

Choose Hope



2010 Oncology Annual Report

Report uses 2009 Cancer Registry Data.

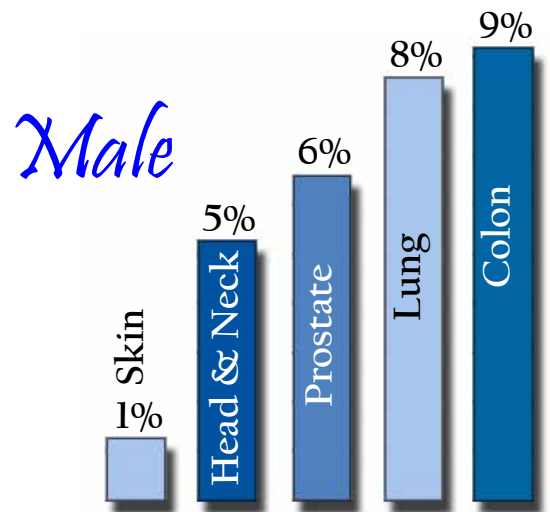
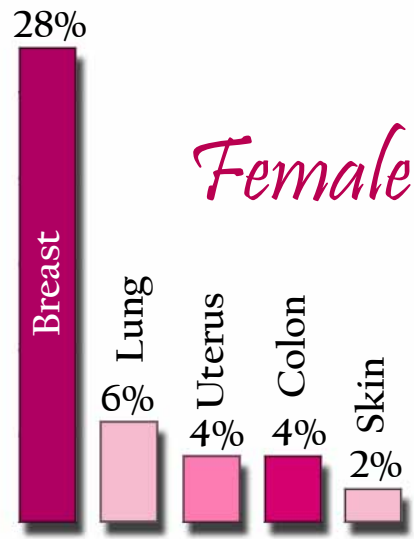
H The
Hansen
Center 

Margaret Mary Community Hospital

Top 5 Cancer Sites

Our Mission

The Hansen Center cancer program is committed to providing a full range of services for the prevention, detection, diagnosis, treatment and support of our cancer patients and their families. We believe in a holistic approach to cancer care, encompassing the body, mind and spirit of each patient, as well as their family. We recognize and address cancer as a continuum of care including education, screening, diagnosis, treatment and survivorship. We pride ourselves on offering support services related to social, nutritional, spiritual and end-of-life care. We recognize our responsibility to provide information, access to services and health promotion. Providing the finest in care, comfort and compassion for our community's cancer needs was the driving force behind creating the state-of-the-art Hansen Center facility. The goal of The Hansen Center is to be the premier cancer care provider within our region.



A Message from our Leaders

The Hansen Center Cancer Committee is proud to present this year's annual report with a special focus on breast cancer. Throughout this report, you'll see pictures of our staff - the people who use their helping hands every day to create the most healing and compassionate experience for our patients. The year 2010 was a big year for us as it marked the five-year anniversary of The Hansen Center and our cancer program. Our services, as well as the field of oncology, have grown tremendously since 2005. Our oncology team continues to monitor trends and make adjustments to ensure our patients are receiving the best cancer care available.



This year the Cancer Committee Annual Report provides graphs outlining the top cancer sites within our community, an overview of our quality outcomes and a detailed study outlining how our program compares to other community cancer centers in Indiana and the United States. You'll also read success stories from two of our breast cancer survivors.



Breast cancer is the most commonly diagnosed cancer among women in the United States and it was the top diagnosed cancer within our community in 2009. Over the past year, breast cancer has been a topic in the media headlines with controversy over whether or not to change the screening guidelines. In response to this

debate, the leadership at The Hansen Center has reviewed our local data and found that an increasing number of younger women (age 40-50) are being diagnosed with breast cancer. For this reason, we stand firm in support of The American Cancer Society's recommendation that women of average risk receive their mammogram every year beginning at age 40. Looking to the future, we promise to do all we can to improve our services, and we hope you'll continue to choose us for quality cancer care close to home.



Randall Trowbridge, MD
Medical Oncologist
Cancer Committee Chair

Katherine McElhoe, RN
Oncology Director
Liaison for Cancer Conference

Brian Albers, MD
Surgeon
Cancer Committee Physician Liaison

Risk Factors for Breast Cancer

- Being older
- Being female
- Inherited genetic mutations
- Family history of breast, ovarian or prostate cancer
- High breast density
- Having benign breast conditions
- Lobular carcinoma in situ (LCIS)
- Personal history of cancer
- Radiation exposure
- Having your first child at a later age (women only)
- Higher Blood estrogen levels
- Starting period at younger age
- Starting menopause at later age
- Drinking alcohol
- Ashkenazi Jewish heritage
- Body weight and weight gain
- Using birth control pills
- Being taller
- Using postmenopausal hormones
- Not breastfeeding
- Higher blood androgen levels
- Higher Bone density
- Light at-night and shift work
- Not exercising

