patients had improved survival as well, when compared to the national study group.

Treatment Options of Breast Cancer:
There was an article published which suggested that community hospitals had less optimal care for breast cancer patients when compared to academic centers. This statement resulted in a comparison between that articles
published results and SJH results. The comparison across a large number of parameters was complicated by the published study having a much larger number of patients at higher stage and treated with mastectomies and axillary dissections. There was a suggestion that not all patients post-lumpectomy were receiving radiation, and that local patients were not receiving appropriate hormonal and chemotherapy treatments. However, survival, except for Stage 4 patients was comparable to academic centers.

At the same time, SJH data was reviewed in comparison with the Commission on Cancer’s 2006 Practice Profile for state and national compliance with key measures. SJH noticeably surpassed both state and national numbers in compliance. This study generated a flurry of comments (available in hard copy), but in review, all affirmed the excellent care provided in the community.

**SJH Cancer Committee Clinical Indicators**

Surgeries for Cancer Diagnoses from October 1, 2007 through June 30, 2009 have no measurable increased morbidity or mortality compared to ALL surgeries performed at SJH utilizing the accepted Surgical Outcome data compiled by the Quality Assurance Department.

For more details on our quality studies, visit our website at www.peacehealth.org.

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**Radiation Oncology Update, 2009**

by Michael Taylor, MD, Radiation Oncology Medical Director
St. Joseph Cancer Center

I welcome this opportunity to report several advances for Radiation Therapy in 2009. We continue to participate in developing a business plan for an “Integrated Cancer Center” to ensure local availability of excellent technology and a patient-centered, holistic care experience. Within a few years, this department will become part of an expanded, unified cancer center where patients can receive radiation therapy, medical oncology and support services on one campus. Meanwhile, work is ongoing to standardize and improve aspects of the cancer patient experience in Medical Oncology and Radiation Oncology.

This year the Radiation Therapy department tackled elements of Vision 2012 to ensure that each patient will receive safe, evidence-based, compassionate care… every time, every touch. Here is our summary:

**MISSION, VALUES AND PEOPLE:**

- Satisfaction surveys were returned by 60% of our patients. Eighty-three percent (83%) would “highly recommend” us to a friend or family who needs treatment.
- Survey responses also revealed an opportunity for improvement to “provide adequate information about what to expect.” In collaboration with Medical Oncology, our goal in the year ahead is to update and improve our delivery of patient education.
- Excellent service depends on a skilled and highly motivated staff. Employee survey scores in 2009 show that the St. Joseph Cancer Center is fortunate to have just that. Cancer Center employees rated 10 points or more above the hospital overall scores for Organizational Health, Engaged Culture, Teamness and Safety Culture.
- We completed our second year of the Radiation Therapy support coordinator program. In the past 12 months, 75% of patients received professional psych/social assessment as part of their initial consultation
visit (n=569 total consults). The remainder was assessed during subsequent visits or had follow-up by phone resulting in 1,695 support resource referrals.

SAFE AND MEDICALLY EFFECTIVE CARE:

- National Patient Safety Goal observation audits are consistently 100% compliant for hand hygiene, time-out and use of two patient IDs. Time-out procedure was expanded to include pre-treatment portal image review if at least one of the treating therapists has not previously seen the setup.
- New fall risk screening and care planning was implemented, and a better lift device was found to improve staff compliance with the hospital’s policy for safe patient handling.
- Treatment patient instruction was standardized for pregnancy testing/prevention.
- After implementing a new bowel prep protocol for prostate cancer treatment, we noted more consistent set up throughout treatment due to less fecal volume, volume of gas and prostate deviation.
- Single-use rectal displacement devices were tested as a possible replacement for homemade devices used the past ten years. Goals: decrease latex exposure, decrease risk of infection, increase patient comfort, and improve quality of immobilization. High supply cost per device and additional charge to patients is a concern.
- Speech/swallow evaluations are being ordered proactively at the start of radiation therapy for head and neck cancers.
- We improved coordination with medical records to ensure Advance Directives are scanned into the Community Health Record if present and that staff providing care are aware of them.

COLLABORATION:

- Joint care plan rounds with the Infusion Center are now held weekly to coordinate care for concomitant treatment patients.
- Access was arranged through PeaceHealth Medical Group to establish a primary care provider for oncology patients with higher risk for hospitalization.
- Prostate brachytherapy patients now receive all their urology care, including the actual implant, at Bellingham Urology Specialists. Candidates who are not eligible for care in an Ambulatory Surgery Center are offered alternative treatment.