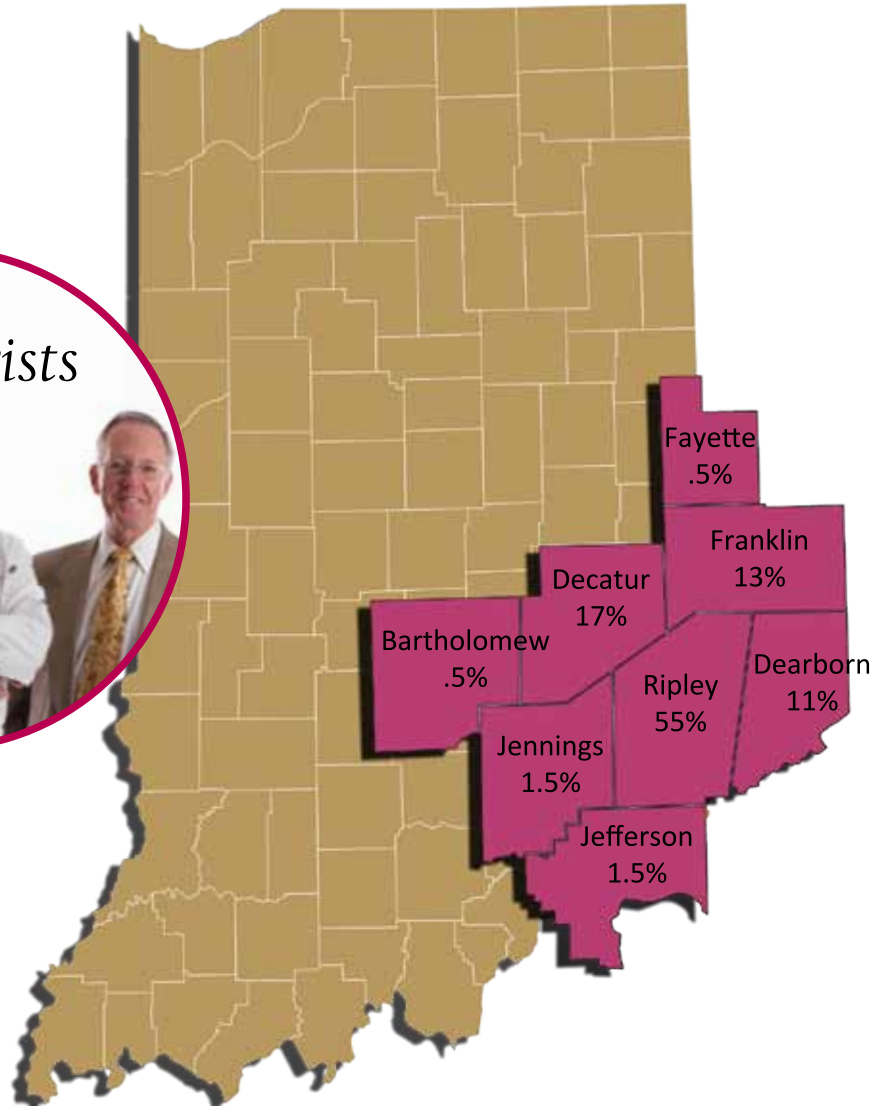


Commission
on Cancer

The Commission on Cancer's (COC) accreditation program sets quality-of-care standards for cancer programs and reviews the programs to ensure they conform to those standards. Accreditation by the CoC is given only to those facilities that have voluntarily committed to providing the highest level of quality cancer care and that undergo a rigorous evaluation process and review of their performance. Receiving care at a CoC-accredited cancer program ensures that a patient will have access to the full quality spectrum of comprehensive cancer care close to home.

Margaret Mary Community Hospital participated in its first CoC accreditation survey in 2008 and received a Three-Year Approval with Commendation in all areas. An even more remarkable achievement for a new program was being awarded the 2008 CoC New Program Outstanding Achievement Award. This award recognizes the significant commitment by the medical staff, administration and cancer program staff to provide high quality cancer care to the patients served by not only meeting the basic standards but excelling in all areas where commendation is awarded. MMCH is one of only 95 programs nationwide to achieve an Outstanding Achievement Award and one

County of Residence at Diagnosis



of only 20 new programs to receive the recognition. In fact, MMCH was the only hospital in Indiana to be recognized for the Outstanding Achievement Award in 2008.

There are currently more than 1,400 CoC-accredited cancer programs in the US and Puerto Rico, representing close to 25 percent of all hospitals. These CoC-accredited facilities diagnose and/or treat 80 percent of newly diagnosed cancer patients each year. MMCH is proud to be included at the top of the list!

Cancer Registry Report

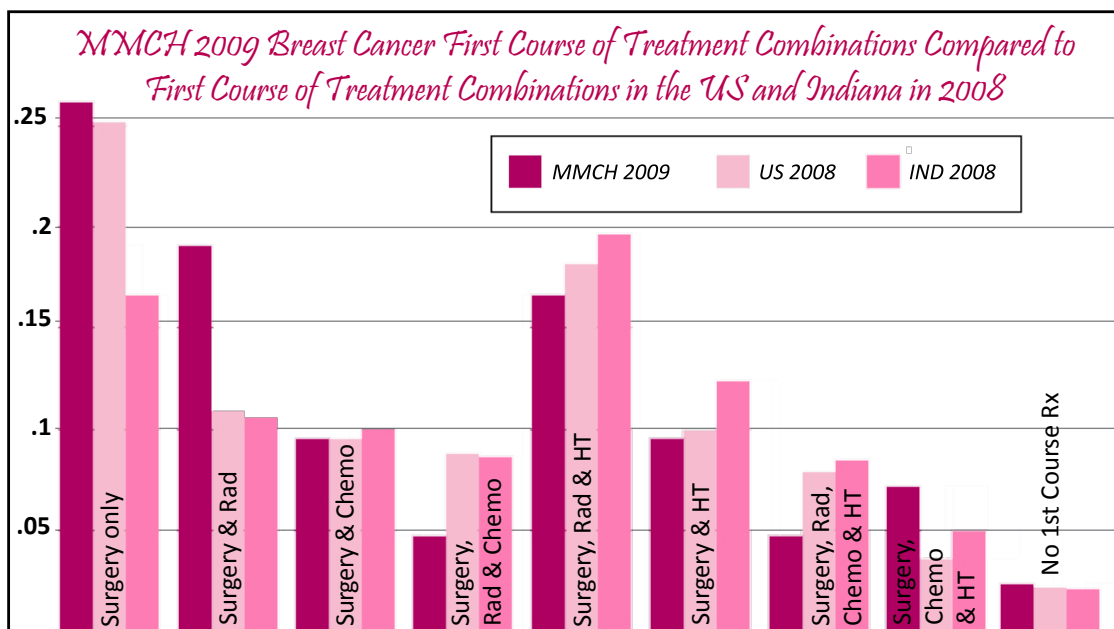
The Cancer Registry is charged with collecting and providing accurate data related to people diagnosed and/or treated with cancer at The Hansen Center and Margaret Mary Community Hospital. The data collected is used to help develop future goals for our Cancer Committee, the state of Indiana and national organizations related to improvement of cancer care and treatments. The data allows tracking and trending of cancer incidence within our community and gives The Hansen Center the ability to compare our outcomes with other local, state and national organizations.

The Cancer Registry data collection is very complex and affords us the ability to see the whole picture of our patients' disease. Data collection and reporting is based on items required by the American College of Surgeons and the Indiana State Department of Health. The highly confidential Registry database includes information on demographics, medical history, diagnostic findings related to the patient's cancer, stage of disease, treatment modalities and lifetime follow-up for each patient. This data is submitted quarterly to the Indiana State Department of Health's Cancer Registry and annually to the National Cancer Database.

In 2009, our Cancer Registry logged an additional 152 new analytical cases. Since January 1, 2006, a total of 594 new analytical cancer diagnoses have been added to the registry. Currently, there are 361 patients in active follow up with a follow-up rate of 97.72 percent. This rate far exceeds the required 90 percent follow-up rate established by the American College of Surgeons' Commission on Cancer.

In addition to data collection and management, the Cancer Registry has other responsibilities. The registry coordinates the monthly cancer conferences.

Cancer Conferences allow for a multidisciplinary physician approach to cancer care for our patients. The multidisciplinary team includes a medical oncologist, radiation oncologist, surgeon, radiologist, and a pathologist. In 2009, 15 percent of the analytical cases were presented prospectively to the multidisciplinary physician team at a cancer conference.



Rad - Radiation Therapy; Chemo - Chemotherapy; HT - Hormone Therapy



Arlen Stirn, 69, of Metamora

"They've got a super crew at The Hansen Center. The staff is so friendly and easy to talk to, and Dr. Peyton is very informative. Since I live just outside of Oldenburg, it's also convenient to get there."

Hazel Bischoff, 77, of Sunman

"I don't know what I'd have done without The Hansen Center nearby. The staff is always so friendly. They go out of their way for you, and I never have to wait."



Mary Jo's Story



It was March of 2009 when Mary Jo Heppner, 68, was having lunch with her granddaughters and noticed an itch on her right breast. Surprisingly, she found a lump she had never felt before. After scheduling an appointment with her doctor, it didn't take long to receive her diagnosis – breast cancer. Two days later, Mary Jo was scheduled for a lumpectomy, the removal of the breast tumor and some of the normal tissue surrounding it. Cancerous cells were also identified in one of Mary Jo's lymph nodes.

According to Mary Jo, the months that followed were a whirlwind as she was scheduled for four rounds of chemotherapy and 33 radiation treatments at The Hansen Center. As Director of Nursing for the Sisters of St. Francis in Oldenburg, Mary Jo had the tables turned as she went from being caregiver to patient.

“It was different being the patient,” said Mary Jo, “but the staff at The Hansen Center became like family to me. When you're diagnosed with cancer, you have so many questions and fears, so much anxiety. The staff was great about explaining everything to me and including my family along the way.”



Because cancer was found both in Mary Jo's breast and her lymph node, she was scheduled for chemotherapy and radiation, giving her the chance to get to know a lot of

new people at The Hansen Center. The location and convenience of the facility allowed Mary Jo to receive her treatments without missing much work.

"I spent a lot of time at the cancer center," said Mary Jo, "and everyone was so helpful and friendly. From the dietitian to the oncologists, everyone was approachable and compassionate. We are so blessed to have The Hansen Center in our community. They definitely have the right people working there."

Although receiving her cancer diagnosis was difficult, Mary Jo says it made her a better person.

"I'm much more compassionate," she said. "I look at life differently. I'm not so concerned about what other people think and I let go of the little things."