GROWTH AND INNOVATION:

- William Hall, the newest member of Northwest Washington Radiation Oncology Associates, offers particular expertise in stereotactic radiotherapy for chest and brain lesions. He regularly participates in weekly Chest Conference and has led development of our programs in stereotactic body radiation therapy (SBRT).
- We are now credentialed to offer patients the option of Radiation Therapy Oncology Group (RTOG) studies for lung cancer IMRT. Next, we will get credentialed for RTOG studies involving SBRT of the lung, and accelerated fractionation of central lung lesions.
- We installed a new large-bore CT simulator. Bore size and field of view no longer limit optimal set up positioning.
- Our computerized treatment planning system will be upgraded in 2010. In conjunction with our new CT simulation, we will then be able to account for natural body motion, such as breathing, in our treatment plans. Patients will benefit from the evidence-based tumor contouring protocols available to Radiation Oncologists within these next-generation treatment planning systems.

HIGH VALUE:

- With assistance from the PeaceHealth System office, a group purchase was negotiated to replace linear accelerators here and in Longview. As a result, substantial savings will be realized when our new accelerator arrives in 2011.

We enjoyed a busy and productive year and look forward to more positive changes in the years to come.
The last year has been filled with continued growth, planning, process changes and further integration of cancer services. Despite the distance between our physical locations, Medical Oncology and Radiation Oncology have implemented many improvements to better care for and support our patients. Some of our accomplishments include:

- **Enhanced patient support:**
  - Weekly chair-side Reiki therapy is available for Infusion patients by a certified volunteer.
  - Volunteers are now present Monday through Friday to greet and support chemotherapy patients.
  - Spiritual Care is offered by residents of the hospital’s Continuing Pastoral Education program.

- **Community outreach activities**

- **Care Coordination:** Infusion Nurses participate with Radiation Oncology in weekly interdisciplinary teleconferences.

- **Professional Education:** Chemotherapy/Biotherapy education was provided for all RNs who care for infusion patients in the Clinic, and on the hospital Procedural Care Unit or Medical Care Unit.

- **Marketing:** A new brochure was designed to unify promotion and awareness of PeaceHealth oncology services.

- **Nursing Leadership:** Clinical managers of the Infusion Center, Procedural Care Unit and Medical Care Unit initiated quarterly meetings to strategically develop consistent patient education materials, staff education opportunities and process improvements. In addition, the hospital Nurse Executive meets monthly with Clinic nurse leaders.

We continue to strive to deliver safe, evidence-based care by participating in several quality improvement projects.

- **Quality Oncology Practice Initiative (QOPI)**
- **Continue to work with Pharmacy to improve our medication delivery process**
- **Continued work with chemotherapy orders and standardization of forms**
- **Continue to encourage communication between all parties, providers, staff**
- **Monitor timely availability of medical oncology consultations**
- **Support all nurses in attending the Oncology Nursing Society Chemotherapy/Biotherapy course as baseline education**

The growth continues, the opportunities are abundant and the best is yet to come!
Cancer Registry Update, 2009

by Shelly Smits, RHIT, CCS, CTR
Cancer Program Specialist

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 center 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 St. Joseph Hospital Cancer Registry is continuing to grow with 1,220 new malignancies or reportable benign central nervous system tumors accessioned (206 of those being physician office cases). In October 2009, the registry had documented follow-up rate with one-year currency of 97.1% of analytic cases diagnosed five years ago, which exceeds the national standard of 90% and a 95.9% follow-up rate for the whole registry since our reference date (1/1/2000). The registry currently conducts follow-up activities on approximately 8,789 cases yearly. Staffing also increased this year to help keep up with the increased activities required of the registry.

The registry is collecting all cases diagnosed or treated within Whatcom County. The COC does not require cases diagnosed outside the hospital to be included, but the Cancer Committee has requested they be collected. The COC in September 2008 surveyed the Cancer Program and the surveyor recommended 8 of 9 commendations. The Cancer Program receive a three-year approval rating with commendations.

The Registrar responded to 18 special data requests from various physician and hospital staff cancer-related care studies so far in 2009. 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, 2009

by Carol Brumet, Outreach Coordinator
St. Joseph Cancer Center

The Outreach Program at the St. Joseph Cancer Center continues to evolve with much of the thanks going to skilled volunteers and partnerships with organizations and businesses throughout our community.

In calendar year 2008, our volunteers donated over 2,900 hours to serve cancer patients and their families in our community and the services and programs that we offer were utilized by 1,190 people. We continuously see an increase in both volunteer hours and program attendance annually.