"I also have a newfound appreciation for my hair," she added. "The day I lost my hair was one of the hardest days for me. When it grew back, I promised God I would never dye it another color again."

National Cancer Survivor's Day

Every June, The Hansen Center joins hundreds of communities around the nation in celebration of Cancer Survivor's Day. In 2010, survivors from Ripley, Franklin, Decatur and Dearborn counties gathered at The Hansen Center to enjoy a "Take Me Out to the Ballgame" themed day with great food, children's activities, a balloon launch and a presentation by cancer survivor Jan Tyler. The children were especially excited by a special visit from the Cincinnati Reds mascots - Mr. Red Legs and Rosie Red.

"National Cancer Survivors Day is a celebration," said Survivor's Day organizer, Kari Ann Rennekamp. "The many issues cancer patients are faced with on their journey can be incredibly difficult.

We use this day to lift them up and empower them. Their strength and courage certainly deserve to be celebrated!"



Think Pink for breast cancer

Held every October, the Think Pink Breast Cancer Awareness event raises money for women who can't afford mammograms and to educate attendees about the detection and prevention of



mammograms to women in our community who can't afford them.

breast cancer. Hosted by the local breast cancer support group and Margaret Mary Community Hospital, the "Think Pink" event features presentations by a local breast cancer survivor, a local health expert, and an inspirational speaker. Prior to the night's presentations, women visit informational booths and enjoy appetizers, paraffin treatments and massages. In 2010, nearly \$9,000 was raised to help provide

Dawn's Story

As an ultrasound technician at Margaret Mary Community Hospital, Dawn Strange, 48, had always been persistent about the power of self breast exams. Her persistence paid off in June 2008 when she was quick to notice an unusual lump in her right breast. Although cancer was not initially detected by a mammogram and ultrasound, she repeated the testing eight months later and was told she needed a biopsy. When the biopsy came back positive for cancer, Dawn made the decision to schedule a double mastectomy at Margaret Mary Community Hospital with surgeon Jon Geers, MD.

"I decided to have a double mastectomy because I had this gut feeling I'd develop cancer on the left side later," said Dawn. "From the beginning, I knew I would stay here (in Batesville) for all the care I needed. Not only is it close to home, but I trusted both the surgeons and the oncologists here. I'm always surprised when people insist on going to 'the city' for cancer treatment – especially since the oncologists that come to The Hansen Center are from large cancer groups in Indianapolis. Our oncologists here are great. They are a wealth of knowledge."



Two months after her surgery, Dawn started receiving chemotherapy at The Hansen Center. From the clerks at the front desk to the nurses, she was impressed with the care she received.

“They have a special breed of people that work at the cancer center,” said Dawn. “As a patient, it’s easy to be scared and overwhelmed. They greet you with enthusiasm and treat you with compassion. The nurses prepared me on what to expect with each treatment. They were constantly checking on me. A massage therapist was also on hand to provide gentle touch massages.”

Although chemo treatments can take hours, Dawn was treated in her own private suite complete with a TV, large window overlooking a pond and many other comforts of home.

Now in remission for more than a year, Dawn reflects back on her cancer experience and offers advice for those who are newly diagnosed.

“Coping with a cancer diagnosis can be hard, but I made it through it with my head up and my humor intact,” said Dawn. “Some days you just have to let your emotions run free. For those who are newly diagnosed, I recommend they do some research and take time to make empowered decisions.”

“Now that I’ve been through it, I hope I can provide others with the support they need to make it through it too. We, cancer survivors, wear our ‘label’ proudly.”



Breast Cancer

A Special Site Study



In 2009 the cancer registry captured data on 152 new cancer diagnoses with 42 of those being new breast cancer cases. These 42 cases represent 27.6 percent of those diagnosed with cancer within our community and distinguish breast cancer as the number one diagnosed cancer in our surrounding area. The good news is that of these cases, 35 were diagnosed at a stage 2 or earlier!

MMCH's breast cancer patient population ranges in age from 40-89 years, with the most common age ranges for diagnosis being 40-49 and 60-69 years, each representing 26% of the total diagnosed. The median age at diagnosis is 61 years. The high incidence of breast cancer in our community has kept the attention of the oncology team at The Hansen Center since our very first annual report in 2006.



We are continually evaluating how we care for our breast patients and how our care impacts our patient outcomes.

Breast cancer was the focus of the 2006 annual report and opened our eyes to the fact that our community not only had a younger patient population with breast cancer, but that many of those cases were diagnosed at a later stage in the disease. The staff at The Hansen Center and MMCH were bothered by these findings and began a push to educate the community on the

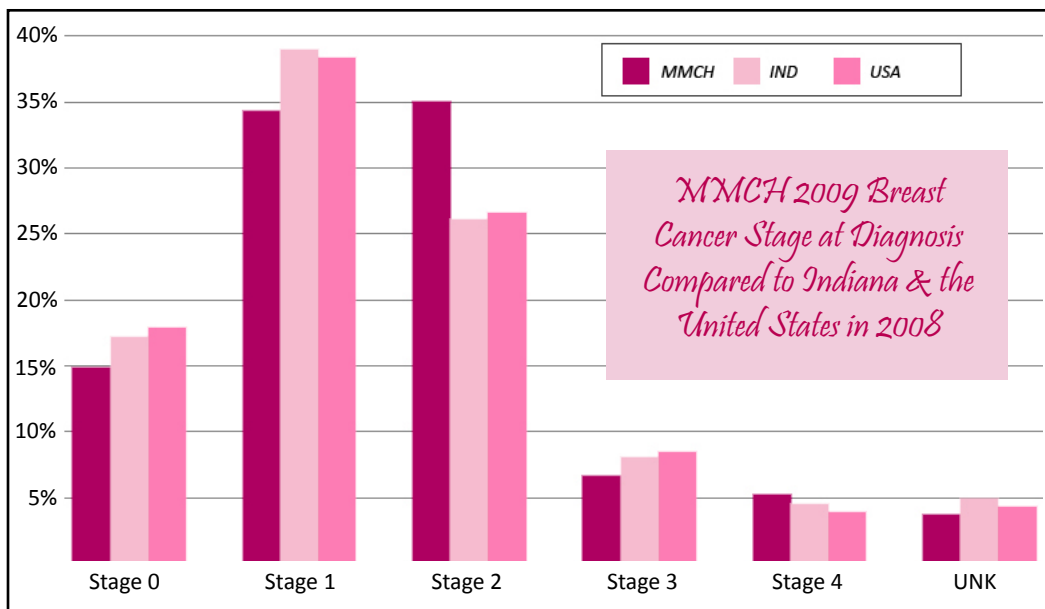
importance of screening and early detection. Since 2006, MMCH has done the following to educate our community:

- Offered an annual "Think Pink" awareness event in conjunction with our local Breast Cancer Support Group
- Supported the the American Cancer Society's guidelines on screening mammograms for women beginning at age 40
- Continued to promote self and clinical breast exams
- Offered financial assistance to those who are uninsured and can't afford a mammogram
- Worked with the American Cancer Society to ensure area employers cover screening mammograms for employees
- Added new service lines, including a new Women's Imaging Department, Digital Mammography, Stereotactic Biopsy capability and the addition of a Breast Health Navigator

Our data indicates that our efforts have paid off. In 2006, patients diagnosed with Stage 0/1 breast cancer totaled 30 percent compared with 38 percent in 2009. As we know, breast cancer is most curable in its earlier stages. Stage 2 breast cancers were at 48 percent in 2006 compared to 32 percent in 2009. The shift from stage 2 disease to earlier stage disease is apparent. The biggest improvement for 2009 shows stage 4 breast cancers to be at 50 percent less than

those diagnosed in 2006.

The cancer committee leads the oncology program through goal setting, monitoring activity toward those goals, evaluating patient outcomes and improving patient care. The committee continues to focus on the



use of the National Comprehensive Cancer Network (NCCN) guideline standards for breast cancer patients. The NCCN guidelines are evidence-based guidelines for directing the standard of care practices for oncologists throughout The United States. These guidelines are updated continually and are based on evaluation of scientific data, integrated with expert judgment by multidisciplinary panels of expert physicians from NCCN Member Institutions. These standards are used by our physicians to help guide patient treatment decision options.

Early detection of breast cancer and effective treatment improves the long-term survival for breast cancer patients. Staging data gathered from our cancer registry database shows that 83 percent of our breast cancer patients were diagnosed with an early stage breast cancer in 2009, as compared to 74 percent in 2006. This is a great improvement over the years. Data reported through our cancer registry is sent to the National Cancer Database where the program here at MMCH



can compare its data to the data of other hospitals our size in Indiana and throughout the United States. This comparison helps us to ensure we are following the recommendations. As shown by the comparison of our data with the first course of treatment data for Indiana and the United States, breast cancer patients at The Hansen Center are receiving the appropriate care for the age and stage of diagnosis. (See table on Page 4.)

In summary, MMCH has diagnosed and treated breast cancer with increasing frequency. Through the use of proven practice standards such as the NCCN guidelines, comparative data analysis from the NCDB and the skill of our oncology team, we are diagnosing and treating early stage breast cancer effectively, which will add to the continued increase in overall long-term survival of this disease.

Get Your Rear in Gear 5k

In 2010, the second annual Get Your Rear in Gear 5k was held at The Hansen Center on Sept. 11. Approximately 230 people braved wet and stormy weather to walk or run the race, and more than \$8,000 was raised toward the prevention and screening of colon cancer.

Get Your Rear in Gear event organizer Marysue Krause said, "The rain may have come down with a few lightening strikes but that did not dampen the spirits of those who braved the storm! Their smiles crossing the finish line made the event a success!"

The Colon Cancer Coalition oversees the continued success of 'Get Your Rear in Gear' on a national level. Each event is designed to unite people, cities and states, to provide hope to those whose lives have been affected by colon cancer and to encourage people of all ages to get screened.



Breast Cancer Support

Women facing breast cancer often find that some of the most valuable information and emotional support come from those who have faced the same anxieties and experiences. The local breast cancer support group is held the third Tuesday of each month at The Hansen Center. The meetings provide a comfortable atmosphere where women who have been diagnosed with breast cancer, whether recent or in the past, can talk about their experiences and discuss what's on their minds.

Pictured below, the support group poses for a picture at the 2010 *Think Pink* breast cancer awareness event. The group members host the event annually as their way of educating and giving back to the community.