Dedicated volunteers staff the Boyer Cancer Center library full-time, assisting patients and their families with all types of services including finding a wig or scarf, information and resources and check out books from our library. Support groups, nutrition and creativity classes, meditation and programs of the American Cancer Society continue to be well attended.

We continue to expand our Holistic Healing program and currently have licensed practitioners in massage, energy healing, acupuncture, reiki therapy, reflexology, compassionate listening and hypnotherapy. All of these modalities provide physical, emotional and spiritual support throughout a patient’s medical treatments. Used with --- not instead of --- medical care, this approach encourages the mind-body connection for healing and is offered to cancer patients receiving treatment locally.

A program in partnership with the Bellingham Athletic Club (Fit vs. Fatigue) allows local patients to have free memberships (on a temporary basis) to combat fatigue; one of the major side effects of cancer treatment. Currently we are referring an average of seven patients per month to this valuable program.

In January 2009, we expanded our successful volunteer program to PeaceHealth Medical Group’s Infusion Center. Our volunteer team works with the staff assisting in administrative areas as well as with patients and their families insuring their comfort and ease during treatment. Most of these volunteers have dealt with cancer in their own lives and that experience lends empathy and compassion at a difficult time.

Proudly, the St. Joseph Cancer Center has partnered with many Whatcom County businesses and organizations to promote awareness and raise funds to support our programs and services. Some of those partnerships include: Haggen Food & Pharmacy, Mt. Baker Imaging, Bellingham Athletic Club, WWU Athletics, Bellingham Golf & Country Club-Women’s Division, KVOS TV-12, Lynden Rodeo’s Tough Enough to Wear Pink, Farmers Insurance Group, Bellingham Harley Davidson, Coaches vs. Cancer (all high schools in Whatcom County), the Ladies Auxiliary of the Veterans of Foreign Wars, Western Students Against Cancer and Bellingham Urology Specialists.

Anyone interested in learning more about the programs and services offered by St. Joseph Cancer Center or the Infusion Center at Peace Health Medical Group can contact Carol Brumet at cbrumet@peacehealth.org or by calling (360) 788-6706.
Clinical Trials Update, 2009

by Cheryl Patz, RN, OCN, CCTC
Clinical Trials Coordinator

This year 27 local patients have enrolled in research conducted by National Cancer Institute sponsored study groups including the Eastern Cooperative Oncology Group, National Institute of Canada, National Surgical Breast and Bowel Project, North Central Cancer Treatment Group and the Southwest Oncology Group. This represents 2.6% 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.

2009 marks the second year of enrollment to the American Cancer Society’s “Cancer Prevention Study-3.” During the Relay for Life in Lynden this past summer, 102 people consented to participate in the historical study that hopes to better understand how lifestyle, behavioral, environmental and genetic factors cause or prevent cancer.

The Selenium and Vitamin E Cancer Prevention Trial, known as the SELECT Trial, closed to accrual in 2008 as early findings revealed there were slightly more cases of prostate cancer in men taking only vitamin E and slightly more cases of diabetes in men taking only selenium. Dr. Frank James serves as the local investigator; Whatcom County was one of the top accruing sites in the nation! Even though the men have discontinued the study supplements, they continue in follow-up observation and have the opportunity to participate in sub studies to evaluate if selenium and/or Vitamin E have a role in the prevention of the following: Alzheimer’s disease, colorectal polyps, and/or age-related macular degeneration or cataracts. Through these sub-studies, valuable information will be gained that could hopefully reduce these health risks in our aging population. In 2009, 124 local SELECT participants enrolled to the SELECT sub-studies.

Adding together all the 2009 new volunteer research participants, we reached a remarkable total of 253 volunteers in Whatcom County who are helping to find answers to the prevention and treatment of cancer. The dedication and commitment of the participants are truly amazing, and we greatly appreciate them.
2009 Cancer Committee Membership

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

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

Charles Ariz, M.D.
Radiology

Gregory Wolgamot, M.D.
Pathology

James Miller, M.D.
General Surgery

Patrick Nestor, M.D.
Medical Oncology

Michael Taylor, M.D.
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

Sandy Kinsman
St. Joseph Pharmacy Services

Cheryl Patz, R.N., OCN, CCRC
St. Joseph Cancer Center Clinical Trials

Carol Brumet
St. Joseph Cancer Center Outreach Coordinator

Dieter Brandyberry
St. Joseph Quality Services

Casey Henson
American Cancer Society Representative

Mary Rosenquist, R.N., LMFT
St. Joseph Cancer Support Coordinator

Dana Cunningham R.N., M.S., OCN
Oncology Services Manager
PHMG-Whatcom