For more information about the local breast cancer support group, call Donna Sauley at (812) 933-5308.



What Women Want

What do women want when it comes to health care? Most women expect convenience, comfort, privacy and compassion. In addition, women want access to the best physicians and the most up-to-date technology. Area women can have it all when they visit Margaret Mary Community Hospital's Women's Imaging Center. Conveniently located on the first floor of the hospital, the center offers specialized diagnostic services including mammography, pelvic and breast ultrasound and bone density testing.

The décor and setup of the new women's center has been designed with a woman's tastes and needs in mind. Knowing that diagnostic tests can create anxiety and stress, the center was designed to be a calming environment.

"The Imaging Center is often complimented by our patients because of its intimate, spa-like feel," said ultrasound technician Dawn Strange. "The warm colors and fluffy bath robes are often a big hit!"

To provide greater privacy and convenience for women, the center also has its own separate entrance.

"Women receiving a mammogram or ultrasound don't necessarily want to run into a neighbor or other acquaintance while in the hospital," said Beth Linville, Mammography Technologist. "The separate entrance allows women to get the services they need without having to register in the main lobby or pass through hospital hallways."

For women who find out they have an abnormal mammogram, MMCH's women's center has a Breast Health Navigator on staff. Donna Sauley, RN, can answer questions and provide support for





Understanding Health Care Reform

women who have been told they need a breast biopsy or have breast cancer.

“Knowing what resources and services are available and being able to access them can be a challenge for anyone facing breast cancer,” said Sauley. “It’s my job to help patients and their families understand their treatment options and get the care they need.”

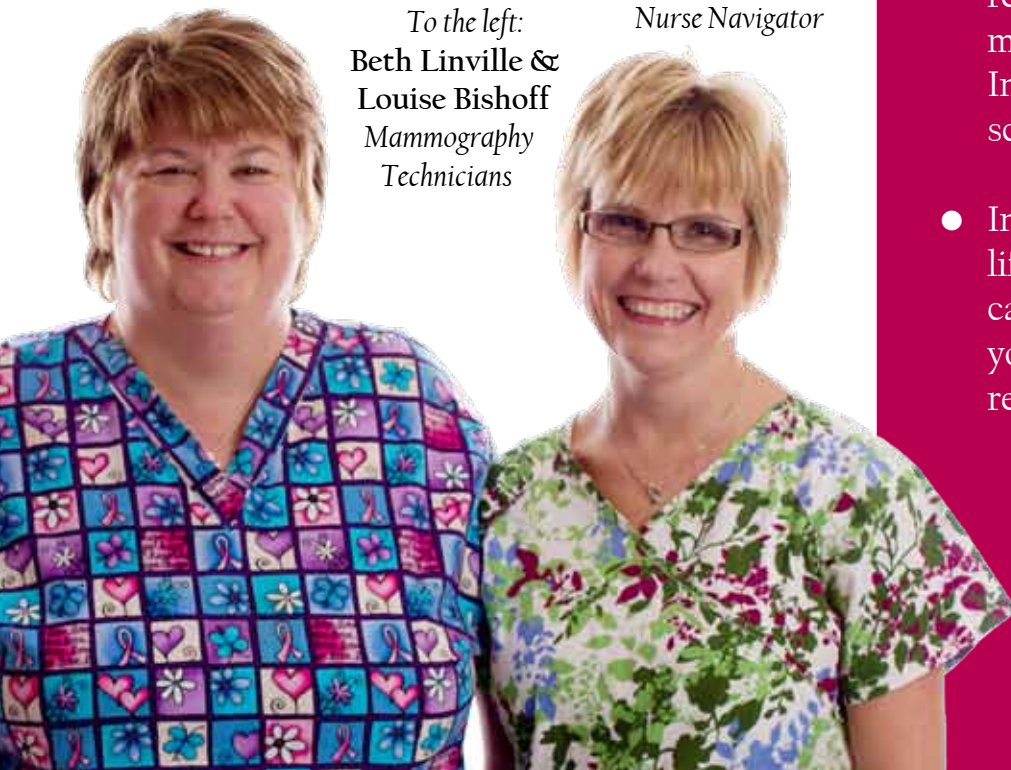
Perhaps one of the greatest attributes of the Women’s Imaging Center is its professional mammography and ultrasound technicians. With nearly 50 years of combined service at Margaret Mary, our technicians are not only good at what they do, but they love providing patients with the best care possible.

“I find working with each lady on an individual basis to be very rewarding,” said Louise Bishoff, Mammography Tech. “Our ladies are the best. Receiving a mammogram can be scary for several reasons. We laugh and smile together and, at times, hug and cry together. When diagnosed with breast cancer, our ladies are assured they are not alone.”

To contact Margaret Mary’s Women’s Imaging Center, call (812) 933-5434.

Donna Sauley
Nurse Navigator

To the left:
**Beth Linville &
Louise Bishoff**
Mammography
Technicians



Although all the talk about health care reform can be confusing, the newly passed Affordable Care Act is sure to improve the quality and cost of health care for people who have been diagnosed with cancer. For years, cancer patients and survivors have been denied coverage because of pre-existing conditions. They have had to pay more than they can afford for the care they need. And they have paid for health insurance that does not cover cancer screenings, treatments or follow-up care.

The new law allows more cancer patients and survivors to get the health care they need. Read on to learn about the new changes and how they can benefit you.

- If you enroll in a new individual plan or a group plan through work, you’ll receive free preventive care, such as mammograms and colonoscopies. In other words, these life-saving screenings are free, so take advantage!
- Insurance companies can’t place lifetime caps on coverage. They also can’t take away your coverage if you get sick, and yearly limits are restricted.

A Letter from Dr. Trowbridge

Breast cancer touches just about everyone's life. Chances are you know someone - a friend, family member, neighbor or colleague - affected by breast cancer. Although we find breast cancer touches so many, the risk of dying of breast cancer seems to be over-exaggerated in the media. The lifetime risk of being diagnosed with breast cancer is one in eight, while the risk of dying from breast cancer is approximately one in 18. Excluding skin cancers, breast cancer is the most frequently diagnosed cancer, but lung cancer remains the most common cause of cancer death in women.



The number of new cases of breast cancer diagnosed each year (incidence) has varied over the last 20 years. The number increased between 1994 and 1999 possibly due to rising rates of obesity, use of menopausal hormone replacement and increased use of mammography. The increased use of mammography likely diagnosed cases one to three years earlier than they would have been diagnosed without mammography. The incidence of breast cancer diagnosis decreased between 1999 and 2006, presumably due in part to the decreased use of menopausal hormone replacement that followed publication of the Women's Health Initiative trial in 2002.

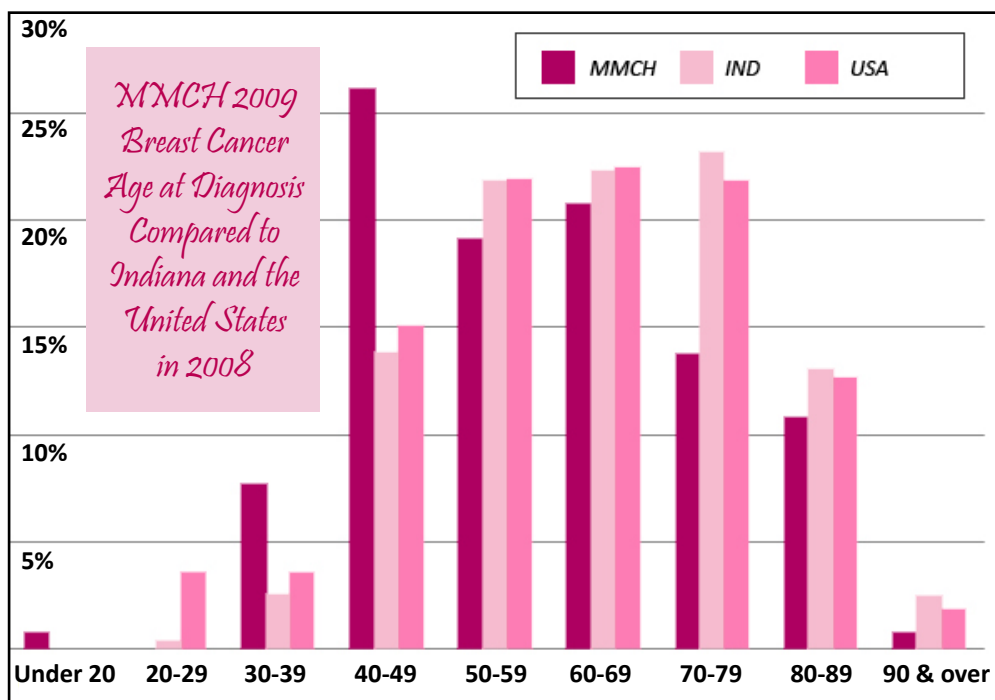
Despite the variation in the incidence of breast cancer, deaths from

breast cancer have been decreasing for the last 20 years. This decrease in breast cancer deaths is likely due to a combination of factors including improved treatments, earlier diagnosis and reduction in the use of menopausal hormone replacement therapy. Even with a diagnosis of breast cancer, a woman's outlook is often much better than is generally understood. Eighty-two percent of women are living 10 years following the diagnosis of breast cancer. The survival rate after a diagnosis of breast cancer clearly relates to the stage at diagnosis. Thus, low-stage cancers, those tumors that are small and have not spread to regional lymph nodes, have a better prognosis than cancers with a higher stage at diagnosis (larger tumors with spread to lymph nodes or beyond).

Although the actual cause of breast cancer remains unknown, there are several known risk factors associated with the disease. Several of these factors, such as a family history, increasing age, early onset of menstrual cycles, delaying age at first pregnancy, late menopause and having increased breast density noted on breast imaging, are not easily modifiable. Several known factors, however, can be modified. These modifiable factors include postmenopausal obesity, use of combined estrogen/progestin hormone replacement, alcohol consumption and physical inactivity.

A woman's best strategy to avoid dying from breast cancer includes early detection and prevention.

Mammography and other emerging imaging technologies have the capacity to find early cancers before they can be felt and are thus at an earlier, more curable, stage at diagnosis. Preventive strategies include avoiding weight gain and obesity, engaging in regular physical activity, and minimizing alcohol intake. Women who





choose to breast feed for an extended period (a year or more) may benefit by reducing their breast cancer risk. When considering estrogen/progestin hormone replacement therapy for menopausal symptoms, the added risk of breast cancer should be considered. For women at known high risk of breast cancer, chemoprevention with Tamoxifen or Raloxifen can reduce the risk of breast cancer.

The Hansen Center has been accredited as a cancer center by the American College of Surgeons and the Commission on Cancer. As part of our commitment to providing state-of-the-art cancer care, we maintain a cancer registry of all cases of malignancies. All cases are monitored at least yearly and our treatment and survival data is then compared to statistics of cancer centers throughout the country. Specifically, the evaluation and treatment regimens used at The Hansen Center are constantly compared to accepted guidelines as frequently updated by the National Comprehensive Cancer Network. Recent studies of breast cancer care at The Hansen Center have documented that we meet or exceed all standards of compliance as established by the COC. Between the years 2006 and 2009, The Hansen Center saw a slightly younger than expected distribution of breast cancer cases. Breast

cancer in younger women is known to present at higher (riskier) stages. The numbers are too small to draw definite conclusions at this time, but this observation will need close monitoring over the next few years. In order to improve on that trend, MMCH has developed

new strategies for early detection and prevention of breast cancer for our community, as discussed in this year's site study. Rest assured we, at MMCH and The Hansen Center, are committed to the prevention, early detection and treatment of breast cancer in our community.

*Social work,
Massage & Nutrition*



2009 Highlights

- Offered Gardasil to more community members and implemented a program for uninsured and underinsured patients
- Implemented the (MST) Malnutrition Screening Tool for all treatment patients in medical and radiation oncology
- Offered discounted screening and diagnostic mammograms throughout the year for early detection of breast cancer
- Offered at least two screening and prevention programs such as: prostate, skin and colon cancer screenings through community events
- Participated in Speaking of Women's Health event, sponsoring a cancer prevention/early detection topic
- Continued to partner with American Cancer Society for the Colorectal Awareness Network program to improve community awareness of colorectal cancer
- Ensured 100 percent of patients with a known diagnosis of colorectal cancer will have a CEA drawn pre-operatively
- Ensured 80 percent of patients with Stage 0-III disease who undergo surgical excision/resection of a primary breast tumor will have a needle biopsy to establish diagnosis prior to excision/resection as recommended by the National Quality Forum
- Monitored and reported the Cancer Program Practice Profile Quality Indicators for colon and breast cancer
- Implemented a Breast Health Navigator Program
- Added Digital Mammography to the New Women's Imaging Center
- Ensured 90 percent of all uninsured or underinsured patients are contacted within one week of appointment and given appropriate resources
- Ensured 90 percent of all oncology patients will receive the NCCN (National Comprehensive Cancer Network) Distress Management tool at their initial visit
- Passed the certification exam for a Tumor Register
- Developed two lunch and learn education sessions for MMCH staff
- Provided at least two inpatient nursing in-services on Oncology Patient Care topics
- Sponsored the Get your Rear in Gear 5K
- Hosted the *Think Pink* event
- Hosted National Cancer Survivors Day

Phone Directory

All numbers in the 812 area code

The Hansen Center
(Main Line) 932-4673

Breast Health Navigator
933-5308

Home Health and Hospice
933-5125

Integrative Medicine Services
932-4673

Laboratory
933-5138

Medical Oncology
933-3709

Nutrition Counseling/Dietitian
933-3790

Oncology Nurse Navigator
933-3744

Outpatient Clinic
933-5110

Pharmacy
933-3714

Radiation Oncology
933-3772

Radiology
933-5134

Rehabilitation Care
934-6199

Social Services
933-5239

Support Services
933-3741

Surgery Department
933-5120

Survivorship Services
933-3741

Volunteer Services
933-5269

Women's Imaging Center
933-5434

2010 Cancer Committee Membership

Cancer Program Administrator: Nancy Marticke, RN, MSN

Cancer Committee Chair: Randall Trowbridge, MD

Cancer Physician Liaison: Brian Albers, MD

Cancer Registry Quality: Cassie Nobbe CTR, Registrar

Cancer Registry Quality: Carrie Richardson, Follow-up Clerk

Quality Improvement: Lisa Banks, RN

Community Outreach: GERALYN LITZINGER, RN

Oncology Services Director: Katherine McElhoe, RN, OCN

Radiation Oncology Manager: Charlotte Norman, CMD

Oncology Nurse Navigator: Domenica Cohen, RN

Radiologist: James Browne, MD

Pathologist: James Devitt, MD

Social Services: Kari Rennekamp, MSM

Nutrition Services: Michelle Allison, RD

Pharmacy: Mary Cross, RPh

Family Medicine/Hospice Medical Director: Charles McGovern, MD

Surgery: Brian Albers, MD; Jon Geers, MD and David Welsh, MD

Medical Oncology: Laurence Bates, MD

American Cancer Society: Terri Jones

Community Member: Tracy Fox

Oncology Nursing: Nancy Meyer, RN, OCN;

Anna Livers, RN, OCN

Director of Inpatient Nursing: Bonnie Ploeger, RN

Radiation Oncology: Frank Peyton, MD

Pastoral Services: Charles Flory

Massage Therapy: Carla Stenger, CMT

MMCH President: Timothy Putnam, DHA



Registration



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